

A CONNECTIONIST MODEL OF THE IDEAL ORGANIZATION:  
INVESTIGATING NURSE ASSESSMENT OF  
PERSON-ORGANIZATION FIT

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## ABSTRACT

The attraction and retention of nurses is a primary concern in the healthcare industry. I propose a context-sensitive connectionist model of person-organization (P-O) fit to provide a framework for understanding the cognitive information processing that nurses undergo when determining to accept a position or remain at an organization. Building on this framework, I develop and test an occupation-specific instrument for evaluating nurse P-O fit using a qualitative-to-quantitative method. This provides three primary contributions to the P-O fit literature and the study of nurse attraction and retention. First, the proposed model of P-O fit expands on prior P-O fit theories by 1) identifying where the ideal organization concept originates, 2) providing an explanation for why the ideal organization concept changes over time, 3) detailing the cognitive information processing and pattern matching process that dictates how P-O fit is determined by an individual, and 4) accommodating normative and distinctive fit preferences. Second, the development of the corresponding P-O fit instrument, the Nurse Ideal Organization Prototype (IOP), contributes to the literature by demonstrating the qualitative-to-quantitative process of creating an occupation-specific measure of P-O fit. Finally, by testing this measure utilizing overall, normative, and distinctive fit indices, contributions are also made by reinforcing the importance of normative fit relative to attitudinal outcomes and by comparing universal to occupation-specific measures of P-O fit. These contributions both expand current understanding of P-O fit and provide a novel perspective for addressing nurse attraction and retention.

## LIST OF ABBREVIATIONS AND SYMBOLS

$\Delta R$	Change in $R$
Adj. $R^2$	Adjusted $R^2$
ASA	Attraction-Selection-Attrition Model
BSN	Bachelor of Science in Nursing
E	Environmental Input Factor
$F$	Computed Value of $F$ Test
I	Individual Input Factor
ICU	Intensive Care Unit
IOP	Ideal Organization Prototype
$M$	Mean
$N$	Sample size
NICU	Neonatal Intensive Care Unit
Nurse IOP	Nurse Ideal Organization Prototype (measure)
O	Occupational Input Factor
OCP	Organizational Culture Profile (measure)
P-E fit	Person-environment fit
P-O fit	Person-organization fit
POMP	Percentage of Maximum Possible Score
$q$	Quadrant Correlation Coefficient

$r$	Pearson Product-moment Correlation
$R^2$	Coefficient of (multiple) Determination
RN	Registered Nurse
RSA	Response Surface Analysis
$SD$	Standard Deviation

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## INTRODUCTION

Scholars have investigated the concept and consequences of fit between individuals and their environments since the earliest years of management and applied psychology research (e.g. Hall, Baird, & Geissler, 1917; Parsons, 1909). Over the years, the concept has developed into a “dominant conceptual force” within these fields of research and serves as the “cornerstone” to many human resource management practices (Saks & Ashforth, 1997; B. Schneider, 2001). Often referred to as person-environment (P-E) fit, which is defined as “the compatibility between an individual and a work environment that occurs when their characteristics are well matched” (Kristof-Brown, Zimmerman, & Johnson, 2005, p. 281), the idea that fit between the characteristics of an individual and the characteristics of their work environment will lead to positive work outcomes is consistently supported in empirical studies and subsequent meta-analyses (e.g., Greguras & Diefendorff, 2009; Kristof-Brown et al., 2005; Oh et al., 2014).

Although person-environment fit can be decomposed into various types of fit (e.g., person-supervisor fit and person-job fit), person-organization fit (P-O fit) is often studied due to its unique connection to employment decisions from both the organization and applicant perspective (Arthur, Bell, Villado, & Doverspike, 2006). Generally defined as “the compatibility between people and organizations that occurs when: (a) at least one entity provides what the other needs, or (b) they share similar fundamental characteristics, or (c) both” (Kristof, 1996, pp. 4-5), empirical results suggest that P-O fit is related to higher levels of job satisfaction, organizational commitment, citizenship behaviors, organizational attraction, as well as lower

levels of turnover intentions, and influences job applicants' job search behavior and job choice (Adkins, Russell, & Werbel, 1994; Arthur, Bell, Villado, & Doverspike, 2006; Cable & DeRue, 2002; Cable & Judge, 1996; Edwards & Cable, 2009; Hoffman & Woehr, 2006; Judge & Bretz, 1992; Kristof-Brown et al., 2005; Piasentin & Chapman, 2006; Saks & Ashforth, 2002, 1997; Swider, Zimmerman, & Barrick, 2015; Verquer, Beehr, & Wagner, 2003; Yu, 2014).

### **Theories Utilized for Understanding P-O Fit**

The two theoretical models that are most often used when explaining the relationship between P-O fit and attitudinal and behavioral outcomes (Barrick & Parks-Leduc, 2019; Edwards, 2008; Van Vianen, 2018) are Chatman's (1989, 1991) model of P-O fit and the Attraction-Selection-Attrition model (Schneider, 1987; Schneider, Smith, & Goldstein, 2000). The Chatman model proposes that P-O fit is developed based on the congruence between organizational values and norms and the values of individuals. Further, the model posits that organizations utilize the selection and socialization of individuals to improve P-O fit over time. The Attraction-Selection-Attrition (ASA) model is a more general model that posits that individuals are attracted to and generally remain in organizations that are similar to themselves, this in turn influences how organizations behave. While often used in P-O fit research, the ASA model is primarily concerned with organizational behavior and the movement of organizations towards homogeneity (Schneider, Goldstein, & Smith, 1995). Although less employed than the prior two models, trait activation theory has also been used to understand how the interaction between people and organizations leads to work outcomes, such as organizational attraction (e.g., Van Hoye & Turban, 2015). Trait activation theory posits that individuals express traits based on trait-relevant situational cues, and subsequently individuals gravitate towards situations (or organizations) where they are better able to express their "particular array of personality traits"

(Tett & Burnett, 2003, p. 505; Tett & Guterman, 2000). In the present set of studies, the focus is on individual outcomes as opposed to how organizations behave or their movement towards homogeneity, as well as having a greater focus on the origin of the ideal organization compared to understanding the interaction between trait expression and situational cues. Therefore, I primarily focus on expanding Chatman's Model (1991), which is specifically designed for the P-O fit context and is often used synonymously with "P-O fit theory".

While being frequently invoked in the literature since its conception, Chatman's Model (1991) presents a number of unanswered questions relevant to the study of P-O fit. First, where do individual preferences come from? Although Chatman and others (e.g., Van Vianen, 2018) note the importance of organizations aligning or matching with individual preferences and values, a P-O fit framework is currently lacking that explains where these preferences originate (the "P" in P-O fit). While trait activation theory suggests that traits are expressed based on situational cues, it does not indicate where or how traits originate (Tett & Burnett, 2003). Other trait-based models, such as the Neo-Socioanalytic Model of Personality have investigated personality trait development (Roberts, 2006; Roberts, Harms, Smith, Wood, & Webb, 2006; Roberts, Wood, & Smith, 2005; Roberts & Wood, 2006); however, a framework is needed to better understand how organizational preferences, specific to the P-O fit context, are developed and originate as opposed to simply their expression. Second, very little theoretical and empirical work has investigated how individual P-O fit preferences and values change, despite repeated calls (e.g., Barrick & Parks-Leduc, 2019). However, extensive work on change more generally has been conducted in other related fields, such as values (Bardi & Goodwin, 2011; Johnson, 2001; Lindsay & Knox, 1984), vocational interests (Campbell, 1966; Low & Rounds, 2007; Low, Yoon, Roberts, & Rounds, 2005; Schultz, Connolly, Garrison, Leveille, & Jackson, 2017),

and personality (Harms, Roberts, & Winter, 2006; Roberts & Robins, 2004; Wood & Roberts, 2006).

One exception that is specific to the P-O fit context is the use of differentiation-consolidation theory (Svenson, 1992, 2003) to understand changes in P-O fit perceptions over time. Differentiation-consolidation theory proposes that individuals make adjustments to their perception of alternative choices over time as they collect additional information (Swider et al., 2015). The application of the theory focuses on high and low perceived differentiation of P-O fit as a single construct, as the theory explains how perceptions of P-O fit change when job applicants collect additional information about organizations. However, this approach fails to decompose P-O fit into the person (P) and the organization (O) components and provides little specificity as to how an individual's concept of their ideal organization changes. In this way, while research from other fields, such as personality and vocational interests, indicate that changes relevant to fit perceptions occur over time, a framework for understanding these changes specifically in the P-O fit context is lacking.

Third, current perspectives on P-O fit rarely investigate how P-O fit is determined by the individual. Regarding how the person and environment are compared, Edwards et al. (2006) stated that “this comparison process lies at the core of psychological theories of P-E fit but has not been examined in P-E fit research” (p. 803). In reviewing the literature, this can be expanded to P-O research as well, which lacks a strong theoretical foundation for explaining how individuals compare their preferences and values with those of an organization. Finally, fit research has begun to identify the important role of normative versus distinctive fit (Wood, Lowman, Harms, & Roberts, 2019). In the context of P-O fit, normative fit refers to how well an individual's organization aligns with the average profile of organizational preferences held by

most individuals, while distinctive fit represents the degree to which an individual's profile of organizational preferences deviates from the normative profile when determining fit. Accounting for these two types of fit is important, as normative effects are known to inflate similarity or congruence relationships (Furr & Funder, 2001; Klimstra, Luyckx, Hale, Goossens, & Meeus, 2010; Wood & Furr, 2016). Additionally, this decomposition of fit into normative and distinctive fit provides a better operationalization of how fit is traditionally understood by enabling the examination of how organizations fit with average or universal preferences compared to fit with idiosyncratic or distinctive preferences. Chatman's Model, as well as other models of P-O fit, predate this new perspective on how to appropriately estimate and evaluate fit; therefore, a theoretical model that can account for overall, normative, and distinctive fit is needed.

These unresolved issues associated with the traditional understanding and theoretical perspectives surrounding P-O fit are relatively unsurprising, as Edwards (2008) notes, the person and the environment are rarely individually defined within models of P-O fit, as well as P-E fit theories more broadly. This has led to the majority of theoretical models focusing predominately on the outcomes of fit and the interaction between the person and environment. Although these concepts are central to understanding the importance and consequences of fit within the workplace, they fail to provide an adequate understanding of the cognitive and information-processing undergone by individuals prior to estimating the fit between themselves and a specific environment. This is particularly true for how individuals develop their concept of the ideal organization. Furthermore, Chatman's Model is not designed to accommodate normative and distinctive fit estimates. Given the importance of estimating both types of fit, developing a model that can theoretical explain how and why differences in normative and distinctive fit influence outcomes could provide a foundation for future P-O fit studies.

## **A Connectionist Perspective on P-O Fit**

Similar to the advancements made by the decomposition of fit indices using polynomial regression (Edwards & Parry, 1993), I propose that a theoretical decomposition of the person and the organization can address many of these questions and concerns and can greatly contribute to our understanding of P-O fit. To accomplish this, I redesign the connectionist model of implicit leadership theories proposed by Lord, Brown, Harvey, and Hall (2001) to provide a novel theoretical model for understanding how individuals develop their concept of the ideal organization, how that concept might change over time, and how this conceptualization is activated when compared against perceptions of an individual's actual organization. Aligning with implicit theories, the theoretical model is built around the development and activation of an ideal organization prototype (IOP), which is an individual's cognitive structure containing a set list of attributes used to identify or conceptualize the ideal organization (e.g., Rosch, 1973, 1975).

In detailing the development and activation of IOPs, the proposed theoretical model contributes to the P-O fit literature in three ways. First, it decomposes the person ("P") and the organization ("O") to provide a model for identifying how individuals conceptualize their ideal organization and the factors that contribute to that conceptualization. While some studies have investigated changes in P-O fit as a single construct (e.g., Swider et al., 2015), they generally lack the theoretical underpinning to explain why changes in an individual's ideal organization occur outside of traditional socialization processes or the nonspecific acquisition of new information. The proposed model addresses this gap by focusing on the individual and how changes occur within the individual's conceptualization of the ideal organization. Second, the model provides a framework for understanding the information-processing undertaken by

individuals when assessing P-O fit. This extends beyond prior theoretical models by identifying the cognitive processes used by individuals when developing their conceptualization of the ideal organization and when this conceptualization is activated and used to evaluate P-O fit.

Third, the proposed model expands on prior P-O fit models by integrating values, norms, and goals as potential factors contributing to the calculation of P-O fit. This establishes a broader framework for investigating what attributes contribute to individuals' conceptualization of their ideal organization, and also aligns with the more comprehensive approach used by other developmental models (e.g., Roberts et al., 2006). In doing so, the model also provides a framework for understanding the role of distinctive and normative fit by allowing for the distinction between universal and idiosyncratic ideal organizational preferences (Van Vianen, 2018; Wood, Lowman, Harms, & Roberts, 2019).

Along with introducing a new perspective for examining P-O fit (Chapter I), I build on the theoretical model by introducing a method for identifying the occupation-specific attributes that comprise an individual's ideal organization prototype (Chapter II). Following the identification of these attributes, I examine how P-O fit based on the occupation-specific measure (the Nurse IOP) compares to the Organizational Culture Profile (OCP; O'Reilly et al., 1991), which is a general measure of P-O fit (Chapter III).

### **The Nursing Context and P-O Fit**

Framing the connectionist model of P-O fit and the development of an occupation-specific measure of P-O fit within the nursing context was chosen for two primary reasons. First, there is a high demand for qualified nurses across the United States and globally (e.g., Grant, 2016; Nantsupawat et al., 2017). The global nursing shortage is well documented, and is considered "the most critical (shortage) for health systems, because nurses deliver the highest

percentage of patient care” (Oulton, 2006, p. 34). In this way, the nursing shortage has a considerable impact on individuals’ health and wellbeing on a global scale. Also supporting this concern, the World Health Organization (2013) released a statement suggesting that failing to address the nursing shortage would “have serious implications for the health of billions of people across all regions of the world.”

Within the United States, the nursing shortage has led to a concerted effort to increase the nurse workforce; however, this growth (1) is needed to simply replace the estimated 1 million registered nurses expected to retire by 2030 and (2) is not expected to occur uniformly, which can lead to state and regional shortages (Buerhaus, Auerbach, Skinner, & Staiger, 2017). The latter of these is particularly true for the state of Alabama (Enoch, 2017), which is considered to be one of the worst states for nurse employment (Aubuchon, 2017) and is forecasted to experience a deteriorating nurse-to-population ratio through 2030 (Juraschek, Zhang, Ranganathan, & Lin, 2012). Further, simply increasing the supply of nurses is not anticipated to fully account for a shortage of nurses, as revised organizational policies and practices are needed to appropriately address nursing shortages and growing rates of nurse turnover (Buchan, Duffield, & Jordan, 2015; Chan, Tam, Lung, Wong, & Chau, 2013; W. G. Johnson, Butler, Harootunian, Wilson, & Linan, 2016; Snaveley, 2016). Therefore, investigating how new entrants into the nursing profession conceptualize their ideal organization may help employers adjust their organizational policies and culture to improve P-O fit, and subsequently the attractiveness of their organization when looking to hire and retain nurse employees (e.g., Judge & Cable, 1997). Secondly, the majority of P-O fit research has been conducted using traditional white-collar professions (e.g., accounting firms; O’Reilly et al., 1991). By evaluating the proposed model within the nursing profession, it allows for greater variability in the types of attributes

individuals associate with their ideal organization. This is anticipated to have a significant impact on the roles of normative and distinctive fit and provide evidence on how an occupation-specific measure of P-O fit compares with a general measure of P-O fit.

Given these concerns involving nurse employment and calls for additional research, two empirical investigations were conducted within the nursing context. In Chapter II, a qualitative sample of employed nurses and nursing students was used to identify the ideal organization prototype (IOP) attributes for individuals within the nursing profession (i.e., the Nurse IOP). This was followed by an independent sample of nursing students used to refine the list of attributes and create the 53-item Nurse IOP. In Chapter III, the Nurse IOP was compared to the traditional measure of P-O fit using the Organizational Culture Profile (OCP) by O'Reilly, Chatman, and Caldwell (1991) as predictors of perceived P-O fit and attitudinal outcomes for student nurses and employed nurses.

## **CHAPTER I: DEVELOPMENT OF A THEORETICAL MODEL**

To develop a theoretical model for understanding how individuals develop and activate their IOP, I redesigned the connectionist model of implicit leadership theories proposed by Lord, Brown, Harvey, and Hall (2001). The model proposed by Lord et al. (2001; 1982) is built on the concept of implicit theories, which represent the subconscious information processing used by individuals to process and categorize information (Cantor & Mischel, 1977; Cantor, Mischel, & Schwartz, 1982; Schneider & Blankmeyer, 1983). The cognitive structures used to achieve this information processing are typically referred to as prototypes, which are cognitive structures containing a set list of attributes used to identify or categorize objects and concepts (Rosch, 1973, 1975).

Although the measurement of implicit theories and their accompanying prototypes is less common in organizational behavior research (Harms & Luthans, 2012; Uhlmann et al., 2012), the use of prototypes to describe how individuals conceptualize concepts has been applied to a variety of areas, such as social categories (Dunning, Perie, & Story, 1991), job applicants (Lowman, Harms, & Mills, in press), personality traits (Schneider & Blankmeyer, 1983), and followers (Sy, 2010). However, arguably the most common application is within the leadership literature (e.g., Lord, Brown, & Harvey, 2001; Offermann & Coats, 2018; Offermann, Kennedy, & Wirtz, 1994; Shondrick, Dinh, & Lord, 2010), and it is within this context that Lord et al. (2001) proposed their connectionist model of implicit leadership theories.

According to the connectionist perspective, the attributes within a leadership prototype (i.e., the attributes an individual uses to conceptualize a leader) can be viewed as a network of interconnected nodes, where the structure of the network is relatively stable and the importance (or value) placed on the different nodes varies based on contextual factors (Cantor & Mischel, 1977; Lord et al., 2001). These contextual factors are comprised of four higher order factors (culture, leader, follower, and current task) and four lower order factors (values, norms, goals, and affect). These contextual factors determine what attributes (e.g., extraversion and dominance) populate the individual's leadership prototype and the importance placed on these attributes. Further, the model proposes that the attributes within the network are generally ordered, such that certain nodes are expected to co-occur (Horowitz & Turan, 2008). This leads to gap-filling, where identification or categorization of a leader is a function of both the information received by an individual and the information inferred due to the relationships between nodes (Cantor & Mischel, 1977; Schneider & Blankmeyer, 1983). Prototype activation occurs when an individual compares the pattern of attributes within their leadership prototype against the pattern of attributes ascribed to the leader by observation or inference (i.e., behavioral inputs). If there is a strong overlap between the two patterns, it leads to the categorization of the observed individual as a leader. If there is a weak overlap, the observed individual is categorized as a non-leader.

Here, I introduce Lord et al.'s (2001) model to the P-O fit literature by proposing that individuals utilize an ideal organization prototype (IOP), and that this prototype is used when determining their degree of P-O fit with an organization. Further, aligning with the connectionist perspective employed in the leadership context (e.g., Gerstner & Day, 1994; Hanges et al., 2000;

Junker & Van Dick, 2014; Sy et al., 2010), I propose the network and value ascribed to attributes within an individual's IOP are dynamic and can fluctuate based on contextual factors.

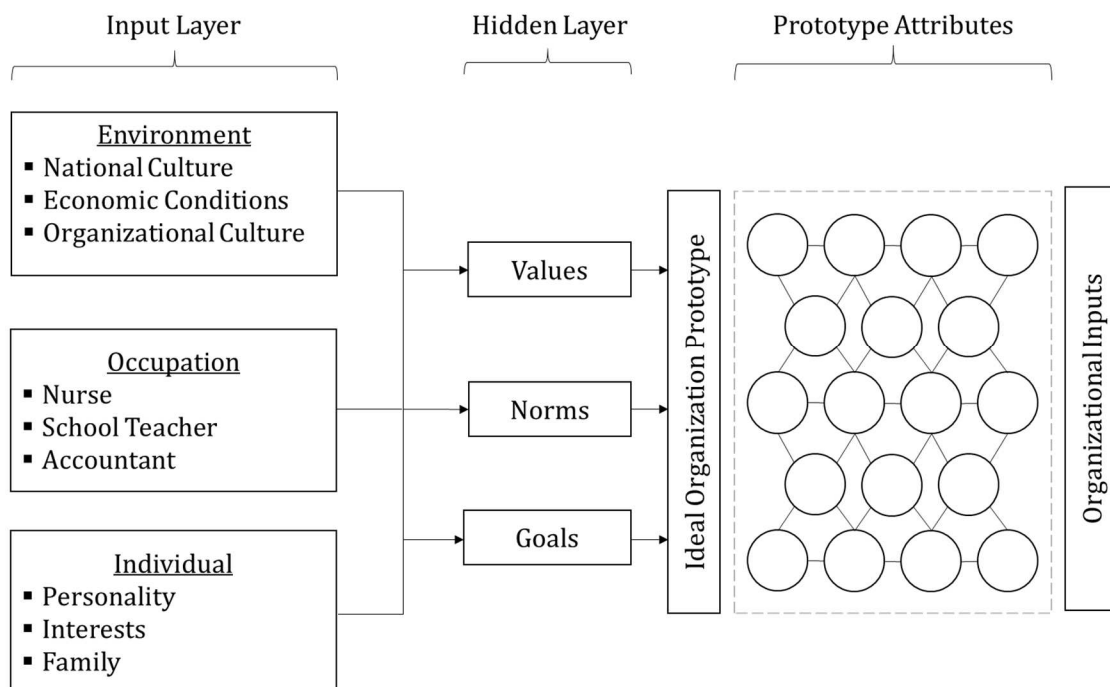
### **A Connectionist Model of the Ideal Organization Prototype**

I propose five primary changes in introducing Lord et al.'s (2001) connectionist model to the P-O fit literature and ideal organization context. First, the higher-order contextual factors in Lord et al.'s (2001) model include culture, leader, follower, and current task. In the proposed model, I replace culture with the environmental factor. Similar to Lord et al.'s (2001) model, this includes national and organizational culture, but is also intended to account for more macro-economic contextual factors that are likely to influence how an individual conceptualizes their ideal organization (e.g., job market).

Second, the leader and follower factors in the original model are intended to capture the dyadic leader-follower relationship; in the proposed model, I replace these two factors with individual characteristics. This was done as the proposed model is designed to identify individual characteristics that might influence how a person conceptualizes their ideal organization, as opposed to how leader-follower interactions influence leader categorization. Third, I replace the current task factor with the occupational factor, this was done to better capture the various characteristics, roles, and values associated with specific occupations that influence how an individual conceptualizes their ideal organization. This is particularly important when utilizing the model for recruitment and selection, as the jobs individuals often fill are comprised of multiple tasks, not just a single current task. Therefore, in order to fully account for the impact of occupational roles, I propose that occupational features provide a more appropriate factor than the more constrained current task feature.

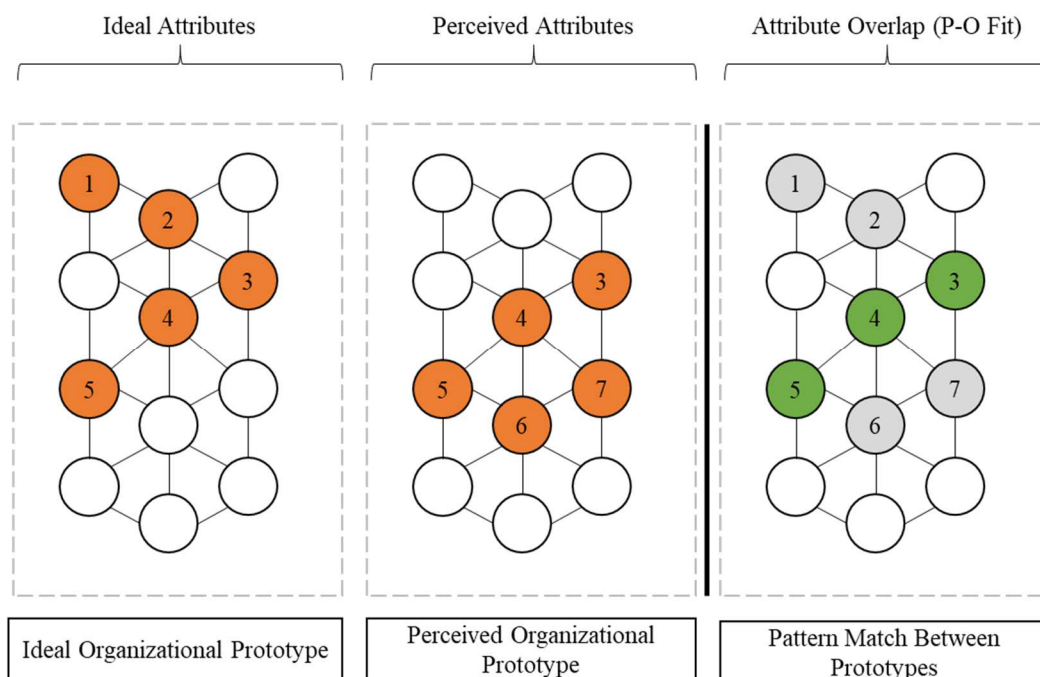
Fourth, the affect factor within the hidden layer of Lord et al.'s (2001) model is used to explain how relational negative and positive affectivity (e.g., Watson, Clark, & Tellegen, 1988) influences how followers perceive leaders. This factor primarily deals with a general positive or negative affective tone towards a specific leader that creates a bias towards the evaluation of the leader's behavior. In this way, the affect factor is used to explain the like/dislike bias in leadership literature, and therefore does not effectively transfer over to the P-O fit context. Relatedly, I lastly propose replacing behavioral inputs with organizational inputs. While Lord et al.'s (2001) model is used to understand how individuals process leader behavior to categorize leaders and non-leaders, the proposed model is designed to identify how individuals compare their IOP pattern of attributes to the pattern of attributes observed or inferred from an organization when assessing P-O fit. Therefore, replacing behavioral inputs with organizational inputs better aligns the P-O fit context. This revised model, which applies the connectionist perspective to the P-O fit context, is presented in Figure 1.

**Figure 1.** Connectionist Model of P-O Fit



As noted above, the proposed theoretical model posits that individuals develop an IOP based on three contextual constraints – environmental features, occupational features, and individual characteristics. These constraints comprise the input layer, which influence the hidden layer comprised of values, norms, and goals. The input layer, mediated by the hidden layer, determines what nodes (i.e., attributes) within the prototype network comprise an individual’s IOP. Activation of the IOP occurs when an individual receives organizational inputs and attempts to categorize the information. This process begins when organizational inputs trigger a pattern of nodes within the prototype network. In attempting to categorize the pattern of nodes triggered by the organizational inputs, an individual’s previously dormant IOP node pattern is activated and the degree of overlap (i.e., the strength of shared activation across nodes) determines how well the individual perceives that the organization aligns with his or her conceptualization of the ideal organization, and subsequently the degree of P-O fit. This process is illustrated in Figure 2.

**Figure 2.** P-O Fit Matching Process between Ideal and Perceived Attributes



In Figure 2, an individual has an ideal organizational prototype that places a strong value on attributes 1, 2, 3, 4, and 5 (orange nodes). The middle diagram represents the individual's perception of an organization, which is perceived to be strongly characterized by attributes 3, 4, 5, 6, and 7 (orange nodes). The individual's determination of P-O fit occurs when these two patterns overlap, which in Figure 2 is represented by the green nodes (3, 4, and 5). The grey nodes represent where a misfit or lack of match has occurred (1, 2, 6, and 7). The degree to which green nodes appear compared to grey nodes determines the magnitude of P-O fit that the individual experiences or perceives with the organization.

As a more concrete example, when a job seeker visits an organization's website, certain attributes are inferred about the organization (Braddy, Meade, & Kroustalis, 2006; Braddy, Meade, Michael, & Fleenor, 2009; De Goede, Van Vianen, & Klehe, 2011), such as the organization's reputation (Williamson, King, LePak, & Sarma, 2010) and emphasis on innovation (Braddy et al., 2009). These attributes, represented by specific nodes, create a pattern within the node network. In order to assess how well the organization fits with the job seeker's ideal organization, the job seeker's IOP is activated and the node pattern from the organizational inputs is compared against the node pattern of the job seeker's IOP. The degree of overlap between the two patterns is then used to determine the level of fit between the organization and what the job seeker conceptualizes as his or her ideal organization (i.e., P-O fit). Below I detail the three main components that comprise this process: contextual constraints, prototype attributes, and organizational inputs.

**Contextual Constraints.** Similar to the structure identified by Lord et al. (2001), contextual constraints can be divided into two levels, the input layer and the hidden layer. The input layer is comprised of the higher-order constraints that influence the elements in the

subsequent hidden layer. These higher-order constraints within the IOP framework include the environment, occupation, and individual. Inputs influence the activation and development of IOPs as they can lead to variation in an individual's values, norms, and goals, which comprise the hidden layer.

*The Input Layer.* Within the context of ideal organization prototypes, there are three types of contextual constraints that comprise the input layer, environmental features, occupational features, and individual characteristics which influence the development and activation of attributes within an individual's prototype. Environmental features represent broad factors that constrain the type and magnitude of attributes associated with an ideal organization. These are factors that are external to the individual and range from cultural influences to organizational norms and expectations. For instance, economic conditions often influence what traits are most valued when selecting leaders (e.g., Rule & Tskhay, 2014). A similar relationship exists for individuals conceptualizing their ideal organization, such as placing a higher emphasis on job security and internal promotion when working within weak economic conditions. National culture provides another example of an environment constraint. For example, the traits activated within an individual's IOP from a masculine culture may emphasize competition and aggressiveness, while an individual's IOP from a more feminine culture may emphasize social relationships and interpersonal connections (Ma & Allen, 2009).

Organizational cultures function in a similar manner, which can lead to experiences with and preferences for certain attributes. Specifically, individuals embedded within the same organizational culture are likely to develop similar IOPs, as the inertia of organizational culture is likely to lead individuals within the organization towards similar attribute preferences (e.g., ASA model; Schneider et al., 1995) and organizations often attract individuals that share similar

preferences (e.g., similarity-attraction hypothesis; Byrne, 1971; Byrne, Griffitt, & Stefaniak, 1967). In this way, the impact of organizational culture on how an individual conceptualizes an ideal organization is likely to increase with the tenure of the individual at the organization. Organizational culture captures the socialization process that is often employed to explain changes in P-O fit over time (Chatman, 1989, 1991), but also provides a framework for understanding why the socialization process leads to changes via changes in an individual's IOP.

In addition to environmental features, occupational features also provide constraints on the development and activation of attributes within an individual's ideal organization prototype. This occurs when occupations tend towards similar goals or values. For instance, an individual working as an accountant might consider an ideal organization to be characterized as structured and having clear rules and regulations. In contrast, an individual who works as a graphic artist might conceptualize an ideal organization as more deregulated and characterized by valuing innovation and creativity. This can be understood by occupations placing unique demands on individuals (e.g., Caplan et al., 1980), and those demands influencing the type of organizational characteristics needed to be successful in that occupational role. Individuals within an occupation develop an understanding of these demands, and subsequently begin to conceptualize their ideal organization as one that provides the resources and environment needed to meet their occupation-specific demands.

The third contextual constraint is individual characteristics, which are characteristics at the individual-level that influence the activation and develop of an individual's IOP. This can include a variety of individual differences. For instance, individuals high in environmental sensitivity are more attracted to organizations that participate in community development and environmental protection than individuals low in environmental sensitivity (Tsai & Yang, 2010).

In this case, an individual high in environmental sensitivity might develop an IOP that emphasizes corporate citizenship image as part of their ideal organization. As another example, individuals high in openness to experience are more attracted to internationalized organizations than individuals low in openness to experience (Lievens, Decaestecker, Coetsier, & Geirnaert, 2001). In this example, the individual characteristic of openness to experience influences the degree to which internationalization is activated within an individual's IOP. As these examples demonstrate, a large number of individual differences likely factor into the development and activation of an individual's IOP.

Importantly, environmental features, occupational features, and individual characteristics are not captured using the same level of analysis. Environmental and occupational features represent high-order constraints, in that they require a national, organizational, or occupational level of analysis. In contrast, individual characteristics require a person-level of analysis. In practice, this means to effectively evaluate how environmental features influence individuals' IOP, the sample must include individuals from multiple environments (e.g., samples from South Korean and the United States). Similarly, to investigate occupational features, a sample comprised of individuals across (e.g., mechanical engineers and school teachers) occupations or diverse within-occupation roles (e.g., mechanical engineers and chemical engineers) must be collected.

By identifying these constraints, the model also provides a framework for understanding why differences exist in individuals' levels of normative and distinctive fit. This is a particularly beneficial aspect of the model, as it accounts for the more recent development in the P-O fit literature that suggests accounting for normative and distinctive fit can provide unique insight into how P-O fit influences attitudinal outcomes (van Vianen, 2018; Wood et al., 2019).

Normative fit is represented by the overlap in node patterns across individuals, which could be explained by the individuals having similar or shared constraints (e.g., similar environment or occupation). In contrast, distinctive fit is represented by unique node patterns that are specific to the individual, and could be due to unique or dissimilar constraints experienced by the individual (e.g., unique individual characteristics).

*The Hidden Layer.* The hidden layer is comprised of the mediating constructs that “integrate inputs and activate (or inhibit)” prototype development and activation (Lord et al., 2001, p.315). Aligning with the elements identified by Lord et al. (2001), I propose three primary hidden units: values, norms, and goals. For example, variations in environmental features, such as individuals working within different organizational cultures, could lead to variation in individuals’ values or norms. These variations are then reflected in differences in the degree to which specific organizational attributes within the prototype are associated with an individual’s ideal organization. As another example, specific goals (e.g., obtaining a certain level of power or reaching a certain level of financial stability) can have a strong influence on what organizational attributes are associated with an individual’s ideal organization. In this way, the hidden layer provides an explanation for *why* an individual from a national culture high in masculinity might develop an IOP that emphasizes competition over interpersonal connections, as the individual’s environmental inputs activate the competition prototype attribute via influencing the individual’s values and expected norms of how organizations should function.

However, as Lord et al. (2001) note, the strength of the connections between the input layer and the hidden layer may vary (referred to as “weights of paths”). For instance, occupational features could be a relatively weak constraint compared to environmental features within certain contexts. In this situation, an environmental feature, such as national culture, may have a

stronger impact on influencing an individual's values, norms, and goals than specific features of the individual's occupation. As a result, an IOP can be both static and dynamic, depending on what contextual constraint is being examined. In the above example, examining individuals' prototypes based on environmental features would be dynamic (i.e., variation across individuals) if the sample consisted of different nations or organizations. In contrast, examining individuals' prototypes based on occupational features would be relatively static (i.e., consistent across individuals) if using the same sample. Further, this demonstrates the importance of examining ideal organizational prototypes across time, as changes in contextual factors with a strong connection to the hidden layer may lead to considerable changes in the activated attributes of an individual's IOP.

**Prototype Attributes.** Contextual constraints lead to the development and activation of prototype attributes that comprise an individual's IOP. Lord et al. (2001) presented these attributes as a network of connected nodes, where positive and negative relationships exist between the nodes. For instance, the relationship between the two nodes of having a cooperative organizational culture and encouraging teamwork is likely to have a strong positive relationship. This is referred to by Lord et al. (2001) as a positive constraint. In contrast, the relationship between having a competitive organizational culture and sharing information freely might exhibit a negative relationship (i.e., a negative constraint). Further, not all attributes are activated simultaneously. For instance, cooperation and teamwork nodes might be activated if the individual is working in a highly interdependent position, while competition and an emphasis on individual performance nodes could be active when working in a position that traditionally relies on commission. In this way, the network that represents the attributes within an individual's IOP and its activation can be quite complex and can vary based on contextual factors.

In exploring these attributes, O'Reilly, Chatman, and Caldwell (1991) identified 54 unique organizational culture items when developing the Organizational Culture Profile (OCP) to assess how individuals generally describe organizations. Although these items can serve as a starting point for capturing the various attributes contained within an individual's IOP node network, the proposed theoretical model suggests that IOPs are likely to be highly influenced by contextual factors. As a result, some individuals in occupations outside of the relatively limited number of occupations used by O'Reilly et al. (1991) may possess additional attributes within their IOP network not captured by the original 54 items. For instance, individuals who value diverse work duties or have a goal of learning multiple skill-sets might want an organization that deemphasizes strict job positions and allows for employees to fluctuate between a variety of job responsibilities and tasks. The OCP currently lacks an item to represent this type of attribute within an IOP. As a result, additional attributes that might not have been effectively identified when developing the OCP may exist in individuals' IOP from more diverse occupations.

**Organizational Inputs.** While Lord et al. (2001) rely on behavioral inputs to trigger the activation of an individual's leadership prototype, within the context of P-O fit, organizational inputs function as the trigger for activating an individual's IOP. Organizational inputs represent the variety of mediums that individuals use to collect information about an organization's attributes. For individuals outside of the organization, this can include interactions with a recruiter, an organization's website, an organization's mission and vision statements, word-of-mouth from an organization's employees or affiliates, and the general reputation of an organization. For individuals within the organization, this can include interactions with co-workers and supervisors, interactions with clients and customers, and experiences with how the organization responds to requests and crises.

Importantly, organizational inputs are generally not objective, but instead represent how the individual interprets or assigns attributes to an organization. Further, not all of these attributes have to be directly observable in the organization. For instance, if a strong association exists between cooperation and teamwork nodes, an individual that perceives an organization as having a strong cooperate culture might utilize a gap-filling process to infer the organization also has a culture that emphasizes teamwork (Rumelhart, Smolensky, McClelland, & Hinton, 1986). If these associations are realized, the link between the two connected nodes can be reinforced overtime, leading to a feedback loop between organizational inputs and reoccurring patterns of node activation.

**Pattern Matching and Determination of P-O Fit.** Contextual constraints determine which attributes are associated with an individual's ideal organization. The prototype that comprises the network of these attributes is activated when an individual attempts to interpret information received from an organization. An individual then makes a P-O fit assessment by comparing the attributes associated with the organization and the attributes comprising their IOP. The degree to which the two patterns of attributes (i.e., activated node networks) overlap determines the degree to which the organization is perceived to fit the individual's conceptualization of an ideal organization. Therefore, within the proposed framework, fluctuations in perceptions of P-O fit may change based on (1) changes in the individual's environment, occupation, or individual characteristics which influence the individual's values, norms, and goals or (2) changes in the organizational inputs. This is a novel and flexible perspective that accounts for potential changes in P-O fit perceptions as changes can occur both within the individual's conceptualization of the ideal organization and from changes due to fluctuations in the individual's perception of the organization.

## **Discussion**

The P-O literature has relied heavily on theoretical models such as Chatman's (1991) Model and the ASA model (Schneider et al., 1995). The proposed connectionist model of P-O fit answers calls for expanding and improving on these theories within the P-O fit context (e.g., Van Vianen, 2018). Specifically, it identifies where ideal organization attributes originate, and subsequently how these attributes might change over time. Further, it identifies the mediating mechanisms that facilitate this process. By integrating categorization theory and the pattern matching cognitive information processing approach, it also provides a means of understanding how individuals determine fit. Although a critical aspect of the fit process, this has yet to be fully explored and elaborated upon in a P-O fit specific model. Finally, in suggesting that individuals utilize prototype matching to determine fit, it also accommodates the assessment of overall, normative, and distinctive P-O fit indices, and therefore can be used to advance the field of P-O fit as the importance of accounting for these fit indices grows.

In applying this model to P-O fit research, a number of particularly fruitful avenues are apparent. For instance, in a review of the P-O fit literature, Santos and De Domenic (2015) found that 85.9 percent of P-O fit studies reviewed were cross-sectional. This is a notable shortcoming in the P-O fit literature, as various theoretical models and empirical examinations demonstrate that constructs relevant to individuals' conceptualization of the ideal organization, such as values, preferences, and personality, change over time. As examples from the more general P-E fit literature, Roberts and Robins (2004) and Harms et al. (2006) found that personality traits more strongly associated with environmental demands are reinforced overtime. However, perceptions of the environment can also change, which can also lead to variation in perceived fit overtime. For instance, in the study by Harms et al. (2006), it was found that individuals change

their perception of the environment overtime to better fit their needs. These changes align with the Theory of Work Adjustment, which suggests that changes in fit can occur due to individuals changing their values by reacting to the environment (e.g., more closely aligning with environmental demands), or acting upon and changing their perception of the environment (Dawis & Lofquist, 1984; Lofquist & Dawis, 1991).

Despite these indicators that the “P” component of P-O fit changes over time, past P-O fit models have failed to take these changes into account and traditionally hold the erroneous view that P-O fit is a static construct, which reinforces concerns surrounding researchers making cause-and-effect claims based on cross-section data. Therefore, the proposed model contributes to the literature by providing a framework for developing longitudinal studies to explore these changes specific to the P-O fit context. For instance, changes in individuals’ values, norms, and goals could be tracked during individuals first few years of employment. Based on the proposed model, researchers could hypothesize that changes in the three hidden layer inputs would lead to changes in the individual’s ideal organization prototype. More specified hypotheses could identify changes in specific values, norms, or goals that would lead to unique changes in attributes desired in an organization. Change could further be investigated by examining how the ideal organization prototype changes based on environmental factors. For example, how individuals from India might have a different ideal organization prototype than individuals from the Unites States. Additionally, changes based on job market factors or economic conditions could provide valuable insight on how external factors influence what individuals are looking for in an organization. As suggested by the Theory of Work Adjustment (Dawis & Lofquist, 1984; Lofquist & Dawis, 1991), changes in P-O fit can also occur through how individuals perceive the organization. Although not the focus of the current model, the proposed theoretical model does

allow for future theorizing on how individuals perceive organizations and how those perceptions influence P-O fit (i.e., the development of their actual organization prototype used to match against their ideal organization prototype).

Importantly, the model also provides a framework for understanding why nurses might find one organization more appealing than another, or why a nurse might decide to remain or leave an organization. The P-O fit framework, and P-E fit more broadly, have been proposed as a means for understanding nurse turnover and job satisfaction (e.g., Takase, Maude, & Manias, 2005b, 2005a; Vandenberghe, 1999). The model detailed here introduces a new perspective for understanding these relationships, as well as provides an avenue for identifying and measuring what unique attributes nurses are looking for relative to other occupations. Built into this contribution is the assumption that an occupation-specific instrument that effectively captures nurses' ideal organization prototype will provide a more effective and valid means of assessing nurse P-O fit than traditional and general measures of P-O fit. Furthermore, by understanding where nurses' organizational preference originate, it could provide organizations interested in recruiting and retaining nurses a stronger understanding of what aspects of their organization needs to be changed or adapted to better align with nurses' organizational preferences. In order to examine these possibilities and the utility of the proposed model, the identification of nurses' ideal organization prototype must first be undertaken.

## **CHAPTER II: IOP MEASURE DEVELOPMENT**

The purpose of Chapter II is to identify the attributes that comprise nurses' IOP as introduced in the theoretical model presented in Chapter I. As previously noted, a variety of contextual factors can influence the development and activation of an individual's IOP. Therefore, collecting data from the specific target occupation is needed to appropriately identify what attributes may exist within that specific occupation's IOP. To accomplish this, I utilized three samples of employed nurses and nursing students. In Study 1, I used two samples to conduct focus groups with both employed and non-employed student nurses, along with three subject matter experts. By doing so, I was able to collect a large spectrum of potential attributes influenced by individual characteristics (e.g., values and goals) that are expected to vary due to the level of experience within the occupation. Further, this focus group methodological approach was taken as focus groups provide a useful method for collecting information from a large range of individual experiences and perspectives (Brod, Tesler, & Christensen, 2009; Patton, 1990; Willgerodt, 2003). Additionally, the development of instruments from focus group data generally leads to items that are more relevant to the target population, as well as items that more appropriately match the terminology used by the target population (Hughes & DuMont, 2002; Morgan, 1998). Following the use of focus groups to generate an initial pool of attributes, I refined the Nurse IOP in Study 2 by using a third independent sample of nursing students and cluster analysis.

## **Study 1: Methodology**

Following the process outlined by Brotherson (1994), the primary research questions were identified before conducting the focus groups. These questions were generalized into four main areas: (A) why do individuals choose nursing as a career, (B) how or why do nurses choose one employer over another, (C) what are the ideal characteristics of an employer, and (D) what are the characteristics of a successful or unsuccessful nurse? While research questions B and C were answered directly by the currently employed nurses, corresponding questions to the nursing students were more future-oriented. For example, “What are the main factors that you will consider when evaluating different job opportunities?” or “If you had to describe your ideal employer or employment situation, what would that look like?” Within the context of questions B and C, I also asked participants to identify the positives and negatives of working in a rural versus metro hospital. This was done to explore a specific aspect of nurse job search behavior that is particularly relevant given the general shortage of nurses in rural area (Baernholdt & Mark, 2009). In the current study, the focus is solely on responses to questions within the B and C categories (i.e., attributes comprising individuals’ IOP).

### **Participants**

The four focus groups comprised of currently employed nurses was conducted using online video conference software ( $N_{\text{total}}=12$ ), while the three focus groups comprised of student nurses was conducted face-to-face ( $N_{\text{total}}=23$ ). Although different mediums were used for hosting the focus groups, differences in the amount and type of information collected is non-significant between computer and face-to-face mediums (Underhill & Olmsted, 2003). Each of the focus groups for the currently employed nurses, female ( $N=4$ ), male ( $N=1$ ), rural-based ( $N=1$ ), and metro-based ( $N=6$ ), lasted approximately 1 hour and consisted of nurses that ranged in

experience from a few years to 20+ years. The three nursing student focus groups comprised of 7 to 8 male and female students, lasted approximately 1 hour, and consisted of nursing students in their final year of a Bachelor of Science in Nursing (BSN) program. All focus groups were audio recorded, with the exception of the currently employed male focus group.

### **Coding**

The coding process did not involve a complete transcription of the audio recordings. Instead, individual participant responses were coded as addressing one of the four research questions. For instance, when asked how they selected their current place of employment, one participant stated, “I had a really good friend who actually works in this unit”. This response was coded as addressing research question B. For the focus groups comprised of currently employed nurses, this resulted in 168 individual quotes from participants. As previously noted, each quote was grouped into four main categories: (A) career choice ( $N=35$ ), (B) employer choice ( $N=37$ ), (C) ideal employer and positive or negative employer characteristics ( $N=55$ ), and (D) successful/unsuccessful nurse characteristics ( $N=28$ ). For the focus groups consisting of BSN students, the coding resulted in 312 individual quotes from participants. Each quote was grouped into three of the main research question categories: (A) career choice ( $N=70$ ), (C) ideal employer and positive or negative employer characteristics ( $N=81$ ), and (D) successful/unsuccessful nurse characteristics ( $N=64$ ). The second category, (B) employer choice, was not included as the student nurses were not currently employed as a nurse during the focus groups.

### **Study 1: Results**

Following the coding process and identification of quotes, each response was reformatted to better align with a traditional item format. However, the original language used in the focus group by participants was maintained to the greatest extent possible. For instance, one of the

nurses from the employed sample described their ideal organization as, “Looking for ways to invest in education and training and promotion of their people.” This quote was reformatted to the following item: *Looks for ways to invest in education, training, and promotion of their own people*. After accounting for duplicate responses, this resulted in 127 items representing nurses’ ideal organization prototype attributes. In addition to identifying the items, I also categorized the attributes into fifteen categories: Building, Equipment, Faith, General Social, Innovation & Change, Location, Management, Pay & Benefits, Reputation, Schooling & Education, Staffing, Team, Type of Work Unit, and Other. The list of 127 items was then presenting to three subject matter experts who were asked to (1) evaluate the appropriateness of the item phrasing, (2) provide an alternative phrasing if needed, and (3) determine if the item should be removed or retained. This processed resulted in a finalized list of 90-items representing nurses’ IOP (Table 1).

**Table 1.** 90-Item Nurse IOP

#	IOP Item	Category
1	The facility has a nice aesthetic	Building
2	Equipment to fulfill the job is organized and easy to locate	Equipment
3	Has the resources available for you to do your job	Equipment
4	All of the machines and equipment work	Equipment
5	The floor/unit has adequate equipment	Equipment
6	Faith based organization	Faith
7	Provides holistic care (body, mind, and spirit)	Faith
8	Coworkers are flexible and willing to provide relief when you need it (e.g., family obligations)	General Social
9	Has a pleasant work environment	General Social
10	Has people who will support you in work and outside of work	General Social
11	Other people who work there are easy to communicate with	General Social
12	Others at the organization are willing to share professional expertise	General Social
13	Provides a place where you can meet new people and make friends	General Social
14	Provides opportunities to work with knowledgeable people who know more than you	General Social
15	Provides room for professional growth	General Social
16	The environment encourages asking questions	General Social

17	The organization has a supportive environment	General Social
18	The unit has a supportive environment	General Social
19	There is a culture of teamwork between coworkers.	General Social
20	You can ask other nurses for help and they will be understanding	General Social
21	You don't feel judged or criticized for making a mistake	General Social
22	You know that you can go to someone for help	General Social
23	Is a teaching hospital	Innovation & Change
24	Is actively engaged in conducting research	Innovation & Change
25	Is innovative	Innovation & Change
26	Is willing to change	Innovation & Change
27	Provides continuing education opportunities	Innovation & Change
28	Has a patient-population you can relate to	Location
29	Has the patient-population you want to work with	Location
30	Is located in a large city	Location
31	Is located where you want to live	Location
32	Is located within the range of your desired commute	Location
33	The area in which the organization is located has a lot going on	Location
34	The area in which the organization is located provides easy access to travel opportunities (e.g., airport)	Location
35	Demonstrates respect and honor for nurses and what nurses do	Management
36	Direct supervisor is willing to help with unit needs.	Management
37	Has effective leadership	Management
38	Managers are supportive	Management
39	Hospital administration show their appreciation for nurses	Management
40	The nurses and doctors feel comfortable bouncing ideas off each other	Management
41	The nurses and doctors work as a team	Management
42	There is management stability	Management
43	You want to work for your supervisor	Management
44	Is a level 1 trauma center	Other
45	Has fair vacation and sick leave policy.	Pay & Benefits
46	Is flexible and will work with you on managing your schedule	Pay & Benefits
47	Offers the pay you're looking for	Pay & Benefits
48	Provides daycare	Pay & Benefits
49	Provides good benefits	Pay & Benefits
50	Provides greater pay than other organizations	Pay & Benefits
51	Provides various shift patterns for scheduling.	Pay & Benefits
52	Has a good national reputation	Reputation
53	Has positive employee reviews	Reputation
54	Has a positive reputation among employees	Reputation
55	Has as a positive reputation in the community	Reputation
56	Other nurses and hospital workers want to work at the organization	Reputation

57	Is associated with a university	Schooling & Education
58	Is reputable to selection committees when you go back to school	Schooling & Education
59	Looks for ways to invest in education, training, and promotion of their own people	Schooling & Education
60	Provides an avenue or means to go back to school	Schooling & Education
61	Provides cross training opportunities between units.	Schooling & Education
62	Provides loan forgiveness for past student debt	Schooling & Education
63	Provides training on Electronic Medical Record or paper charting system.	Schooling & Education
64	Provides tuition reimbursement for advancing education.	Schooling & Education
65	They offer incentives for obtaining certificates	Schooling & Education
66	Will pay for continuing education (e.g., CEUs)	Schooling & Education
67	The floor/unit is fully staffed	Staffing
68	There is low nurse turnover	Staffing
69	Emphasizes teamwork	Team
70	Has effective teamwork	Team
71	Is challenging	Type of Work
72	Provides opportunity to work with critically ill patients.	Type of Work
73	Will challenge you to be a better nurse	Type of Work
74	Organization provides the type of specialty unit you desire.	Type of Work
75	Has good lighting	Building
76	Has a nice cafeteria	Building
77	Has a lot of windows	Building
78	Has a coffee shop	Building
79	The building is nice looking	Building
80	The organization aims to heal people physically and spiritually	Faith
81	Aligns with your religious beliefs	Faith
82	Does not have drama	General Social
83	Is in a desirable location	Location
84	The management team is willing to jump in and help you	Management
85	You receive appropriate compensation for the required work load	Pay & Benefits
86	Other people want to be there	Reputation
87	Offers a high intensity job	Type of Work
88	It isn't a boring place to work	Type of Work
89	Is fast-paced	Type of Work
90	No one asks you to do things they wouldn't also do	General Social

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### **Study 1: Discussion**

The objective of Study 1 was to identify what attributes comprise nurses' IOP and develop a measure that could be used for future studies. Importantly, the attributes were identified using focus group methodology, which allowed for retaining the terminology and verbiage used within the nursing occupation. This approach, along with collecting responses from nurses in various stages of employment, such as student nurses about to enter the workforce and nurses nearing retirement, as well as nurses working in different nursing subfields, such as home care nurses and intensive care nurses, it provided rich and varied perspectives on what constitutes an ideal organization. In addition, by utilizing subject matter experts to screen and evaluate items developed from the qualitative data, it resulted in a comprehensive instrument that is specifically tailored for those entering or within the nursing occupation.

### **Study 2: Methodology**

While Study 1 allowed for the creation of a comprehensive list of attributes representing nurses' IOP, the process of assessing prototype matching (i.e., P-O fit) requires asking participants to provide *both* their perceived rating of their current organization and their ideal rating for each attribute. If using the full 90-item Nurse IOP, this would result in a 180-item instrument. The objective of Study 2 was to reduce this number to more closely resemble commonly used P-O fit instrument length. This was done for two primary reasons: 1) individuals may be discouraged to complete such a lengthy assessment, which can lead to lower response rates and lower motivation to effectively complete the survey (Burisch, 1984; Dillman, Sinclair, & Clark, 1993; Herzog & Bachman, 1981; Sharp & Frankel, 1983), and 2) the instrument is intended to be used in an applied setting. Unlike more traditional white-collar positions studied in management research, nurses are rarely in a position to stop during the work-day and take an

assessment. Therefore, an instrument must be both effective and efficient to be a viable option for practitioners interested in utilizing such an instrument for their organization. Given these concerns, I collected a third sample to refine the 90-item Nurse IOP for organizational use.

### **Participants**

The participants recruited for the study consisted of nursing students in their final year of a Bachelor of Science in Nursing (BSN) program. Participants completed the survey twice, before their preceptorship and immediately after their preceptorship. Responses were screened for data quality using response speed per item (Wood, Harms, Lowman, & DeSimone, 2017); participants were removed if they completed the Nurse IOP items in under 1 second per item. This resulted in  $N=70$  for the Time 1 data collection and  $N=54$  for the Time 2 data collection. For Time 1, the mean age was 22 ( $SD=.82$ ), with 91.4% female, 4.3% male, and 4.3% not listed. For Time 2, the mean age was 22 ( $SD=.83$ ), with 96.3% female and 3.7% male. The participants were predominately white, with 96% reporting “White/Caucasian” for both Time 1 and Time 2.

### **Measures**

**Nurse Ideal Organizational Prototype (IOP).** Ideal organization prototypes were assessed using the 90-item Nurse IOP developed in Study 1. The instructions for the ideal organization assessment were “To what degree do you see the following characteristics as a desirable or undesirable feature of your ideal organization or place of work?” Attributes were assessed using a 1 (Highly undesirable) to 7 (Highly desirable) Likert scale. The profile correlation between Time 1 and Time 2 ratings for the Nurse IOP was  $q=.97$  (Cattell, 1952) for the 46 participants who completed both surveys, which indicated negligible overall changes in nurses’ IOP before and after their preceptorship experience.

## **Item Reduction Procedure**

The number of items within the Nurse IOP were reduced using hierarchical cluster analysis. Cluster analysis was selected over factor analysis to align with the theoretical model proposed in Chapter I; specifically, each item represents a unique node or attribute within an individual's ideal organization prototype that is used to match against perceived organizational attributes when assessing P-O fit. The specificity and information obtained from this pattern matching approach is diminished when using factors instead of individual items. Furthermore, the qualitative process of developing the Nurse IOP was intended for identifying a comprehensive list of unique (single-item) attributes. Therefore, cluster analysis was deemed the most appropriate analytical approach for reducing the number of items while also retaining items that contain unique information relevant to nurses' ideal organization.

The analysis was conducted using Ward's hierarchical agglomerative clustering method to identify item clusters. The approach is based on a sum-of-squares criterion that aims to identifying groups while maintaining minimum within-group dispersion (Murtagh & Legendre, 2014). The analysis was conducted by (1) estimating the correlations between all Nurse IOP items for Time 1 and Time 2, (2) calculating an average correlation matrix (the sum of the correlation matrices from Time 1 and Time 2 divided by 2), and then (3) calculating the distance matrix for each of the three (Time 1, Time 2, and average).

After generating the three distance matrices, the number of desired clusters was set at 55 and the average distance matrix was used to run the analysis. This was done for three reasons (1) to provide a comparable length to the 54-item OCP, (2) to ensure interpretable clusters, and (3) to generally align with the a priori categories confirmed by the subject matter experts when developing the original list of items. The fifteen item categories were: Building, Equipment,

Faith, General Social (GS), Innovation & Change (I&C), Location, Management (Mgt.), Pay & Benefits (P&B), Reputation (Rep.), Schooling & Education (S&E), Staffing, Team, Type of Work (TW), and Other. Clusters of 20, 40, 50, and 60 were also examined to provide comparisons and to determine the optimal number of clusters. Table 2 provides the cluster analysis information and the *a priori* category for each of the 90 IOP items using the average correlation matrix.

**Table 2.** Nurse IOP Cluster Analysis and Identification of Items for Reduction

#	Nurse IOP Item	Category	Cluster
1*	The facility has a nice aesthetic	Building	1
2	Equipment to fulfill the job is organized and easy to locate	Equipment	2
3*	Has the resources available for you to do your job	Equipment	2
4	All of the machines and equipment work	Equipment	2
5	The floor/unit has adequate equipment	Equipment	2
8	Coworkers are flexible and willing to provide relief when you need it (e.g., family obligations)	GS	2
16	The environment encourages asking questions	GS	2
19	There is a culture of teamwork between coworkers.	GS	2
6*	Faith based organization	Faith	3
81	Aligns with your religious beliefs	Faith	3
7*	Provides holistic care (body, mind, and spirit)	Faith	4
9	Has a pleasant work environment	GS	5
11	Other people who work there are easy to communicate with	GS	5
17	The organization has a supportive environment	GS	5
18	The unit has a supportive environment	GS	5
20	You can ask other nurses for help and they will be understanding	GS	5
22*	You know that you can go to someone for help	GS	5
10	Has people who will support you in work and outside of work	GS	6
12*	Others at the organization are willing to share professional expertise	GS	6
14	Provides opportunities to work with knowledgeable people who know more than you	GS	6
13*	Provides a place where you can meet new people and make friends	GS	7
15*	Provides room for professional growth	GS	8
25	Is innovative	I&C	8
21*	You don't feel judged or criticized for making a mistake	GS	9
23*	Is a teaching hospital	I&C	10
24*	Is actively engaged in conducting research	I&C	11
26*	Is willing to change	I&C	12
27*	Provides continuing education opportunities	I&C	13
28	Has a patient-population you can relate to	Location	14
29	Has the patient-population you want to work with	Location	14
30 <sup>a</sup>	Is located in a large city	Location	15
31	Is located where you want to live	Location	16

32	Is located within the range of your desired commute	Location	16
45*	Has fair vacation and sick leave policy.	P&B	16
46*	Is flexible and will work with you on managing your schedule	P&B	16
33*	The area in which the organization is located has a lot going on	Location	17
34*	The area in which the organization is located provides easy access to travel opportunities (e.g., airport)	Location	18
35	Demonstrates respect and honor for nurses and what nurses do	Mgt.	19
36	Direct supervisor is willing to help with unit needs.	Mgt.	19
37	Has effective leadership	Mgt.	19
38	Managers are supportive	Mgt.	19
39 <sup>+</sup>	Hospital administration show their appreciation for nurses	Mgt.	19
40	The nurses and doctors feel comfortable bouncing ideas off each other	Mgt.	19
41*	The nurses and doctors work as a team	Mgt.	19
42	There is management stability	Mgt.	20
47	Offers the pay you're looking for	P&B	20
49	Provides good benefits	P&B	20
43	You want to work for your supervisor	Mgt.	21
44*	Is a level 1 trauma center	Other	22
48*	Provides daycare	P&B	23
50*	Provides greater pay than other organizations	P&B	24
51*	Provides various shift patterns for scheduling.	P&B	25
52	Has a good national reputation	Rep.	26
55*	Has as a positive reputation in the community	Rep.	26
53	Has positive employee reviews	Rep.	27
54*	Has a positive reputation among employees	Rep.	27
56*	Other nurses and hospital workers want to work at the organization	Rep.	28
57*	Is associated with a university	S&E	29
58*	Is reputable to selection committees when you go back to school	S&E	30
59*	Looks for ways to invest in education, training, and promotion of their own people	S&E	31
65	They offer incentives for obtaining certificates	S&E	31
60	Provides an avenue or means to go back to school	S&E	32
64*	Provides tuition reimbursement for advancing education.	S&E	32
66	Will pay for continuing education (e.g., CEUs)	S&E	32
61*	Provides cross training opportunities between units.	S&E	33
62*	Provides loan forgiveness for past student debt	S&E	34
63*	Provides training on Electronic Medical Record or paper charting system.	S&E	35
67*	The floor/unit is fully staffed	Staffing	36
68*	There is low nurse turnover	Staffing	37
69*	Emphasizes teamwork	Team	38
70	Has effective teamwork	Team	39
73	Will challenge you to be a better nurse	TW	39
74 <sup>a</sup>	Organization provides the type of specialty unit you desire.	TW	39
71*	Is challenging	TW	40
72*	Provides opportunity to work with critically ill patients.	TW	41
75*	Has good lighting	Building	42
76*	Has a nice cafeteria	Building	43
77*	Has a lot of windows	Building	44
78*	Has a coffee shop	Building	45

79	The building is nice looking	Building	46
80*	The organization aims to heal people physically and spiritually	Faith	47
82*	Does not have drama	GS	48
83 <sup>a</sup>	Is in a desirable location	Location	49
84*	The management team is willing to jump in and help you	Mgt.	50
85*	You receive appropriate compensation for the required work load	P&B	51
86	Other people want to be there	Rep.	52
87*	Offers a high intensity job	TW	53
89	Is fast-paced	TW	53
88*	It isn't a boring place to work	TW	54
90*	No one asks you to do things they wouldn't also do	GS	55

**Notes.** Clusters calculated using hierarchical cluster analysis with distance matrix for the average correlation matrix. \* indicates selected items for the 53-item measure. Item 39 wording changed from *nurses are appreciated by hospital administration* to *hospital administration show their appreciation for nurses* (indicated by superscript “+”). Superscript “a” indicates item was reworded (criterion #5); item 30 *is located in a large city* and item 83 *is in a desirable location* were changed to *is located in an urban area* and *is located in a rural area*; item 74 *organization provides the type of specialty unity you desire* was changed to *has intensive care units (ICUs) (74)* and *has a woman and infant care unit (91)* to better reflect content conveyed during the qualitative focus groups and provide more specificity.

As anticipated, multiple items fell within single clusters. Therefore, a process was needed to identify which items should be retained or removed. The following criteria were used to select from multiple items within a cluster (brackets are used to identify cluster) with the objective of both reducing the total number of items and also retaining items that capture unique information.

1. Does a similar item exist in a single-item cluster? (e.g., *emphasizes teamwork* was in a single-item cluster [cluster #38] and *there is a culture of teamwork between coworkers* [cluster #2] was in a multi-item cluster; therefore, *emphasizes teamwork* was selected and *there is a culture of teamwork between coworkers* was dropped)
2. Is there an item that captures the general content of the cluster? (e.g., *has the resources available for you to do your job* [cluster #2] was selected because it captures the majority of the remaining items within the cluster: *equipment to fulfill the job is organized and easy to locate, all of the machines and equipment work, the floor/unit has adequate equipment*)

3. Is one of the items more concrete (less abstract) than the other item(s)? (e.g., *hospital administration show their appreciation for nurses* [cluster #19] was selected over *demonstrates respect and honor for nurses and what nurses do* [cluster #19]).  
Similarly, is one of the items easier to understand or use less jargon given the population of interest? (e.g., *is fast-paced* [cluster #53] was selected over *offers a high intensity job* [cluster #53])
4. Does one of the items reflect a more distinctive preference over a normative preference (e.g., *is located in a large city* (is located in an urban area) [cluster #15] was selected over *is located where you want to live* [cluster #16])?
5. Similarly, certain items were removed or rephrased to prevent within-item matching – which occurs when an item contains a stem that is ambiguous and requires the participant to assign their own preference into the item. For example, the item *has the patient population you want to work with* could be interpreted as working with children for one participant or interpreted as working with the elderly for another participant. Therefore, a high rating on this item would provide very little information to help improve hospitals’ understanding of what job applications or current employees find desirable. Further, items roughly phrased as “aligns with your X” were avoided as these items more resemble perceived P-O fit items (e.g., the degree to which the organization aligns with your personality; Cable & Judge, 1996) as opposed to items that distinctly assess the “P” or “O” side of the P-O fit equation. Nine items were identified using this criterion (28, 29, 31, 32, 43, 47, 74, 81, and 83).

## Study 2: Results

Results from this selection and revision process are identified in Table 1 with an asterisk; wording changes to items are specified in the notes. Of particular note, three items were revised based on criterion five. The items *is located in a large city* [#30] and *is in a desirable location* [#83] were revised to *is located in an urban area* and *is located in a rural area*. This was done to provide more specificity to the items, provide an assessment of “P” or “O” instead of perceived P-O fit, and to examine urban and rural as the primary differing locations of interest. In a similar manner, the item *organization provides the type of specialty unit you desire* [#74] was both rephrased and expanded into a second item; specifically, the item was rephrased to *has intensive care units (ICUs)* and a second item was added, *has a women and infant care unit* [#91]. Although a large number of specialty units exist, these two were selected as they were the two units specifically mentioned by participants in the focus group. These revisions were undertaken to specify the type of unit desired, as well as to better align with the direct quote provided in the qualitative data use for developing the associated item.

Regarding the number of items representing each *a priori* category, general social and school and education retained the most items, with 7 each. Pay and benefits, build, and type of work are represented with 6, 5, and 5, respectively. Unit, team, other, and equipment retained the fewest items, with 1 each. Overall, at least one item associated with the 15 *a priori* category was retained. As previously mentioned, the IOP is designed for single-item analysis; however, maintaining items from each category ensured adequate breadth for the shortened 53-item Nurse IOP.

To examine the item properties of the 53-item Nurse IOP (not including the added item *has a woman and infant care unit* [#53]), observed scores were converted to Percent of

Maximum Possible scores (POMP; Cohen et al., 1999). This was done for participants who completed both Time 1 and Time 2; means and standard deviations were calculated for each item. Similar to the approach used for cluster analysis, average scores for both item means and standard deviations were also calculated (Table 3).

Based on the average mean for Time 1 and Time 2, the five least desirable items were: *provides daycare* [#48], *is a level 1 trauma center* [#44], *is associated with a university* [#57], *has a coffee shop* [#78], and *the area in which the organization is located provides easy access to travel opportunities (e.g., airport)* [#34]. The five most desirable items were: *hospital administration show their appreciation for nurses* [#39], *the nurses and doctors work as a team* [#41], *you know that you can go to someone for help* [#22], *emphasizes teamwork* [#69], and *has a positive reputation among employees* [#54].

In terms of standard deviation scores, *is located in a large city* [#30] and *the area in which the organization is located has a lot going on* [#33] had the highest standard deviation scores; 24.43 and 23.15, respectively. Given the large variability in how these items were endorsed, these items are likely more indicative of distinctive preferences than items with lower variability. For instance, *hospital administration show their appreciation for nurses* [#39] and *the nurses and doctors work as a team* [#41] had the lowest standard deviation scores; 7.51 and 7.82, respectively. In contrast to items with high variability, these items are likely less useful when seeking to understanding distinctive preferences as their endorsement is fairly consistent across individuals. However, given the strong relationship between mean and standard deviation scores, Nurse IOP item mean and standard deviation scores are provided in Figure 3 to better aid in interpretation (Wood & Brumbaugh, 2009).

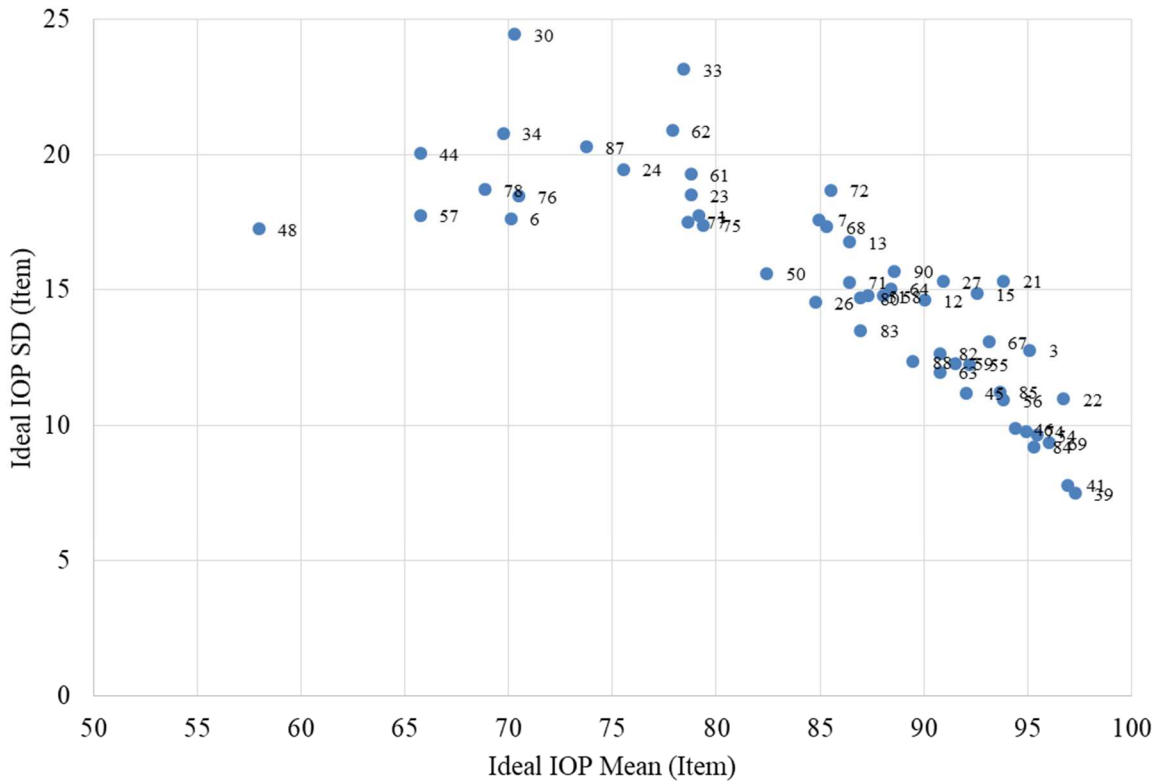
**Table 3.** Study 2 53-item Nurse IOP Means (M) and Standard Deviations (SD)

#	IOP Item	Time 1		Time 2		Average	
		M	SD	M	SD	M	SD
39	Hospital administration show their appreciation for nurses	98.19	7.23	96.38	7.79	97.28	7.51
41	The nurses and doctors work as a team	97.10	8.09	96.74	7.55	96.92	7.82
22	You know that you can go to someone for help	97.46	7.83	96.01	14.14	96.74	10.98
69	Emphasizes teamwork	96.38	8.54	95.65	10.20	96.01	9.37
54	Has a positive reputation among employees	96.01	9.42	94.93	9.86	95.47	9.64
84	The management team is willing to jump in and help you	97.10	8.82	93.48	9.61	95.29	9.22
3	Has the resources available for you to do your job	97.10	8.09	93.12	17.42	95.11	12.76
74	Organization provides the type of specialty unit you desire.	94.20	10.67	95.65	8.91	94.93	9.79
46	Is flexible and will work with you on managing your schedule	93.12	10.87	95.65	8.91	94.38	9.89
21	You don't feel judged or criticized for making a mistake	96.01	8.74	91.67	21.87	93.84	15.31
56	Other nurses and hospital workers want to work at the organization	95.29	10.92	92.39	10.95	93.84	10.93
85	You receive appropriate compensation for the required work load	92.75	12.50	94.57	9.97	93.66	11.23
67	The floor/unit is fully staffed	93.48	11.37	92.75	14.76	93.12	13.07
15	Provides room for professional growth	94.57	10.57	90.58	19.13	92.57	14.85
55	Has as a positive reputation in the community	92.75	12.98	91.67	11.52	92.21	12.25
45	Has fair vacation and sick leave policy.	92.75	10.34	91.30	12.04	92.03	11.19
59	Looks for ways to invest in education, training, and promotion of their own people	92.03	12.54	90.94	12.02	91.49	12.28
27	Provides continuing education opportunities	92.39	12.52	89.49	18.04	90.94	15.28
82	Does not have drama	92.03	11.51	89.49	13.77	90.76	12.64
63	Provides training on Electronic Medical Record or paper charting system.	90.22	12.95	91.30	10.97	90.76	11.96
12	Others at the organization are willing to share professional expertise	91.67	12.04	88.41	17.17	90.04	14.61
88	It isn't a boring place to work	89.49	12.84	89.49	11.84	89.49	12.34
90	No one asks you to do things they wouldn't also do	86.23	18.36	90.94	13.01	88.59	15.68
64	Provides tuition reimbursement for advancing education.	89.49	15.05	87.32	14.98	88.41	15.02
58	Is reputable to selection committees when you go back to school	88.04	14.34	88.04	15.18	88.04	14.76
51	Provides various shift patterns for scheduling.	87.68	14.67	86.96	14.87	87.32	14.77
83	Is in a desirable location	85.87	12.65	88.04	14.34	86.96	13.50
80	The organization aims to heal people physically and spiritually	89.13	13.71	84.78	15.65	86.96	14.68
13	Provides a place where you can meet new people and make friends	87.68	14.24	85.14	19.32	86.41	16.78
71	Is challenging	86.23	16.22	86.59	14.32	86.41	15.27
72	Provides opportunity to work with critically ill patients.	87.32	18.32	83.70	19.08	85.51	18.70
68	There is low nurse turnover	85.14	17.99	85.51	16.71	85.33	17.35

7	Provides holistic care (body, mind, and spirit)	86.59	15.96	83.33	19.25	84.96	17.60
26	Is willing to change	83.70	15.90	85.87	13.13	84.78	14.52
50	Provides greater pay than other organizations	82.61	15.30	82.25	15.87	82.43	15.58
75	Has good lighting	80.43	16.59	78.26	18.21	79.35	17.40
1	The facility has a nice aesthetic	82.61	15.70	75.72	19.78	79.17	17.74
23	Is a teaching hospital	78.99	16.64	78.62	20.39	78.80	18.51
61	Provides cross training opportunities between units.	81.16	19.44	76.45	19.11	78.80	19.27
77	Has a lot of windows	80.43	17.32	76.81	17.74	78.62	17.53
33	The area in which the organization is located has a lot going on	76.81	24.46	80.07	21.84	78.44	23.15
62	Provides loan forgiveness for past student debt	77.17	22.32	78.62	19.46	77.90	20.89
24	Is actively engaged in conducting research	74.64	19.16	76.45	19.74	75.54	19.45
87	Offers a high intensity job	75.36	21.01	72.10	19.58	73.73	20.29
76	Has a nice cafeteria	69.57	20.58	71.38	16.35	70.47	18.47
30	Is located in a large city	70.29	25.32	70.29	23.55	70.29	24.43
6	Faith based organization	69.93	16.71	70.29	18.56	70.11	17.64
34	The area in which the organization is located provides easy access to travel opportunities (e.g., airport)	68.84	22.94	70.65	18.65	69.75	20.79
78	Has a coffee shop	68.48	16.93	69.20	20.48	68.84	18.71
57	Is associated with a university	63.04	17.89	68.48	17.65	65.76	17.77
44	Is a level 1 trauma center	66.67	18.92	64.86	21.15	65.76	20.04
48	Provides daycare	58.70	17.83	57.25	16.72	57.97	17.27

*Notes.*  $N=46$ ;  $q=.97$ ; Sorted from highest to lowest POMP score using the Average Mean Column.

**Figure 3.** Scatterplot of Mean and Standard Deviation scores for average 53-Item Nurse IOP ratings. Number indicates corresponding Nurse IOP item number.



Results from the scatterplot illustrate a generally negative relationship between item mean scores and item standard deviations. However, this relationship might more closely resemble an inverted-U with the inclusion of additional data for items closer to or below a POMP score of 50. Items within a set mean score (e.g., 70) that have a higher standard deviation score are likely to provide better indicators of individual differences due to the increased variation in ratings. For example, the items *faith based organization* [#6], *is located in a large city* [#30], and *the area in which the organization is located provides easy access to travel opportunities (e.g., airport)* [#34] have similar mean scores of approximately 70. In comparison, the standard deviations for these three items are drastically different; 17.64, 24.43, and 20.79, respectively. This indicates that *is located in a large city* [#30] is likely a better indicator of individual or

distinctive organizational preferences than the item *faith based organization* [#6], given the greater variability despite having a similar mean score.

## **Study 2: Discussion**

The objective of Study 2 was to refine the 90-item Nurse IOP developed in Study 1, while still maintaining items that uniquely contribute to nurses' ideal organization prototype. The resulting 53-item Nurse IOP meets this requirement and provides a viable tool for organizational use. More broadly, Study 1 and Study 2 provide guidelines for future research investigating P-O fit from an occupation-specific perspective and how to appropriately identify occupation-specific ideal organization prototypes. For instance, individuals working within the transportation industry are likely to have unique attributes within their prototype that are not captured in a general P-O fit assessment. In a similar manner, this process can be expanded to less defined occupations, such as entrepreneurship or those engaged in intrapreneurship (Hisrich, 1990). This would entail asking individuals engaged in entrepreneurial activity what constitutes their ideal organization and then using that information to develop an entrepreneur-specific IOP instrument. This technique could be particularly useful for organizations in need of fostering employee creativity and innovation. As a last example, the process outlined here can be used for identifying other ideals, such as an ideal team member. Developing an instrument to identify individuals' ideal team member attributes could provide a viable means of assessing person-group fit and could be used to better match individuals with their respective team members.

While Study 1 and Study 2 accomplish their intended objectives, there are some limitations to both studies. In particular, the samples collected were predominately female. While this mirrors the general demographics of the nursing profession (Landivar, 2013), a sample including a greater number of male participants could provide alternative results. Furthermore,

while the sample did consist of individuals from a variety of states, both samples were comprised mostly of individuals from the southern United States. Similarly, nurses' ideal organization prototypes might differ based on national cultural factors and general cultural perceptions of nursing. Therefore, conducting a similar qualitative-to-quantitative method outlined here could be valuable for examining how nurses' IOP might relate to P-O fit in other countries outside of the United States.

In addition to the diversity of the sample, data collection before and after nursing students' preceptorship could have influenced the results. While the profile correlation indicates that overall changes to individuals' ideal organization prototype likely did not occur, perceptions or values related to certain items might have changed following their experiences during the preceptorship. For instance, the mean desirability of *is associated with a university* [#57] increased from 63.04 to 68.48, and the desirability of *the facility has a nice aesthetic* [#1] decreased from 82.61 to 75.72 for those who completed both assessments. While these changes are nonsignificant, increasing the sample size and collecting a more diverse sample could provide insight into how preceptorship experiences could change what student nurses are looking for in their future organizations, particularly when it comes to distinctive preferences.

### **CHAPTER III: PREDICTING NURSE OUTCOMES USING THE NURSE IOP**

In Chapter II, the attributes that comprise nurses' ideal organization prototype were identified using a qualitative-to-quantitative method. The benefit of such an approach is that it allows for an occupation-specific instrument that can be used to estimate P-O fit by comparing an individual's ideal organization prototype with their ratings of their current or actual organization. The implied hypothesis is that the occupation-specific instrument is a better representation of what individuals within an occupation view as desirable for their organization than a general measure that is not occupation-specific. Therefore, in Chapter III, the activation and pattern matching process associated with IOPs is compared to the traditional measure of P-O fit using the Organizational Culture Profile (OCP) by O'Reilly, Chatman, and Caldwell (1991) as a predictor of perceived P-O fit and attitudinal outcomes. Additionally, multiple P-O fit indices are estimated (overall, normative, and distinctive) to evaluate how each instrument and assessment of fit relates to nurses' attitudinal outcomes. This is done to evaluate how well the proposed prototype-based theoretical model and the process used to develop IOPs for nurses compares to the more general and traditional approaches to assessing P-O fit.

#### **Operationalization and Assessment of Person-Organization Fit**

Given the diversity of approaches and terminologies used when assessing fit, Edwards and colleagues (2006) developed a phenomenology of fit, which is comprised of atomistic, molecular, and molar approaches to investigating fit. The atomistic approach separates the person and the environment when investigating fit, such as assessing individuals' organizational

preferences and then separately assessing perceptions of their actual organization. Often, this approach utilizes commensurate measures (Caplan, 1987), which occur when individuals rate their ideal organization (P) and then separately rate their actual organization (O) using the same list of attributes and scales (e.g., the Organizational Culture Profile; O'Reilly et al., 1991). The molecular approach relies on individuals identifying discrepancies between their preferences and their actual environment, such as asking the question, would you prefer more or less autonomy compared to the autonomy you currently have in your organization? In contrast, the molar approach involves asking individuals to directly evaluate their perceived level of fit. An example of this approach would be Cable and Judge's (1996) P-O fit measure, which uses items such as "To what extent is the organization a good match for you?"

Along with the assessment approach, P-O fit can also be categorized based on the types of attributes being evaluated or compared. For instance, supplementary fit involves evaluating the similarity between individuals and their organization (e.g., values), while complementary fit involves evaluating how well an individual meets the needs of their organization (Muchinsky & Monahan, 1987). Additionally, fit can be categorized as needs-supplies fit or demands-abilities fit (e.g., Cable & DeRue, 2002). Needs-supplies fit entails comparing how well an individual's needs align with the rewards provided by an organization. In contrast, demands-abilities fit represents the congruence between the demands of a job (or organization) and the abilities of an individual.

The measurement of fit has a long and debated history in the fields of management and organizational psychology, which is unsurprising given the numerous conceptualizations and types of fit investigated by researchers (Santos & De Domenico, 2015). Approaches to measuring fit range from utilizing calibration profiles and profile deviation (Venkatraman, 1989;

Venkatraman & Prescott, 1990) to indexing and difference scores (Kogut & Singh, 1988). However, on the individual level, fit is often measured using individuals' perceptions of fit (i.e., the molecular and molar approaches). For instance, studies using Cable and Judge's (1996) 4-item measure of perceived fit would fall under the molar category of measurement (e.g., Cable & DeRue, 2002; De Cooman et al., 2009; Kim, Cable, & Kim, 2005). Although the molecular and molar approaches to measuring fit are commonly used (Santos & De Domenico, 2015) and represent distinct aspects of the fit construct (Edwards et al., 2006), an objective measure of fit that is estimated externally of the individual, such as actual organizational ratings collected from a manager or coworkers, can help reduce the impact of perceptual biases (Caplan, 1987; Piasentin & Chapman, 2006).

Additionally, asking individuals to internally estimate fit without identifying the specific attributes being evaluated can lead to discrepancies in how one individual conceptualizes fit compared to another individual (Van Vuuren, Veldkamp, De Jong, & Seydel, 2007). For instance, when asked, "To what extent is the organization a good match for you?" one respondent might respond based on how well the organization matches their financial or professional development preferences, while another might respond based on social preferences. Although these attributes might be those that are most important to the individual, it introduces difficulties in accurately comparing P-O fit across individuals. Furthermore, it limits the value of results due to the inability to identify what aspects or attributes of the organization matter for individuals (Santos & De Domenico, 2015).

This can limit the ability of organizations to improve or address areas that influence individuals' perceptions of P-O fit (e.g., identifying if providing better opportunities for professional growth or improving the social climate is a more effective approach), as well as the

ability of individuals and organizations to evaluate potential fit. For instance, if job candidates know the specific attributes they desire and the specific attributes of the organization, they can use that information to project how they might experience P-O fit once employed. Organizations can function in a similar way towards job candidates based on a self-evaluation of its own attributes. In both cases, instruments used for external estimates of P-O fit provide more useful information than perceived P-O fit measures for estimating potential fit.

For these reasons, taking the atomistic approach is generally preferable, both in terms of specificity of results as well as interpretation and flexibility of analysis and measurement. The most common atomistic approaches to the measurement of fit are difference scores, polynomial regression and response surface analysis (RSA), and profile correlations (Santos & De Domenico, 2015; Verquer et al., 2003). Common difference scores used when measuring fit include: the algebraic difference ( $X - Y$ ), the absolute difference  $|X - Y|$ , and occasionally the squared difference  $(X - Y)^2$ . As an example, Boxx, Odom, and Dunn (1991) used the difference score between desired and perceived organizational values to evaluate the relationship between P-O fit and organizational commitment, satisfaction, and cohesion in non-profit organizations (also see, Bretz & Judge, 1994; Vigoda & Cohen, 2002). Using the absolute difference score approach, Sims and Keon (1997) examined the fit between preferred ethical work climate dimensions and actual ethical work climate dimensions to investigate the relationship between P-O fit and job satisfaction and turnover intentions.

In contrast to difference scores, the use of polynomial regression and RSA is a more modern approach to measuring fit (e.g., Cha, Chang, & Kim, 2014; Edwards & Parry, 1993; Goodman & Svyantek, 1999; Meyer, Hecht, Gill, & Toplonysky, 2010; Van Vianen, 2000). Polynomial regression requires the person and organization ratings to be collected separately

(i.e., atomistic approach). Edwards (2002) argues that the polynomial regression approach is beneficial from a statistical standpoint as difference scores tend to demonstrate lower reliability than their individual components. However, it should be noted that the interaction term in polynomial regression faces a similar concern with decreased reliability due to creating a new term based on multiplying the two individual components. From a conceptual standpoint, Edwards (2002) also argues that combining measures of distinct constructs (i.e., the person and the organization) leads to an “inherently ambiguous” fit construct (p.351). Given the polynomial regression approach requires the components to remain distinct in the regression equation (with the exception of the interaction term), it also allows for the examination of the three-dimensional relationship between the two sets of scores and the outcome variable using RSA (Box & Draper, 1987; Edwards, 1993, 2002; Edwards & Parry, 1993; Khuri & Cornell, 1987). The appeal of RSA is that it provides a nuanced visual representation of how the person, organization, and outcome variables are related (Shanock et al., 2010). This, paired with the benefits of measuring the person and organization separately, have led to researchers to rely heavily on polynomial regression and RSA when investigating P-O fit.

The third approach to measuring P-O fit is the profile correlation approach. This approach is one of the earliest methods used for measuring P-O fit (O'Reilly et al., 1991; Chatman, 1991) and has been employed in approximately 36% of P-O fit studies, making it the most widely used technique (Santos & De Domenico, 2015). It has been used to examine the relationship between P-O fit and outcomes such as job choice (Cable & Judge, 1996), employee selection (McCulloch & Turban, 2007), and employee satisfaction, commitment, and turnover intentions (Meglino, Ravlin, & Adkins, 1989; Westerman & Cyr, 2004). Although some researchers have advocated against its use (Edwards, 1993; 1994), the profile correlation

approach has a number of benefits. Specifically, the profile correlation approach allows for examining an “array of variables” that better aligns with the theoretical concept of fit (e.g., Venkatraman & Prescott, 1990); namely, that individuals evaluate fit based on multiple attributes when determining how well they fit with an organization. This further aligns with the theoretical model proposed in Chapter I, which posits that a pattern matching process occurs between the nodes/attributes comprising an individual’s ideal organization prototype and their perceptions of an organization. In contrast, the polynomial regression and RSA approach requires researchers to investigate isolated attributes or aggregated attributes when estimating P-O fit. The former of which often fails to fully capture how individuals determine fit, and the latter leads to a considerable loss in information.

For example, the OCP factor of Aggressiveness is comprised of the items *Aggressive*, *Socially Responsible*, and *Competitive* (O’Reilly et al., 1991). Although an argument can be made that these are related, grouping them into a single factor leads to considerably less information about *why* P-O fit is high or low for a particular individual. In addition to accounting for multiple attributes simultaneously, the profile correlation approach allows for the decomposition of fit into normative and distinctive fit indices by using *q*-correlations, which are correlations between profiles of individual items (Cattell, 1952; Wood, Lowman, Harms, & Roberts, 2019). This also has the added benefit of correlations being more stable due to the increase in the number of items being compared.

Within this decomposition, *normative fit* refers to the degree to which an individual or entity’s profile of preferences or attributes aligns with the average profile of a broad population. In the context of P-O fit, this would entail estimating how well an individual’s ideal organization matches the type of organization people, on average, tend to prefer. In contrast, *distinctive fit*

refers to the degree to which an individual or entity's profile of preferences or attributes deviates from the normative profile. For P-O fit, this represents how well an organization's distinguishing or unique attributes match the unique aspects of an individual's ideal organization. Accounting for these two types of fit is particularly important when utilizing profile correlations as normative effects are known to inflate similarity and congruence relationships (Furr & Funder, 2004; Klimstra et al., 2010; Wood & Furr, 2016). Therefore, by separating out distinctive preferences from normative preferences, it provides a more appropriate test for examining the influence of an organization matching with an individual's preferences.

In selecting an approach to measure P-O fit using the Nurse IOP, the profile correlation approach and the decomposition of fit into normative and distinctive fit provides the most viable technique. From a methodological standpoint, the profile correlation allows for the assessment of multiple attributes within an individual's IOP simultaneously. Given the design and development of the Nurse IOP, this aligns with the qualitative-to-quantitative method of identifying single items that represent unique attributes, yet which are still viewed as a system of interconnected nodes/attributes. Further, the assessment of fit is conducted externally of the individual through the atomistic approach. This leads to a reduction in individual perceptual biases and aids in the standardization of what attributes are being evaluated to determine fit. From a theoretical standpoint, the connectionist and pattern matching concepts rely on multiple attributes being compared to determine if a match occurs. This requires 1) a comparison across multiple attributes and that 2) the comparison takes place simultaneously. Given these requirements, the profile correlation approach, with the accompanying decomposition of fit into normative and distinctive fit, aligns both methodologically and theoretically with the assessment of P-O fit using the Nurse IOP.

## Development of Hypotheses

The Nurse IOP is unique from traditional measures of P-O fit because it is specifically designed for those interested in and currently working in the nurse occupation. Furthermore, the Nurse IOP was developed to capture ideal attributes that are both normative and distinctive. For instance, the item *provides daycare* [#48] is not a universally desirable attribute, while the item *you know that you can go to someone for help* [#22] is universally desirable given individuals' innate desire for companionship and support from others (e.g., Baumeister & Leary, 1995). Based on these two attributes of the Nurse IOP, the instrument should provide a stronger predictor of nurse outcomes than a more traditional measures, such as the OCP, that is not occupation-specific and predominately contains universally desirable items.

Regarding the first attribute, occupations have a significant impact on the types of demands placed on individuals (e.g., Caplan, Cobb, French, Harrison, & Pinneau, 1980). Additionally, an individual's occupational choice is influenced by factors such as personality, interests, values, and environmental factors (Berings, De Fruyt, & Bouwen, 2004; Blau, Gustad, Jessor, & Parnes, 1956; Holland, 1985). Taken together, this suggests that individuals within a particular occupation are likely to have both unique attributes associated with demands-abilities fit and unique attributes associated with need-supplies fit. The ability of a measure to account for these unique attributes when examining individuals within an occupation has been shown to better predict outcomes than general measures within the nursing and education contexts (McElfattrick et al., 2000; Van der Doef & Maes, 2002), particularly when outcomes are specific to the workplace (e.g., job satisfaction; Noblet, Teo, McWilliams, & Rodwell, 2005), and provide valuable information that is lost when not accounting for occupation-specific attributes (Cinamon, Rich, & Westman, 2007; De Croon, Blonk, De Zwart, Frings-Dresen, & Broersen,

2002; Gershon et al., 2000; Gmelch, Wilke, & Lovrich, 1986; Narayanan, Menon, & Spector, 1999; Sparks & Cooper, 1999). Given the Nurse IOP was specifically designed to capture the attributes that comprise nurses' ideal organization prototype, which is subsequently used to evaluate P-O fit, it should provide greater predictive power than general and more traditional measures of P-O fit. Specific to this investigation, the Organizational Culture Profile (O'Reilly et al., 1991) provides the best comparison given the measure was designed for universal assessment of P-O fit and is one of the most widely used instruments for assessing P-O Fit.

Along with the occupation-specific design of the Nurse IOP, the attributes within the Nurse IOP capture both normative and distinctive organizational preferences. This was accomplished by creating items based on individual's qualitative responses to how they describe their ideal organization, as well as utilizing cluster analysis to ensure items with unique variance were retained. The result was an instrument that is comprised of normative (lower variance items) and distinctive (higher variance items) preferences. In comparison, the OCP is comprised predominately of normative items, which is reflected in the relatively small degree of variance in endorsement for most items (e.g., Wood et al., 2019). As noted by Van Vianen (2001), research investigating P-O fit generally fails to utilize measures that provide variance on the "P" component, which results in the main effect of the "O" component having a stronger relationship with outcome variables than the hypothesized fit between the person and the organization (B. Schneider, 2001). This is likely due to the use of measures comprised predominately of universally preferred organizational attributes. The Nurse IOP is designed to address this issue by introducing additional variance on the "P" component. This additional variance, along with the assessment of occupation-specific ideal organizational preferences, should lead to a stronger relationship between P-O fit and outcome variables for the Nurse IOP than the OCP.

**Hypothesis 1:** The relationships between P-O fit and outcomes will be stronger when estimating P-O fit indices using the Nurse IOP than the OCP.

Emerging research utilizing profile correlations to assess P-O fit has found that normative fit demonstrates a stronger relationship to attitudinal outcomes than distinctive fit when using the OCP (Wood et al., 2019). The explanation given for this result is twofold. First, individual's description of their ideal organization tends to be very similar to normative perceptions of the ideal organization. This is supported by many motivation and relationship models that posit certain factors, such as security, safety, and strong relationships, are universally desirable (Baumeister & Leary, 1995; Maslow, 1943; Ryan & Deci, 2000). Additionally, this similarity across individuals can also be attributed to genetic composition, which tends to be highly similar across individuals (Venter et al., 2001). Taken within the context of P-O fit, this suggests that an organization's alignment with general or universal preferences likely has a stronger influence on outcomes than distinctive or idiosyncratic preferences, as basic needs and preferences should be met before extending to more peripheral and idiosyncratic preferences. Secondly, the OCP is comprised mostly of items that fail to capture distinctive preferences. Therefore, items that would provide information on how an organization's match with distinctive preferences relates to outcomes are not captured using the OCP. Although relationships are likely to still be dominated by normative fit indices, the importance of distinctive fit is likely masked to a certain degree due to the OCP being comprised of universally desirable items with little variance in endorsement. In comparison, the Nurse IOP is designed to capture distinctive preferences and contains items that should lead to stronger relationships between distinctive fit and the outcomes. Therefore, based on this emerging research and the discrepancies between the Nurse IOP and the OCP, the following hypotheses are proposed:

**Hypothesis 2:** Normative P-O fit indices will have a stronger relationship with outcomes than distinctive P-O fit indices for the Nurse IOP and the OCP.

**Hypothesis 3:** The relationship between distinctive P-O fit indices and outcomes will be stronger for the Nurse IOP than for the OCP.

In a similar manner, the theoretical model on which the Nurse IOP is built proposes that three prototype input factors influence the development of ideal organization prototypes. These include the environment, occupation, and individual. Items within the Nurse IOP can be mapped onto each of these input factors. While all attributes can be tied to the three input factors to a certain degree (e.g., a person's environment could influence their values, norms, and goals), the importance placed on a specific attribute is likely more influenced by one factor than the others. Specifically, attributes driven primarily by environmental factors should demonstrate lower variance unless the sample is collected from individuals across environments – such as nurses from the United States, India, and China. Given this study is conducted in the southern United States and predominately from a single institution, most of the environmental factors should be relatively constant across participants. In a similar manner, the occupation being studied is nursing, and the sample being examined is comprised of individuals within the nursing occupation. However, variation in preferences do exist within occupations (e.g., Furnham, Toop, Lewis, & Fisher, 1995), such as those working in an Intensive Care Unit (ICU) versus someone working as a home care nurse. Therefore, more variation in attribute desirability should occur from attributes more strongly associated with occupational factors. Finally, attributes primarily associated with individual factors (e.g., personality traits) should demonstrate the highest degree of variance. This is because although the sample is collected from a similar environment, with only within-occupation variation, each individual is different and has his or her own unique

ideals for their organization. Therefore, by linking the items in the Nurse IOP to their predominate input layer factor, *a priori* predictions on what attributes are likely to demonstrate more or less variance can be proposed. As part of the *a priori* categorization, 23 items were mapped to the environmental input factor, 14 to the occupational input factor, and 16 to the individual input factor. Significant results would indicate the Nurse IOP encompasses a range of attributes associated with different environmental, occupational, and individual features, as well as suggest that future research into the mediating factors (values, norms, and goals) could help explain why certain attributes are more or less associated with environmental, occupational, or individual factors.

**Hypothesis 4:** Attributes originating from environmental factors will have the least variance in desirability, occupational factors the second most, and individual factors the most variance.

## **Methodology**

### **Participants**

Two samples of participants were recruited to participate in the study. The first consisted of nursing students in their final year of a Bachelor of Science in Nursing (BSN) program. The second consisted of employed nurses in an RN to BSN degree program. Most P-O fit studies are cross-section (Santos & De Domenico, 2015), to improve on this design participants completed two separate surveys, approximately two months apart. Time 1 measures include the ideal Nurse IOP and OCP ratings, while Time 2 measures included actual organizational ratings and the outcome variables. For the student sample, 64 participants completed the Time 1 survey, 59 participants completed the Time 2 survey, and 52 completed both surveys. Similar to Study 2 in Chapter II, the sample was predominately female (90%) and white (79%). The average age was

22 ( $SD=.81$ ). Participants were removed if they responded to the Nurse IOP items faster than 1 second per item (Wood et al., 2018) or failed the longstring data quality check (DeSimone & Harms, 2018; Desimone, Harms, & Desimone, 2015). This resulted in 2 participants being removed for failing the 1-second SPI check and 3 participants being removed for failing the longstring data quality check due to selecting the same response for all items (e.g., 5 on all Nurse IOP items). The resulting final sample size was 47. For the employed sample, 33 participants completed the Time 1 and Time 2 surveys; however, only 20 of the participants completed both surveys. The remaining 13 participants only completed the survey at Time 1 or Time 2. The sample was predominately white (80%) and female (90%). The average age was 33 ( $SD=11.51$ ). The work tenure of the sample varied from 3 months to 15 years. Using the same SPI and longstring data quality checks resulted in one participant being removed, leading to final sample size of 19.

## Measures

**Nurse Ideal Organizational Profile (IOP).** Both samples completed the 53-item Nurse IOP measure developed in Chapter II as part of the Time 1 survey. The instructions used for both samples was, “*As it concerns your job as a nurse, how desirable are the following characteristics when thinking about your ideal organization?*” Items were rated on a 1 = Very undesirable to 5 = Very desirable Likert-scale. In addition to the Nurse IOP, both samples completed the nurse actual organizational prototype as part of the Time 2 survey, which is used to evaluate nurses’ perceptions of their actual organization. The items for the Nurse IOP and actual organization prototype are identical and are used to evaluate the fit between ideal and actual organizational attributes. The instructions for the student sample were, “*To what degree do you the following as characteristic (or typical) of [location of preceptorship]?*” For the

employed sample, the instructions were, *“To what degree do you consider the following to be characteristic (or typical) of your current organization?”* For both samples, items were rated on a 1 (Very uncharacteristic) to 5 (Very characteristic) Likert-scale.

**Organizational Culture Profile (OCP).** The 54-item Organizational Culture Profile (OCP; O’Reilly et al., 1991) was also completed by participants. The instructions for the ideal OCP measure were, *“As it concerns your job as a nurse, to what degree do you consider the following values to be characteristic of the culture of your ideal organization?”* for both samples. For the actual OCP measure, the instructions were *“To what degree do you consider the following values to be characteristic (or typical) of the culture of [location of preceptorship]?”* for the student sample, and *“To what degree do you consider the following values to be characteristic (or typical) of the culture of your current organization?”* for the employed sample. All items were assessed using a 1 (Very uncharacteristic) to 5 (Very characteristic) Likert-scale.

**Preceptorship and Job Satisfaction.** For the student sample, preceptorship satisfaction was measured by assessing their preceptorship experience. This was done using four items: *“Generally speaking, I was very satisfied with my preceptorship”*, *“It was a good work experience”*, *“It was a good social experience”*, and *“Generally speaking, I learned a lot during my preceptorship”*. For the employed sample, job satisfaction was measured by a single-item: *“Generally speaking, I am very satisfied with my job”*. All items were rated on a 1 (Strongly disagree) to 5 (Strongly agree) Likert-scale.

**Perceived Person-Organization Fit.** Both samples rate four items concerning perceived P-O fit as part of the Time 2 survey, using a 1 (Not at all) to 5 (Completely) Likert-scale. The items were based on the measurement used by Cable and Judge (1996) for perceived P-O fit: *“To what extent is the organization a good match for you?”*, *“To what extent are the values of the*

organization similar to your own values?”, “To what extent does the organization fulfill your needs?”, and “To what extent does your personality match the personality or image of the organization?”

**Organizational Attraction.** For the student sample, organizational attraction was assessed using a single-item as part of the Time 2 survey: “*How interested are you in working at [location of preceptorship]?*” Participants rated the item using a 1 (Not interested at all) to 5 (Extremely interested) Likert-scale.

**Turnover Intentions.** The employed sample completed a 3-item measure of turnover intentions as part of the Time 2 survey. Items were: “I frequently think about quitting my job”, “I can’t wait to get out of my job and into a new one”, and “I don’t have any plans to change my job anytime soon(R)”. Items were rated on a 1 (Strongly disagree) to 5 (Strongly agree) Likert-scale.

## Results

Following the conversion of Nurse IOP and OCP ratings into POMP scores, P-O fit was estimated using  $q$ -correlations to test the hypotheses. Three estimates of P-O fit were calculated for the Nurse IOP and the OCP: overall P-O fit, normative P-O fit, and distinctive P-O fit. Overall P-O fit was estimated by correlating the profile of participants’ ideal ratings with the profile of their actual ratings. This is the traditional approach to estimating P-O fit using profile correlations. Following the method outlined by Wood et al. (2019), normative P-O fit was estimated by correlating the average profile of participants’ ideal ratings (i.e., ideal normative profile) with the profile of participants’ actual ratings. This represents how well an individual’s organization aligns with what individuals tend to want on average. Distinctive P-O fit was estimated by first subtracting participant’s ideal profile rating from the normative ideal profile

and then their actual profile ratings from the normative actual profile to create distinctive profiles. The resulting distinctive ideal and actual profiles were then correlated. This represents how well an organization aligns with what an individual views as desirable after accounting for normative ideals and perceptions. Descriptive statistics and correlations for the student nurse and employed nurse samples are provided in Tables 4 and 5, respectively.

**Table 4.** Student Nurse Sample P-O Fit Estimates

	Mean(SD)	1	2	3	4	5	6	7	8	9
1 Overall P-O Fit <sub>IOP</sub>	.64(.23)	-								
2 Overall P-O Fit <sub>OCP</sub>	.74(.21)	.83	-							
3 Normative P-O Fit <sub>IOP</sub>	.68(.24)	.98	.87	-						
4 Normative P-O Fit <sub>OCP</sub>	.79(.22)	.84	.96	.89	-					
5 Distinctive P-O Fit <sub>IOP</sub>	.08(.25)	.13	.14	.04	.08	-				
6 Distinctive P-O Fit <sub>OCP</sub>	.11(.33)	.25	.40	.26	.29	.53	-			
7 Preceptorship Satisfaction	3.11(1.66)	.35	.44	.34	.40	.02	.15	(.88)		
8 Organizational Attraction	3.96(1.03)	.43	.48	.45	.47	.07	.27	.50	-	
9 Perceived P-O Fit	4.65(.65)	.62	.61	.64	.61	.18	.21	.54	.56	(.94)

**Notes.** Alpha estimates are provided in parentheses.  $N=47$  for IOP estimates;  $N=46$  for OCP estimates; effect sizes  $>.29$  are significant ( $p<.05$ ).

**Table 5.** Employed Nurse Sample P-O Fit Estimates

	Mean(SD)	1	2	3	4	5	6	7	8	9
1 Overall P-O Fit <sub>IOP</sub>	.27(.41)	-								
2 Overall P-O Fit <sub>OCP</sub>	.51(.45)	.78	-							
3 Normative P-O Fit <sub>IOP</sub>	.24(.42)	.98	.82	-						
4 Normative P-O Fit <sub>OCP</sub>	.54(.49)	.81	.98	.84	-					
5 Distinctive P-O Fit <sub>IOP</sub>	.11(.29)	.49	.20	.37	.29	-				
6 Distinctive P-O Fit <sub>OCP</sub>	.00(.34)	.21	.33	.25	.25	.17	-			
7 Job Satisfaction	3.58(1.22)	.35	.13	.34	.12	.14	.13	-		
8 Turnover Intentions	2.7(1.22)	-.48	-.15	-.45	-.18	-.25	-.18	-.80	(.80)	
9 Perceived P-O Fit	3.67(.99)	.27	.27	.35	.24	-.16	.33	.76	-.56	(.91)

**Notes.** Alpha estimates are provided in parentheses.  $N=19$ ; effect sizes  $>.46$  are significant ( $p<.05$ ).

### Comparing the Relationships with the Nurse IOP and OCP

Hypothesis 1 stated that the Nurse IOP would have a stronger relationship to the outcome variables than the OCP. For the student nurse sample, overall P-O fit relationships were stronger for the OCP than the Nurse IOP for preceptorship satisfaction ( $r_{iop}=.35$  to  $r_{ocp}=.44$ ) and organizational attraction ( $r_{iop}=.43$  to  $r_{ocp}=.48$ ). The relationship between overall P-O fit and

perceived P-O fit was slightly larger for the Nurse IOP than the OCP ( $r_{iop}=.62$  to  $r_{ocp}=.61$ ). A similar pattern was found for the relationships between normative P-O fit and the outcome variables. The OCP had a stronger relationship with preceptorship satisfaction ( $r_{iop}=.34$  to  $r_{ocp}=.40$ ) and organizational attraction ( $r_{iop}=.45$  to  $r_{ocp}=.47$ ), while the Nurse IOP had a stronger relationship with perceived P-O fit ( $r_{iop}=.64$  to  $r_{ocp}=.61$ ). For distinctive P-O fit, the OCP had a stronger relationship with all three outcome variables than the Nurse IOP: preceptorship satisfaction ( $r_{iop}=.02$  to  $r_{ocp}=.15$ ), organizational attraction ( $r_{iop}=.07$  to  $r_{ocp}=.27$ ), and perceived P-O fit ( $r_{iop}=.18$  to  $r_{ocp}=.21$ ). Fisher's *r*-to-*z* conversion was used to evaluate the significance between correlation coefficients (Steiger, 1980). No significant differences were found between correlation effect sizes.

For the employed nurse sample, the Nurse IOP demonstrated stronger or equal relationships between overall P-O fit and the three outcome variables: job satisfaction ( $r_{iop}=.35$  to  $r_{ocp}=.13$ ), turnover intentions ( $r_{iop}=-.48$  to  $r_{ocp}=-.15$ ), and perceived P-O fit ( $r_{iop}=.27$  to  $r_{ocp}=.27$ ). In a similar manner, the Nurse IOP demonstrated stronger relationships between normative P-O fit and the three outcome variables: job satisfaction ( $r_{iop}=.34$  to  $r_{ocp}=.12$ ), turnover intentions ( $r_{iop}=-.45$  to  $r_{ocp}=-.18$ ), and perceived P-O fit ( $r_{iop}=.35$  to  $r_{ocp}=.24$ ). For distinctive P-O fit, the Nurse IOP had a stronger relationship with job satisfaction ( $r_{iop}=.14$  to  $r_{ocp}=.13$ ) and turnover intentions ( $r_{iop}=-.25$  to  $r_{ocp}=-.18$ ). However, the OCP was found to have a stronger relationship with perceived P-O fit than the Nurse IOP ( $r_{iop}=-.16$  to  $r_{ocp}=.33$ ). No significant differences in effect sizes were found using Fisher's *r*-to-*z* conversion.

To further test hypothesis 1, Nurse IOP and OCP fit estimates were entered into a regression equation. This was done only for the student nurse sample, given the small sample size of the employed nurse sample would lead to notably underpowered estimates (Cohen, 1992).

In addition to the fit indices, student nurses' preceptorship location was dummy coded. This resulted in 14 dummy coded variables (0/1) representing each of the unique locations in which the nursing students conducted their preceptorships. These variables were entered as control variables to account for potential confounds related to nurses working in the same organization for their preceptorship (Model 1). Given the predominately stronger relationships found for the OCP in the correlation analysis, OCP fit indices were entered first (Model 2), and then followed by the Nurse IOP fit indices (Model 3). Results indicated the dummy coded variables were nonsignificant predictors of the outcomes. Therefore, regression results were compared between the three-model and two-model approaches. Results were consistent across models; therefore, the regression results without the dummy coded variables are presented in Table 6.

**Table 6.** Student Nurse Sample Regression Estimates

	Preceptorship Satisfaction		Organizational Attraction		Perceived P-O Fit	
	<i>Model 1</i>	<i>Model 2</i>	<i>Model 1</i>	<i>Model 2</i>	<i>Model 1</i>	<i>Model 2</i>
Overall P-O Fit <sub>OCP</sub>	<b>.44</b>	.47	<b>.48</b>	.41	<b>.61</b>	.30
Overall P-O Fit <sub>IOP</sub>		-.04		.09		.38
Adj. $R^2$	.18	.16	.22	.20	.36	.39
$\Delta R$		.00		.00		.05
Normative P-O Fit <sub>OCP</sub>	<b>.40</b>	.46	<b>.47</b>	.31	<b>.61</b>	.18
Normative P-O Fit <sub>IOP</sub>		-.08		.18		.48
Adj. $R^2$	.14	.12	.20	.19	.35	.39
$\Delta R$		.00		.01		.05
Distinctive P-O Fit <sub>OCP</sub>	.15	.19	.27	.32	.21	.17
Distinctive P-O Fit <sub>IOP</sub>		-.09		-.10		.09
Adj. $R^2$	.00	-.02	.05	.04	.02	.01
$\Delta R$		.01		.01		.01

**Notes.** Effect sizes are standardized beta-coefficients. Bolded effect sizes are significant at the  $p < .05$  level; Bolded and underlined effect sizes are significant at the  $p < .01$  level. Model 1 consists of the OCP fit indices; Model 2 consists of the Nurse IOP fit indices.

Results from the regression analysis for overall P-O fit indicated that the OCP accounts for a larger amount of the variance in the outcome variables than the Nurse IOP, with the

exception of perceived P-O fit. However, these relationships were found to be nonsignificant once both the Nurse IOP and OCP were entered into the regression equation. A similar pattern of results were found for normative P-O fit indices and the outcome variables. For distinctive P-O fit, the OCP and the Nurse IOP were nonsignificant predictors of the three outcome variables. The pattern of results were similar when conducting the regression analysis regardless of the order in which the Nurse IOP and OCP were entered into the regression equation.

Based on the correlation and regression results, Hypothesis 1 was not supported for the student nurse sample. The Nurse IOP did not produce incremental validity beyond the OCP. However, the relationships between the Nurse IOP and OCP fit indices are highly correlated. For instance, the correlation between overall P-O fit for the Nurse IOP and the OCP was  $r=.83$ , and the relationship between normative P-O fit indices was  $r=.89$ . This strong relationship is also reflected in the regression analysis, where entering the Nurse IOP fit indices into the regression equation dramatically influenced the relationship between the OCP fit indices and the outcome variables. This is likely due to multicollinearity between the two variables. As an example, the variance inflation factor (VIF) for normative P-O fit using the OCP was 9.13 and 8.00 for the Nurse IOP when used as predictors of organizational attraction. This can also be found when examining partial correlations, which indicate that the only significant relationship between fit indices using the OCP is the relationship between preceptorship satisfaction and overall P-O fit ( $r=.40$ ;  $p<.01$ ) after entering the Nurse IOP fit indices as controls. When controlling for the OCP fit indices, none of the relationships are significant between Nurse IOP fit indices and the outcome variables. Although not entirely redundant, these results suggest that the Nurse IOP and OCP likely measure similar constructs.

In comparison to the student nurse sample, the employed nurse sample demonstrated support for Hypothesis 1. Specifically, the relationships between the Nurse IOP fit indices and the outcome variables were considerably larger than those found using the OCP fit indices. The only exception was the relationships between distinctive P-O fit and perceived P-O fit, where the OCP outperformed the Nurse IOP. Therefore, although a notably small sample, these results suggest that the Nurse IOP might perform better at predicting workplace attitudes, such as job satisfaction and turnover intention, than the OCP, which aligns with prior research comparing occupation-specific to general measures (e.g., Noblet et al., 2005). This could be a result of the employed nurses placing a higher value on fit with attributes specific to the nursing profession than student nurses, who might favor more general organizational attributes, such as those found in the OCP. For instance, the Nurse IOP normative profile might provide a more accurate estimate of what nurses are generally looking for in their organizations who are currently employed. An organization better matching this occupation-specific profile of normative preferences might be more beneficial than matching on normative preferences that more closely align with preferences in the general population.

### **Comparing Normative and Distinctive Fit Indices**

Hypothesis 2 stated that normative fit would have a stronger relationship with the outcome variables than distinctive fit. For the student nurse sample, correlations with outcome variables for the normative fit indices were consistently higher than those for the distinctive fit indices. However, using Fisher's *r*-to-*z* conversation, the difference between normative and distinctive P-O fit was only significant for the perceived P-O fit outcome variable for the Nurse IOP ( $p < .01$ ) and the OCP ( $p < .05$ ). A similar pattern was found for the employed nurse sample, correlations were consistently larger for normative fit indices than distinctive fit indices.

However, the differences in effect sizes were nonsignificant. These results should be interpreted with caution given the small sample size for the employed nurse sample. This is particularly true for the relationship between distinctive P-O fit and perceived P-O fit, which was negative for the Nurse IOP. Regression analysis was used to further test the hypothesis using normative P-O fit (Model 1) and distinctive P-O fit (Model 2) as predictors of the outcome variables using the student nurse sample (Table 7).

**Table 7.** Student Nurse Sample Comparison of Normative and Distinctive Fit Indices

	Preceptorship Satisfaction		Organizational Attraction		Perceived P-O Fit	
	<i>Model 1</i>	<i>Model 2</i>	<i>Model 1</i>	<i>Model 2</i>	<i>Model 1</i>	<i>Model 2</i>
Normative P-O Fit <sub>OCP</sub>	<b>.40</b>	<b>.38</b>	<b>.47</b>	<b>.42</b>	<b>.61</b>	<b>.60</b>
Distinctive P-O Fit <sub>OCP</sub>		.04		.15		.04
Adj. $R^2$	.14	.12	.20	.20	.35	.34
$\Delta R$	<b>.16</b>	.00	<b>.21</b>	.02	<b>.37</b>	.00
Normative P-O Fit <sub>IOP</sub>	<b>.34</b>	<b>.34</b>	<b>.45</b>	<b>.45</b>	<b>.64</b>	<b>.63</b>
Distinctive P-O Fit <sub>IOP</sub>		.00		-.23		.15
Adj. $R^2$	.09	.07	.19	.17	.39	.40
$\Delta R$	<b>.11</b>	.00	<b>.21</b>	.00	<b>.41</b>	.02

*Notes.* Effect sizes are standardized beta-coefficients. Bolded effect sizes are significant at the  $p < .05$  level; Bolded and underlined effect sizes are significant at the  $p < .01$  level. Model 1 consists of the OCP fit indices; Model 2 consists of the Nurse IOP fit indices.

Results indicate that distinctive fit indices fail to uniquely contribute to the variance explained in the outcome variables for both the Nurse IOP and OCP. This pattern was consistent regardless of the measure or outcome variable examined, providing strong support for Hypothesis 2. The finding that normative fit indices outperform distinctive fit indices reinforces previous research investigating the relationship between normative and distinctive P-O fit and attitudinal outcomes (Wood et al., 2019). Specifically, it suggests that organizations are better suited to pursue aligning with normative organizational preferences over distinctive and idiosyncratic individual preferences.

### **Comparing Distinctive Fit Indices for the Nurse IOP and OCP**

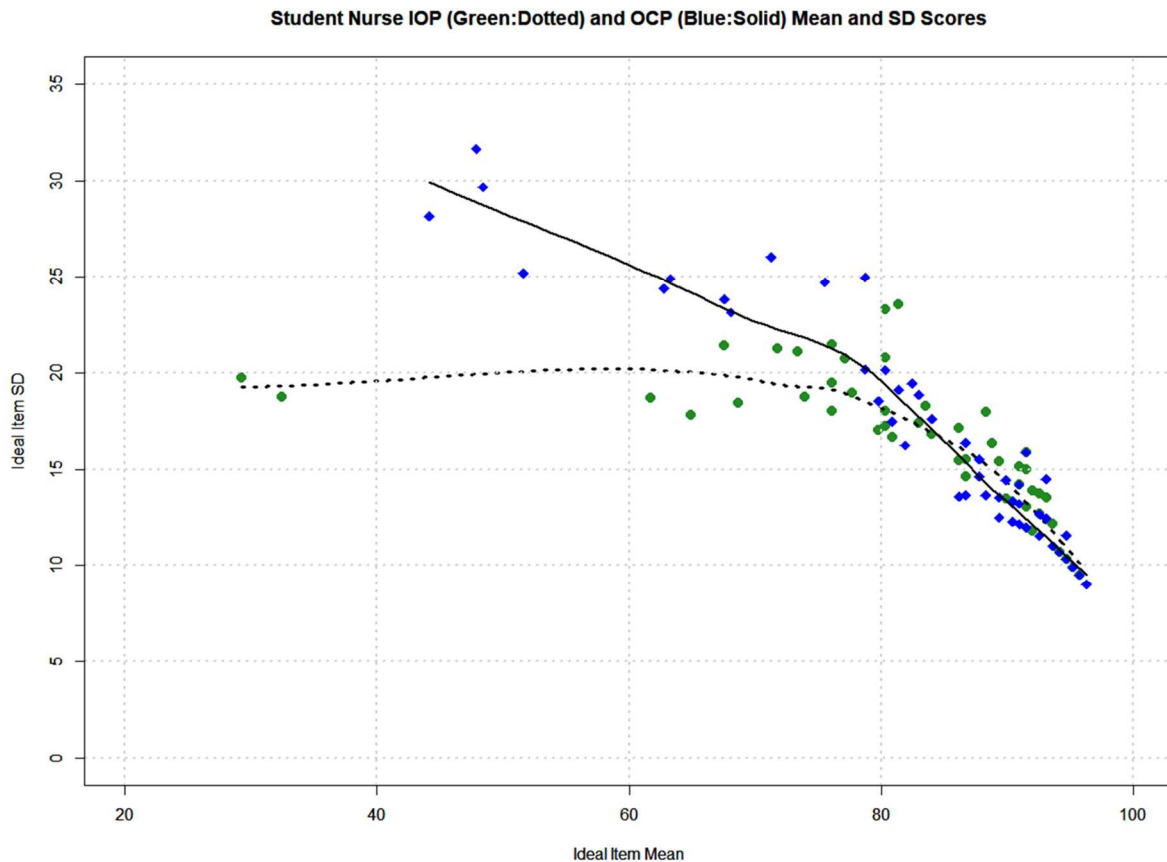
Hypothesis 3 stated that the relationship between distinctive P-O fit and outcome variables would be stronger for the Nurse OP than the OCP. Results from the student nurse sample failed to support this hypothesis, with all three relationships between distinctive P-O fit and the outcome variables being stronger for the OCP than the Nurse IOP. In comparison, two of three relationships between distinctive fit and the outcome variables were larger for the employed nurse sample when using the Nurse IOP compared to the OCP, specifically job satisfaction and turnover intentions. However, the relationship between perceived P-O fit and distinctive P-O fit measured using the Nurse IOP was negative and therefore in the opposite direction expected. In examining the relationship visually using a scatterplot, a cubic relationship can be seen ( $R^2=.23$ ), which appears to better represent the data than a linear relationship ( $R^2=.02$ ); however, due to the small sample size, this should be interpreted with caution.

Results from the regression analysis comparing distinctive fit indices (Table 6) indicated that distinctive P-O fit estimates using the Nurse IOP have a stronger relationship with preceptorship satisfaction and perceived P-O fit than those estimated using the OCP, while distinctive fit estimated using the OCP had a stronger relationship with organizational attraction. Similar to issues with the correlation coefficients for the employed nurse sample, the relationships between Nurse IOP distinctive P-O fit indices and preceptorship satisfaction and organizational attraction were negative and therefore not in the hypothesized direction. Importantly, distinctive P-O fit indices were not significant predictors of the outcome variables for both the Nurse IOP and the OCP, which was demonstrated in both the correlation table and the regression results. Therefore, while differences in effect sizes can be seen, additional samples

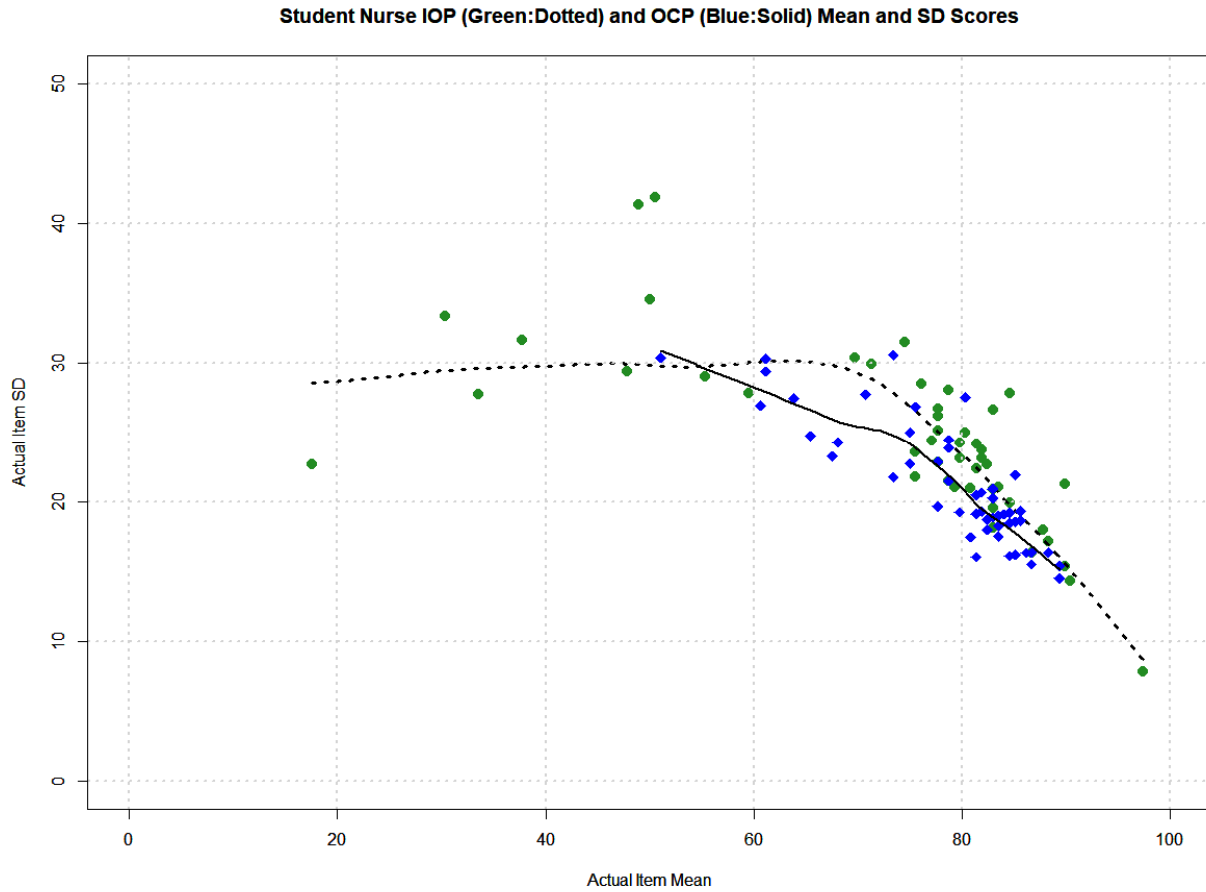
are likely needed to more appropriately determine if the Nurse IOP is better suited for predicting outcomes using distinctive P-O fit than the OCP.

Although not a formal statistical test evaluating distinctive P-O fit, the variability relative to the mean for each item can provide insight into the degree to which the item captures unique or idiosyncratic preferences (Wood & Brumbaugh, 2009). To further compare the Nurse IOP with the OCP, scatterplots were created using the student nurse sample that graph ideal mean and standard deviation ratings for the Nurse IOP and OCP items (Figure 4), as well as the actual mean and standard deviation ratings (Figure 5).

**Figure 4.** Ideal IOP (green circle) and OCP (blue diamond) Item Means and Standard Deviations (SD) for Student Nurse Sample.



**Figure 5.** Actual IOP (green circle) and OCP (blue diamond) Item Means and Standard Deviations (SD) for Student Nurse Sample.



As demonstrated in the scatterplots, the relationships between item means and standard deviations follow a relatively similar pattern for both the Nurse IOP and the OCP. However, differences can be seen in the number of items with similar means, but greater variation. This is reflected in the local area smoothing curves that provide a general representation of the relationship between item mean and standard deviation scores (dotted lines are for the Nurse IOP and solid lines for the OCP). For instance, with the ideal ratings, 4 items in the Nurse IOP and 4 items in the OCP have mean POMP scores between 60 and 70. Of these items, all 4 of the OCP items have larger standard deviation scores than the Nurse IOP items. For the actual ratings, the

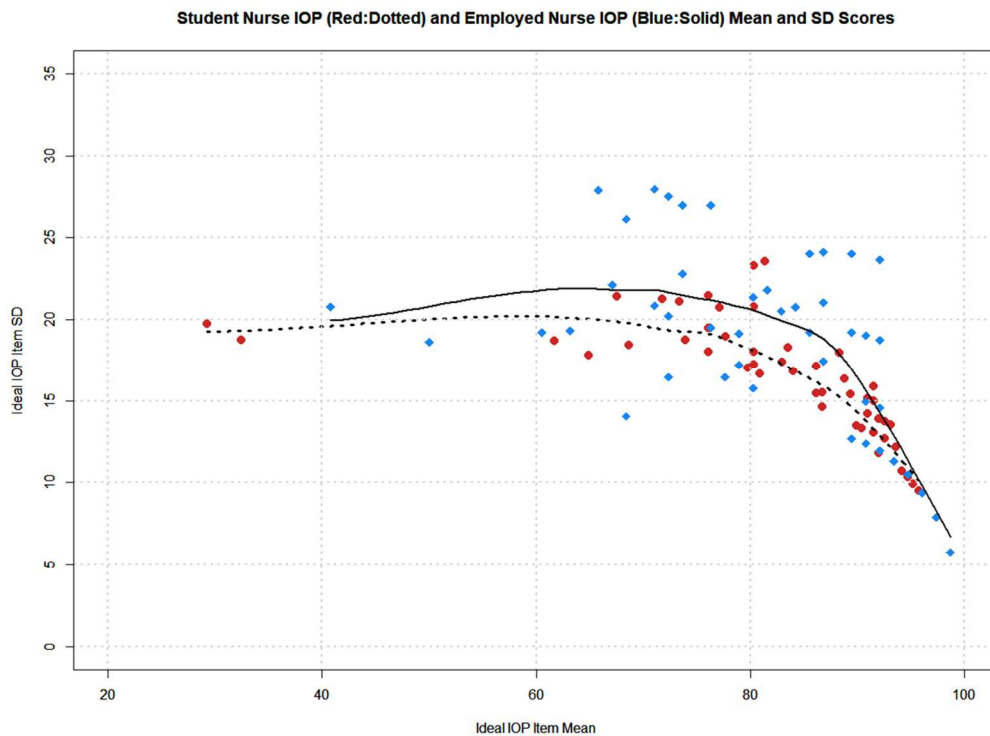
Nurse IOP appears to have larger variances within certain mean score ranges, such as between POMP scores of 75 and 85. Here, most of the OCP items have lower standard deviation scores in comparison to Nurse IOP items. These results suggest that the Nurse IOP items might better capture distinctive perceptions about an organization (actual ratings), while the OCP might better capture distinctive ideals (ideal ratings) for student nurses. This is demonstrated by the solid line being generally higher than the dotted line for the ideal scatterplot and the dotted line being generally higher than the solid line for the actual scatterplot.

The number of universally desirable items for the two measures was also evaluated by calculating the number of items that received a POMP score of between 33 and 67, representing the middle third of possible endorsement. Only two items fell within this range for the Nurse IOP, *is associated with a university* [#28] and *provides daycare* [#22], which represented 4% of the IOP items. In contrast, the OCP had six items within this category, *not being constrained by many rules* [#10], *informality* [#13], *emphasizing a single culture throughout the firm* [#28], *working long hours* [32], *being demanding* [#42], and *being aggressive* [#49], comprising 11% of the measure. This suggests that the OCP has less universally desirable items than the Nurse IOP for student nurse; however, both measures predominately contain universally desirable items, with 96% and 89% of the items being rated above 67 for the Nurse IOP and OCP, respectively. These results, paired with the results from the correlation and regression analysis, suggests that the OCP likely serves as a better measure for distinctive fit indices than the Nurse IOP failing to support Hypothesis 3 for the student nurse sample. For the employed sample, both the Nurse IOP and the OCP had 5 items between the 33 and 67 POMP score range, suggesting that the measures are comparable in terms of universally desirable items for employed nurses.

### Differences between the Nurse IOP for Student and Employed Nurses

While Hypothesis 3 was not supported for student nurses, results from the correlation analysis did indicate that the relationships between distinctive P-O fit and the outcome variables were stronger for the employed nurse sample than the student nurse sample when using the Nurse IOP. This might suggest that the difference in performance of the Nurse IOP distinctive P-O fit indices could be influenced by the sample. For instance, the Nurse IOP was developed using both student nurses and employed nurses. This could have resulted in some of the items being relevant or desirable for nurses currently working, but not for students who have yet to be employed. To explore differences between the two samples, scatter plots for the Nurse IOP mean and standard deviation scores for both the student nurse sample and the employed nurse sample were overlaid to evaluate differences in how the samples responded to the Nurse IOP items.

**Figure 6.** Nurse IOP Item Means and Standard Deviations (SD) for Student Nurse Sample (red circle) and Employed Nurse Sample (blue diamond).



Visually, the scatterplot indicates some differences in the level of endorsement, with notable differences in the degree of variability in Nurse IOP ideal item ratings. The local area smoothing curve supports this difference, as the employed curve (solid) is consistently higher than the student curve (dotted). This is also supported by the profile correlations, specifically  $q=.89$  for the ideal mean ratings and  $q=.56$  for the ideal standard deviation scores between the two samples. The largest differences for mean ratings was item #43, *has a lot of windows*, which received a POMP score of 29 for the student nurses and a score of 50 for the employed nurses. *You know that you can go to someone for help with issues outside of work* [#5] was rated higher by student nurses than employed nurses, with POMP scores of 92 and 79, respectively. *Is located in an urban area* [#14] and *provides cross training opportunities between units* [#32] also were found to have large differences, with student nurses viewing an urban area as more desirable ( $M_{POMP}=74$ ) than employed nurses ( $M_{POMP}=61$ ), as well as indicating a greater desirability for cross training ( $M_{POMP}=88$ ) than employed nurses ( $M_{POMP}=72$ ).

While expected given the strong relationship between mean and standard deviation scores, *provides cross training opportunities between units* [#32] was also found to have the largest difference in standard deviation scores for the two samples. The standard deviation for the student nurses was 15, while the standard deviation for the item was 28 for the employed nurses. This likely indicates that item #32 is a better indicator of distinctive preferences for employed nurses than student nurses. Differences in standard deviation scores for the item *you receive appropriate compensation for the required work load* [#49] was also quite large. For the student nurses, the standard deviation for this item was 12, while the standard deviation for the employed nurses was 24. For almost all items, the standard deviation score was higher for the employed nurses than the student nurses. Some exceptions include: *the nurses and doctors work*

*as a team* [#20], *emphasizes teamwork* [#37], *the area in which the organization is located has access to a lot of interesting activities* [#20]. These items appear to provide stronger indicators of distinctive preferences for student nurses than employed nurses. Given the results from the correlation analysis, along with the visual results presented in the scatterplots, it is likely that the Nurse IOP is a better measure for evaluating the relationships between distinctive P-O fit and outcomes for employed nurses than for student nurses.

### **Examining Item Variances based on Prototype Input Factor**

Hypothesis 4 specifically related to the proposed theoretical model introduced in Chapter I. It stated that Nurse IOP items can be mapped onto one of the three prototype input factors (environment, occupation, and individual) and that these mappings should reflect differences in the variance of ratings given to items. Specifically, items mapped to the environmental input factor should have the least variance, as these items reflect general organizational attributes that most people would find desirable. Items mapped to the occupational input factor should have a higher degree of variance, as these items reflect attributes that are specific to nursing. Although both samples are comprised of individuals within the nursing occupation, there are notable differences within the general occupation of nursing (e.g., homecare and ICU nurses). The highest degree of variance was hypothesized to be found in the items that map onto the individual prototype input factor, as these items reflect general attributes that an individual may or may not find desirable, regardless of occupation. Means and standard deviations of the Nurse IOP items for both samples are provided in Table 8.

For the student nurse sample, the hypothesized pattern of variance was found, with an increase in variance from environment input factor items to individual input factor items. Differences in the variances for each group of items were statistically significant using a *F*-test,

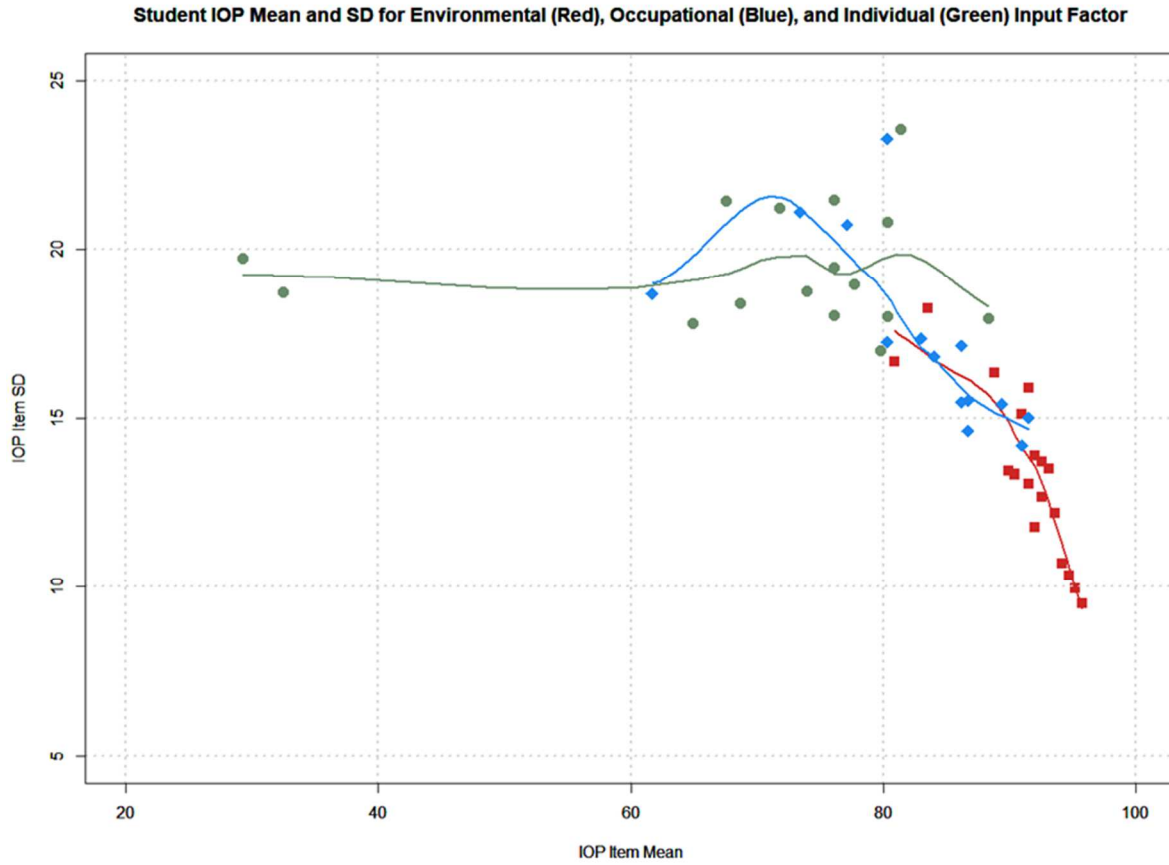
which is based on the ratio of variances in mean scores between the two comparison groups, a greater variance in mean rating was found for environmental items compared to occupational items ( $F=4.58$ ;  $p<.01$ ), occupational items compared to individual items ( $F=4.31$ ;  $p<.01$ ), and environmental items compared to individual items ( $F=19.73$ ;  $p<.01$ ). For the employed nurse sample, differences in the variances for two groups of items were statistically significant, for environmental items compared to occupational items ( $F=2.90$ ;  $p=.01$ ) and environmental items compared to individual items ( $F=5.55$ ;  $p<.01$ ), while occupational items compared to individual items were nonsignificant ( $F=1.91$ ;  $p=.12$ ).

Results indicate strong support for Hypothesis 4. Given the relationship between mean scores and standard deviations, the decrease in average mean scores from environmental items to individual items also provides support to Hypothesis 4, in addition to the examination of standard deviation differences. While environmental, occupational, and individual prototype input factors jointly influence the attributes that comprise an individual's ideal organization, this result suggests that certain attributes might be more strongly linked to specific prototype input factors. While this is very much a preliminary examination of the proposed connectionist model of P-O fit, it does lend support to further investigation into testing the proposed model introduced in Chapter 1. This finding can also be found in Figure 7, which provides the scatter plot overlay of Nurse IOP item means and standard deviation scores grouped by input factor for the student nurse sample, and Figure 8 for the employed nurse sample. The comparison of these two scatterplots also clearly indicates the influence of sample homogeneity versus heterogeneity. In the student nurse sample, which is comprised of individuals from the same educational background, similar age, working in a similar geographical area, and in the same organizational position (preceptorship), there is very little variance in the majority of environmental and

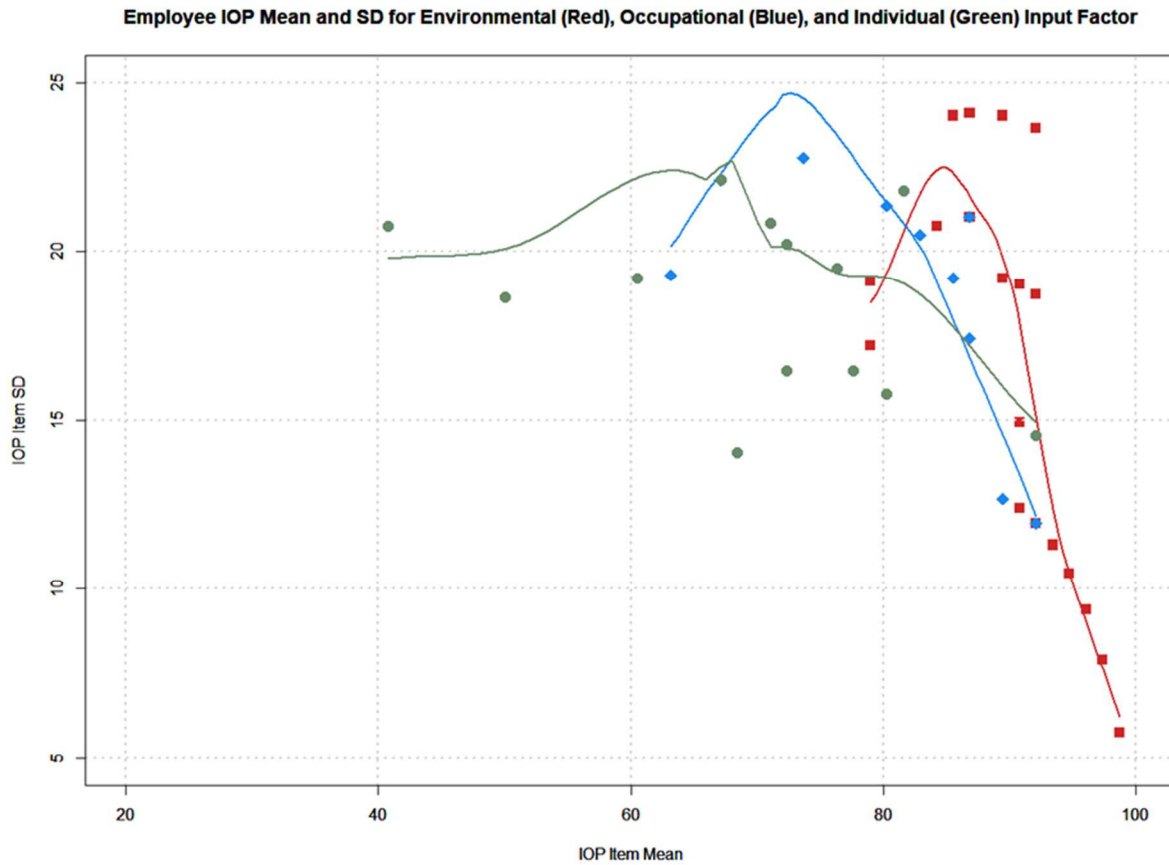
occupational items (red and blue local area smoothing curves). In contrast, for the employed sample, which is comprised of individuals from diverse educational backgrounds, varying ages, dispersed location of work, and a range of organizational positions, there is noticeably greater variance in environmental and occupational item ratings. This supports the theoretical model proposed in Chapter I; namely, that the variance found in individual's IOPs will increase as the sample expands to include individuals from diverse environments and occupational roles.

As a post-hoc analysis, two within-occupational groups were identified in the student sample: those who worked in a labor and delivery unit ( $N=7$ ) and those who worked in an NICU ( $N=6$ ). Normative ideal profiles were created for the two groups. The correlation between the two profiles  $q=.98$ , suggests almost identical profiles between the two within-occupation groups. However, a few items demonstrated large differences in desirability. For instance, *is a faith based organization* [#3], had a difference in POMP scores of 23, where participants in labor and delivery units considered the item to be substantially more desirable than those in the NICUs. Therefore, while the profiles are similar, within-occupation differences exist and more direct tests of this aspect of the model could be insightful.

**Figure 7.** Nurse IOP Item Means and Standard Deviations (SD) for environmental input factor (red squares), occupational input factor (blue diamonds), and individual input factor (green circles) for Student Nurse Sample.



**Figure 8.** Nurse IOP Item Means and Standard Deviations (SD) for environmental input factor (red squares), occupational input factor (blue diamonds), and individual input factor (green circles) for Employed Nurse Sample.



**Table 8.** Nurse IOP Means and Standard Deviations (*SD*) Based on Input Factor.

#	Nurse IOP Item	Input Factor	<i>Student</i>		<i>Employed</i>	
			M	SD	M	SD
20	The nurses and doctors work as a team	E	95.74	9.50	98.68	5.74
8	Provides room for professional growth	E	95.74	9.50	94.74	10.47
19	Hospital administration show their appreciation for nurses	E	95.74	9.50	90.79	19.02
2	Has the resources available for you to do your job	E	95.21	9.94	97.37	7.88
26	Has a positive reputation among employees	E	95.21	9.94	90.79	19.02
25	Has as a positive reputation in the community	E	94.68	10.34	93.42	11.31
6	Others at the organization are willing to share professional expertise	E	94.68	10.34	92.11	11.94
16	Is flexible and will work with you on managing your schedule	E	94.15	10.70	97.37	7.88
49	You receive appropriate compensation for the required work load	E	93.62	12.19	92.11	23.65
9	You don't feel judged or criticized for making a mistake	E	93.09	13.50	85.53	24.03
15	Has fair vacation and sick leave policy.	E	92.55	12.68	93.42	11.31
35	The floor/unit is fully staffed	E	92.55	13.71	92.11	18.73
48	The management team is willing to jump in and help you	E	92.02	11.78	90.79	19.02
5	You know that you can go to someone for help with issues outside of work	E	92.02	13.90	78.95	17.21
37	Emphasizes teamwork	E	91.49	13.06	96.05	9.37
27	Other nurses and hospital workers want to work at the organization	E	91.49	15.88	86.84	21.03
13	Provides continuing education opportunities	E	90.96	15.13	90.79	14.93
7	Provides a place where you can meet new people and make friends	E	90.96	15.13	78.95	19.12
30	Looks for ways to invest in education, training, and promotion of their own people	E	90.43	13.34	90.79	12.39
23	Provides higher pay than other organizations	E	89.89	13.45	86.84	24.11
46	Does not have drama	E	88.83	16.33	89.47	24.03
52	No one asks you to do things they wouldn't also do	E	83.51	18.26	89.47	19.21
12	The organization is willing to change	E	80.85	16.66	84.21	20.77
		<b>Avg.</b>	<b>91.98</b>	<b>12.82</b>	<b>90.50</b>	<b>16.18</b>
40	Provides opportunity to work with critically ill patients	O	91.49	15.00	80.26	21.37
38	Has intensive care units (ICUs)	O	90.96	14.20	86.84	17.42
34	Provides training on Electronic Medical Record or paper charting system.	O	89.36	15.42	92.11	11.94

32	Provides cross training opportunities between units.	O	86.70	14.61	72.37	27.51
45	The organization aims to heal people physically and spiritually	O	86.70	15.51	85.53	19.21
24	Provides various shift patterns for scheduling.	O	86.17	15.47	89.47	12.68
29	Is reputable to selection committees when you go back to school	O	86.17	17.14	82.89	20.50
4	Provides holistic care (body, mind, and spirit)	O	84.04	16.83	80.26	21.37
10	Is a teaching hospital	O	82.98	17.37	73.68	26.97
11	Is actively engaged in conducting research	O	80.32	17.24	73.68	22.78
36	There is low nurse turnover	O	80.32	23.28	86.84	21.03
21	Is a level 1 trauma center	O	77.13	20.74	71.05	27.97
53	Has a women and infant care unit	O	73.40	21.11	67.11	22.13
28	Is associated with a university	O	61.70	18.69	63.16	19.31
		<b>Avg.</b>	<b>84.77</b>	<b>16.53</b>	<b>82.10</b>	<b>20.13</b>
31	Provides tuition reimbursement for advancing education.	I	88.30	17.95	92.11	14.56
33	Provides loan forgiveness for past student debt	I	81.38	23.58	76.32	26.97
17	The area in which the organization is located has access to a lot of interesting activities	I	80.32	20.81	72.37	16.45
41	Has good lighting	I	80.32	18.01	81.58	21.80
50	Offers a high intensity job	I	79.79	17.00	68.42	14.05
43	Has a lot of windows	I	77.66	18.96	76.32	19.50
18	The area in which the organization is located provides easy access to travel opportunities (e.g., airport)	I	76.06	21.47	67.11	22.13
39	The work is challenging	I	76.06	19.48	77.63	16.45
42	Has a nice cafeteria	I	76.06	18.03	80.26	15.77
14	Is located in an urban area	I	73.94	18.76	60.53	19.21
1	The building is attractive	I	71.81	21.25	72.37	20.23
44	Has a coffee shop	I	68.62	18.41	71.05	20.86
3	Is a faith based organization	I	67.55	21.44	65.79	27.90
22	Provides daycare	I	64.89	17.80	68.42	26.14
51	Is a slow-paced work environment	I	32.45	18.73	40.79	20.77
47	Is located in a rural area	I	29.26	19.73	50.00	18.63
		<b>Avg.</b>	<b>71.91</b>	<b>19.50</b>	<b>71.14</b>	<b>20.67</b>

*Notes.* Student represents the nurse student sample  $N=46$ ; Employed represents employed nurse sample  $N=19$ .

## Discussion

The objective of Chapter III was to compare the occupation-specific Nurse IOP to the OCP, a traditional and universal measure of P-O Fit. Results indicated that fit indices estimated using the OCP tend to demonstrate stronger relationships with the outcome variables for student nurses. However, the OCP and the Nurse IOP appear to evaluate similar constructs to a large degree, which was demonstrated by the high correlations between fit indices and the drastic changes in beta-coefficients when entering the fit indices into regression equations. In contrast, the Nurse IOP demonstrated a stronger relationship to the majority of outcome variables across fit indices compared to the OCP for the sample comprised of employed nurses.

The importance of normative P-O fit was reinforced in testing Hypothesis 2, which found that normative P-O fit indices consistently outperformed distinctive P-O fit indices. Counter to the relationship proposed in Hypothesis 3, the OCP was found to have stronger relationships between distinctive fit indices and the outcome variables than distinctive fit indices estimated using the Nurse IOP for the student nurse sample. However, the opposite was found for the employed nurse sample, where the Nurse IOP distinctive P-O fit estimates had a stronger relationship with job satisfaction and turnover intentions than the OCP. Additional investigation suggested this discrepancy in results between samples might be due to the items in the Nurse IOP having greater endorsement variance in the employed nurse sample than the student nurse sample. In this way, the items in the Nurse IOP likely provide better indicators of distinctive preferences in the employed nurse sample than the student nurse sample.

In testing Hypothesis 4, which was related to the connectionist model of P-O fit proposed in Chapter I, items were found to effectively map onto environment, occupational, and individual prototype input factors, which was reflected in the predicted degree of item variance based on

input factor. This result suggests that the degree to which individuals vary in their endorsement or preference for organizational attributes is likely to vary based on what prototype input factor the item is predominately associated with. Additionally, while the ideal organization profile correlation between the two within-occupation groups (labor and delivery and NICU) was almost identical, certain items were found to have considerable differences based on if the participant was working in a labor and delivery unit or an NICU. This suggests that future research examining how nurses in different occupational roles conceptualize their ideal organization could be useful for determining why nurses gravitate towards certain subfields within nursing.

### **Theoretical Implications**

The current study provided three primary theoretical implications for the P-O fit literature. First, it demonstrated that occupation-specific measures of P-O fit are useful instruments for investigating the relationships between P-O fit indices and attitudinal outcomes. This appears to be particularly true when the sample is comprised of working individuals. For student samples, the value of an occupation-specific measure of P-O fit appears to be somewhat diminished. This could be due to student participants having more uniform ideal preferences, demonstrated by the notably smaller standard deviation in ideal item mean scores. Subsequently, this could have reduced the variance in the “P” side of the P-O fit equation, which is a common issue in P-O fit research (e.g., Van Vianen, 2001).

A possible explanation for this result could be institutionalization and a movement towards homogeneity for students enrolled in undergraduate nursing programs. This could be further compounded by the student focus groups in Chapter II and the student nurse sample in Chapter III being enrolled in the same nursing program. Recruitment of students, both at the university level and the nursing school level, could lead to a fairly homogenous group of

students. To further evaluate the usefulness of the occupation-specific Nurse IOP for students, future studies should expand the student nurse sample to other nursing programs to determine if greater or equal variance is found for items within the Nurse IOP. If greater variance is found, it could indicate that the results found here are influenced by the homogeneity of the sample.

In comparison to the student nurse sample, the employed nurse sample was considerably more diverse, both in terms of tenure in the occupation and location of training and employment. In this context, the Nurse IOP outperformed the OCP, suggesting that with a more diverse sample, the use of occupation-specific P-O fit measures likely provide considerable advantages over more general and universal measures. While very few P-O fit studies are currently using occupation-specific measures, the results here suggest that shifting towards occupationally tailored measures could provide increased predictive validity as well as better capture what individuals are truly evaluating when determining P-O fit.

As a second major contribution, the results strengthen prior P-O fit research that suggests normative P-O fit has a stronger relationship to workplace outcomes than distinctive P-O fit (Wood et al., 2019). This result was found for both the student nurse sample and the employed nurse sample for all outcome variables. Traditionally, P-O fit research, and fit research more broadly, has conceptualized fit as the congruence or alignment between environmental factors and individual preferences, which are assumed to be distinctive and idiosyncratic preferences. However, these studies failed to account for the role of normative preferences. Results by Wood and colleagues (2019), as well as those found here, indicate these normative preferences have a significantly greater effect on attitudinal outcomes than distinctive preferences. This drastically changes the way P-O fit and its relationship to work outcomes should be interpreted, whereby organizations are better suited to accommodate normative and universal preferences than

distinctive and idiosyncratic preferences. Based on the results in the current study, this applies to both the attraction and retention of employees.

Although the purpose of Chapter III was to evaluate the Nurse IOP, the OCP, and their relationships to outcomes relevant to the nursing context, it also provided an opportunity to indirectly evaluate some aspects of the proposed theoretical model presented in Chapter I. While a formal test of the proposed model from Chapter I is still needed, the results in Chapter III indicate that certain attributes (operationalized as the items in the Nurse IOP) are likely to have different degrees of variance based on their primary prototype input factor. Specifically, items more strongly associated with the environmental input factor are likely to have a smaller standard deviation score than items associated with occupational or individual input factors, as these items are more universally desirable or undesirable. In contrast, items associated with the individual input factor are likely to demonstrate the highest standard deviation scores, as these items are more representative of ideal organizational preferences that are unique and distinctive.

In this way, the proposed P-O fit model presented in Chapter I provides a possible explanation for why certain items within the Nurse IOP demonstrate higher or lower levels of variance in ratings. However, this is predominately an indirect test of the model, and future research should seek to examine changes in item endorsement and item variance based on environmental differences (e.g., across countries), occupational differences (e.g., multiple specialties within nursing), and individual differences (e.g., personality traits). The comparison between the student nurse sample (Figure 7) and the employed nurse sample (Figure 8) provides a preliminary example of how these changes in endorsement rate variances are contingent on contextual constraints. Additionally, utilizing a more direct approach, such as testing how an

individual's values, norms, and goals predicts their ideal organizational prototype is needed to more appropriately evaluating the proposed model.

### **Practical Implications**

In comparing the Nurse IOP and the OCP, one of the main objectives was to determine if the occupation-specific P-O fit measure could provide practitioners a viable alternative to universal and generic measures of P-O fit. Results from the student nurse sample suggest that the relationships between the Nurse IOP, OCP, and outcome variables are fairly similar. In contrast, the Nurse IOP outperformed the OCP when examining relationships with outcome variables with the employed nurse sample. These results suggest that the Nurse IOP is a viable option for practitioners based on its relationships to the outcome variables. Importantly, the Nurse IOP also has considerable benefits above those provided by a general measure due to the design of the measure. Specifically, while the relationship between job applicant or employee P-O fit and attitudinal outcomes is important, the ability of an organization to utilize P-O fit information and then address organizational concerns effectively is also critical.

The Nurse IOP is comprised of items that capture preferences specific to the nursing occupation. This allows organizations to identify tangible and actionable areas that can be improved to address concerns surrounding P-O fit. While items within the Nurse IOP mirror some of those in more general measures, such as *provides room for professional growth* [#8], it also contains items that are unique to the nursing profession, such as *provides training on Electronic Medical Record or paper charting system* [#34]. By having items that are specific to the nursing profession, it allows organizations to more easily identify specific areas for improvement. In this way, the Nurse IOP has considerable practical benefits over the more

general measures of P-O fit, and should provide practitioners more precise information on how to improve P-O fit for both attracting and retaining nurses.

### **Limitations**

Although the study had a number of strong features, such as separating the collection of ideal and actual ratings and examining within-individual differences by having all participants complete both the Nurse IOP and OCP, some specific limitations are worth noting. The first, and most obvious limitation is the small sample size. Therefore, results should be interpreted with caution. While the relationships found between P-O fit indices and the outcome variables for the student nurse sample are likely to be relatively stable, this might not be the case with the employed nurse sample. As a related sample issue, both samples are relatively homogenous in terms of demographics, being almost exclusively white and female. The recruitment of minority nursing students (Dowell, 1996; Gardner, 2005), faculty (Stanley, Capers, & Berlin, 2007), and the employment of minority nurses (Andrews & Dziegielewski, 2005) is a significant issue in the field of nursing. Therefore, future investigations should strive to collect a more diverse sample to test the hypotheses presented here. This is particularly true for future investigations using nursing students. As an expected outcome, expanding the sample should introduce additional variance in ratings for items mapped onto the individual input factor. However, future research should test this assumption.

In addition to the limited sample size and sample diversity, longitudinal data collection should be undertaken to evaluate how ratings on the Nurse IOP, and subsequently P-O fit, change overtime. Although this limitation is often cited for research, it is particularly relevant here given the general lack of longitudinal P-O fit research in the field (e.g., Barrick & Parks-Leduc, 2019; Van Vianen, 2018). Although it is anticipated that the normative ideal

organizational profile is likely to remain fairly stable (e.g., the profile correlation between the student nurse sample and the employed nurse sample was  $r=.89$ ), prior P-O fit research does suggest that individual's perception of P-O fit changes over time (e.g., Swider et al., 2015). Based on the proposed model in Chapter I, this could occur due to changes in an individual's ideal organization prototype or changes in how they perceive their current organization (e.g., Dawis & Lofquist, 1984). The current study was not designed to investigate this change; however, future research is encouraged to examine why changes in P-O fit occur overtime.

As another limitation, other variables not collected in the current study could have influenced the relationships examined. For instance, student nurses could be interested in working at their preceptorship location because it is the only employment option available to them. A more inclusive survey that contains additional information into contextual and situational factors (Johns, 2006) could be valuable to better understand other influences on the relationship between P-O fit and outcomes. Many of these items were not included in the current study due to concerns surrounding the length of the surveys, as participants were asked to complete two ideal and two actual P-O fit measures. Studies using only one P-O fit measure would have greater flexibility for including additional variables of interest.

Lastly, all data collected is self-report. This is appropriate given the focus on attitudinal outcomes. However, peer (e.g., satisfaction with an individual as a team member) or supervisor (e.g., job performance) ratings would be particularly valuable in determining the impact of P-O fit on workplace outcomes. This could be a particularly fruitful area of research given the lack of support for the relationship between P-O fit and job performance using traditional approaches to measuring P-O fit (Arthur et al., 2006). Investigating this relationship with an occupation-

specific instrument and the estimation of normative and distinctive P-O fit could lead to alternative results.

### **Future Research**

There are a number of future research opportunities specific to the current study. Regarding the usefulness of the occupation-specific Nurse IOP, Barrick and Parks-Leduc (2019) posed the question that P-O fit might be less relevant for “jobs that provide a strong connection to the vocation (rather than the organization)” (p.185). Results indicate this is predominately not the case for nursing, as both overall and normative P-O fit were strong predictors of attitudinal outcomes for nurses. However, this was not found for distinctive P-O fit. Future research should compare the Nurse IOP with other occupation-specific IOP instruments to determine if certain occupations are more or less impacted by P-O fit, and if certain occupations are more or less impacted by distinctive P-O fit.

In a similar manner, future research should investigate how the role of tenure, institutionalization, and life events change how nurses conceptualize their ideal organization. In the current study, the profile correlation between the student nurse sample normative ideal profile and the employed nurse sample normative ideal profile was  $r=.89$ . This suggests that the profiles are highly similar. However, anecdotally we know that how an individual conceptualizes their ideal organization changes over time. For example, the type of organization an individual wants to work at often changes when they move from not supporting a family, to supporting a family. This could shift a person’s ideal organization from being a high risk, high reward culture to one that provides job stability and work-life-balance. Such a change might indicate adjustment of individual’s distinctive ideal profile; however, additional research is needed to more directly examine changes in individual’s normative and distinctive profiles overtime.

Although normative fit appears to capture the majority of effects found for P-O fit, identifying an effective method for measure and assessing distinctive fit is needed. This importance is reinforced by the fact that most fit research is conceptualized as distinctive fit, despite failing to account for the normative component (Wood et al., 2019). Therefore, despite the small effect size, investigating distinctive fit is highly relevant. The Nurse IOP was designed to help address this issue, but had mixed results when compared to the OCP across the two samples. This could be influenced by a number of reasons. Future research could examine if this result was associated with the lack of negatively word items or items that are undesirable (as opposed to desirable). In developing the Nurse IOP, qualitative data focused almost exclusively on what people desire, and not on what people want to avoid in an organization. Expanding the types of questions asked in the development stage, such as “what do you *not* want in an organization?” could reveal additional attributes that might better capture distinctive preferences.

In a similar manner, the development and testing of the Nurse IOP in Chapter II and Chapter III was conducted at the same institution. As demonstrated in the employed nurse sample, the Nurse IOP demonstrated stronger distinctive P-O fit relationships with the outcome variables when used with a more diverse sample. As previously noted, the use of a highly homogenous student nurse sample could have masked the usefulness of the Nurse IOP as a measure of distinctive P-O fit. Alternatively, the value of occupation-specific items could be better suited for individuals currently employed in the occupation as opposed to individual still in training or with limited experience. This can be seen in the consistently larger standard deviation scores across items for the employed nurse sample compared to the student sample. Collecting a more diverse and larger sample could provide additional insight specifically into the comparison of the Nurse IOP and OCP and their ability to effectively measure distinctive P-O fit.

Given its connection to the theoretical model, the finding that item variance can be predicted based on the prototype input factor the item is mapped onto introduces a number of different avenues for future research. For example, the sample could be expanded to include participants from different environments to evaluate increases in the variance in items mapped onto the environment input factor, such as nurses in China or from Middle Eastern countries compared to nurses in the United States. Similarly, variance in ratings for occupational items should increase when looking at nurses across diverse roles within nursing (e.g., homecare and ICU) compared to nurses within a single role (e.g., only ICU nurses). Items related to the individual input factor could also be explored by collecting a larger sample with more diverse individual differences. For instance, comparing nurses with families to those without families. Additionally, by expanding the samples to include nurses from different environments, occupational roles, and individual differences it could introduce the ability to evaluate fit based on input factors. For instance, normative and distinctive fit indices could be estimated for only items mapped onto the individual input factor to determine if fit on individual items has a stronger or weaker relationship with outcomes than similar fit indices for environmental and occupational items. In this way, the current study introduced a number of paths for further exploration using the Nurse IOP and provides a measure for testing the proposed connectionist model of P-O fit.

## **CHAPTER IV: GENERAL CONTRIBUTIONS AND FUTURE DIRECTIONS**

The proposed theoretical model introduced in Chapter I provides a number of contributions to the P-O fit literature. First, it introduces an information-processing model for how individuals assess P-O fit, which is currently lacking in existing models. This contribution sheds light on the cognitive process surrounding the assessment of P-O fit that is generally taken for granted in the literature. Second, it identifies the specific input factors that influence the development and activation of an ideal organization prototype. This level of specificity is absent in prior models and therefore limits the types of questions that can be theoretically justified when examining P-O fit. Further, the comprehensiveness of the input factors identified allows for considerable flexibility in answering a variety of questions. For instance, how do blue-collar workers differ from white-collar workers in conceptualizing their ideal organization? Additionally, the model could be used to explain why certain groups of individuals share similar ideal organization prototypes.

Importantly, the proposed model can also be applied to the healthcare industry as a framework for addressing concerns surround nurse employment at multiple stages. For example, the model can be utilized to assess nursing students' expectations of future employers and provide a tool for nursing faculty to guide and direct students as they begin evaluating potential job opportunities. Similarly, it can be applied to the recruitment context as a means for organizations to (1) identify what aspects of the organization needs to be adjusted to better attract nurses and (2) assess the match of ideal organizational characteristics between job applicants and

currently employed nurses with high job satisfaction and organizational commitment. Related to the former, it can also be used as a tool to identify what aspects of the organization can be improved to retain currently employed nurses, regardless if the organization is intending to recruit more nurses. In these ways, the model can be utilized in the development, recruitment, and retention of nurses, and could provide a powerful framework for organizations aiming to address concerns related to nurse employment.

In addition, different levels of analysis can be investigated, such as comparing P-O fit across environmental factors on the national level or following the studies here and comparing P-O fit across individual factors on the individual level. In this way, the proposed model has the potential to be a theoretical umbrella for numerous future studies. Furthermore, the model is particularly useful for exploring recent developments in P-O fit research suggesting that accounting for normative and distinctive fit can provide unique insights into the assessment of P-O fit (Van Vianen, 2018). Given the potential for these new developments to significantly reshape the P-O fit literature, providing a theoretical model to accommodate these findings could reinforce the model's impact on the literature.

In terms of the contributions specific to Chapter II and Chapter III. Chapter II provides an outline of how to develop an IOP for a specific occupation. This process can be replicated in different occupations or in different cultures (e.g., nurses in India or China) to provide unique insights that are likely missed when using a general P-O fit assessment (e.g., the OCP). The latter of these is particularly relevant for nursing, as the nursing shortage is a global concern (World Health Organization, 2013). Understanding how nurses conceptualize their ideal organization could provide an avenue for better attracting and retaining nurses in high-need areas, such a rural areas. The vast majority of P-O fit research is quantitative (Santos & De Domenico, 2015). Study

1 of Chapter II is intended to help guide researchers interested in P-O fit towards qualitative research and what types of interview questions and focus group designs might be beneficial to investigating P-O fit from a qualitative perspective.

Chapter III contributes to the literature by comparing the occupation-specific Nurse IOP to the traditional OCP measure of P-O fit. Results from the study suggest the Nurse IOP and OCP had relatively similar relationships with the outcome variables for a student sample, while the Nurse IOP appeared to outperform the OCP with an employed sample. This is a novel contribution to the literature as it provides the first empirical examination of how two measures might differ when comparing overall, normative, and distinctive fit indices. In a similar manner, it reinforces the importance of organizational alignment with normative preferences, as found by Wood et al. (2019). This replication advances the field of P-O fit as it continues to build support for the importance of normative fit over distinctive fit, the latter of which is traditionally viewed as synonymous with the fit construct. In addition to the comparison of the Nurse IOP and OCP, Chapter III also effectively mapped Nurse IOP items to their associated prototype input factor by demonstrating how variance in item ratings might be associated with environmental, occupational, or individual input factors. In doing so, it provides preliminary support for the theoretical model that should be more directly and fully tested in future studies.

### **Future Directions**

Given the introduction of a new theoretical model to examine P-O fit and the development and empirical testing of the Nurse IOP measure, a number of future research directions exist. Of particular note is testing the full connectionist model. Chapter II and Chapter III identify and evaluate the attributes that comprise nurses' IOP, which is a critical first step towards testing the model. However, the studies do not directly test how values, norms, and

goals might influence the weight or importance placed on the attributes identified. Furthermore, the sample is limited to within occupation and within individual variance. Future studies could test the environmental input factor by expanding the sample to nurses in different national cultures or different parts of the United States. The latter of these could influence values, norms, and goals as the nursing shortage is experienced at varying levels across the country. In the current studies, only nurses in the southeast were included. The importance placed on certain attributes within the Nurse IOP might differ for nurses in California or in the northeast, for example, due to variations in the values, norms, or goals associated with their specific job market or regional cultures.

Similarly, a broader sample of nurses from different fields within nursing (e.g., homecare and ICU) or units within a hospital could provide insight into the role of the occupation input factor. Nurses working on a temporary contract through a staffing agency, often termed “traveling nurses”, are commonly employed by health care organizations to address staffing shortages, and offer another opportunity for comparison within the profession (Daubener, 2001; Seo & Spetz, 2013). Prior research has indicated that nurses who accept temporary positions tend to value wages and schedule flexibility over benefits, such as tuition reimbursement (Bellemore, 1998); however, future research should examine if wages and schedule flexibility are the primary influences, or if other factors contribute to a nurse’s decision to work on a temporary contract.

Future studies should also expand the application of the connectionist model to different occupations or groups of individuals that might hold unique organizational ideals. Examples include individuals working in the financial sector (e.g., financial analyst), individuals working in the transportation industry (e.g., truck drivers), ex-military personnel seeking civilian positions, and other non-traditional white and blue collar occupations. In addition, the

connectionist model can be applied to individuals at different levels within an organization. As an example, how does a manager or CEO conceptualize their ideal organization in comparison to someone who is not in a management position? Investigation into these differences could provide insight into why discrepancies exist in the way management develop and implement organizational policies and practices compared to employee organizational ideals and expectations. While nursing provides a context to study how individuals within an occupation that is experiencing a labor shortage conceptualize their ideal organization, other occupations have a labor surplus. For example, how do individuals working in the fast-food industry conceptualize their ideal organization, or individuals work in occupations that are no longer in high-demand? Comparing ideal organizational prototypes across occupations with a labor surplus versus a labor shortage could provide further insight into how environmental factors influence how individuals conceptualize their ideal organization.

Another key area of research is examining how individuals perceive organizations and how those perceptions influence the population and development of their actual organizational prototype. Research drawing on organizational attraction (e.g., Rynes & Gerhart, 1990; Thomas & Wise, 1999), recruitment (e.g., Saks & Ashforth, 1997), and organizational image and identity (e.g., Cable & Yu, 2006; Gatewood et al., 1993; Williams & Moffitt, 1997) could serve as a foundation for exploring the connectionist model from the “O” side of the P-O fit equation.

The connectionist model proposed in Chapter I is rooted in categorization theory. It therefore also provides an avenue for exploring various factors that influence individuals’ ability to effectively and accurately evaluate organizations and their determination of how organizations match their ideal organization prototype. For instance, when individuals are anxious, it can lead to a reduction in the amount of environmental cues they are able to process and their ability to

effectively encode and process information (Geen, 1976; Mueller, 1978; Wine, 1971). This results in anxious individuals often relying on fewer prototype attributes during the categorization process (Mikulincer, Kedem, & Paz, 1990). In relation to P-O fit, searching for a job can lead to anxiety (e.g., during an interview) and therefore has the potential to influence job candidates' ability to fully process and collect the information needed to make an accurate assessment of how well an organization fits with their desired or ideal organizational characteristics. Future research could examine how well individuals are able to assess P-O fit relative to their level of stress or anxiety.

Additionally, once an object or concept is categorized, individuals tend to demonstrate confirmation bias, whereby they more easily remember and recall information that reinforces the prior categorization (e.g., Dutton & Jackson, 1987; Nathan & Lord, 1983). In the P-O fit context, this could result in once an individual successfully identifies their ideal organization, they will ignore information that might indicate the organization is less than ideal. Similarly, if an individual decides an organization does not match their ideal organization, it might be difficult for the individual to reconsider that organization as a viable option for employment. Examining, not only changes in P-O fit, but specifically changes from negative to positive (or positive to negative) perceptions of an organization could provide useful insight into what actions organizations can take to change how job candidates or current employees perceive their fit with the organization.

More general applications of the connectionist model of information-processing and pattern matching could also be explored. Individuals use prototypes to identify and categorize numerous environmental stimuli (e.g., Rosch, 1973). Therefore, the framework proposed in Chapter I and the prototype identification and measure development process used in Chapter II

could also be employed for investigating how an individual conceptualized their ideal team member, their ideal career or major, or ideal business opportunity (e.g., Baron & Ensley, 2006), as examples. This approach could provide a framework for understanding how individuals categorize information and then use that information to distinguish between desirable and undesirable team members, careers, majors, or business opportunities.

Work related outcomes outside of attitudinal outcomes should be examined. While Chapter III clearly indicates that P-O fit influence attitudinal outcomes in the nursing context, future research could utilize occupation-specific IOPs to test the relationship between different indices of P-O fit and performance. The use of an occupation-specific measure, along with accounting for overall, normative, and distinctive fit could lead to a contradictory finding compared to the non-significant relationship found between traditional measurements of P-O fit and performance by Arthur et al. (2006). If a significant result is found, it could lead to a considerable contribution to the P-O fit literature as it would suggest that the assessment of P-O fit could be a viable option for selection and promotion decisions. As another alternative for testing the relationship between P-O fit and performance, the calibration profile approach utilized in strategy research could prove useful (Van de Ven & Drazin, 1985; Venkatraman, 1989). Specifically, the IOPs of high performing individuals could be estimated by determining which IOPs have the strongest relationship with performance measures. In a second sample, the correlation between individual's IOPs and the calibration profile could then be used to predict performance. If the prediction is significant, it would represent an empirical approach to building an instrument for assessing performance of current or potential employees that is specific to an organization.

Two final areas where future research could be valuable are the attraction and retention of nurses in rural areas and the attraction and retention of nursing faculty. Given the notable shortage of nurses in rural areas (e.g., Fuszard, Slocum, & Wiggers, 1990; Stratton, Dunkin, Juhl, & Geller, 1995) the theoretical framework proposed here and accompanying Nurse IOP instrument could be used to identify what organizational attributes lead to nurse attraction and retention in rural areas. Additionally, these attributes could be compared to nurses in more urban areas to determine what organizational policies and practices might be more or less appropriate for retaining nurses in rural areas (Cramer, Nienaber, Helget, & Agrawal, 2006; Skillman, Palazzo, Keepnews, & Hart, 2006). Along with additional research on rural nurses, attraction and retention of nursing faculty has become a growing global concern as a means for addressing the nursing shortage (Nardi & Gyurko, 2013). The P-O fit perspective has been employed in this area (e.g., Gutierrez, Candela, & Carver, 2012); however, the connectionist model and the occupation-specific Nurse IOP could provide valuable tools for further investigation into what specific organizational attributes nurse faculty are seeking in employment opportunities.

## **Conclusion**

Investigating the concept and consequences of fit between individuals and their environments has been an area of interest for the better part of the last century in management and applied psychology research. Within this longstanding field of research, P-O fit has grown in prominence due to its unique relationship with employment decisions and its strong association with organizational culture. To explain the importance of P-O fit on individuals' attitudes and behaviors, researchers have relied on theoretical models such as Chatman's (1989, 1991) model of P-O fit and Schneider's (1987) Attraction-Similarity-Attrition model. Although these models provide guidance on what influences fit from a holistic perspective, they provide little direction

in terms of understanding how individuals conceptualize their ideal organization and the information-processing undertaken by individuals when evaluating how well they fit within an organization. The current studies expand and contribute to this field of research by introducing a new theoretical model that addresses many of the gaps in prior P-O fit models and develops and tests an occupation-specific measure of P-O fit within the nursing context. In doing so, these studies aim to provide a new perspective on how to approach the nursing shortage by using a novel P-O fit framework to identify how and why nurses' ideal organization prototypes develop and by introducing and testing the occupation-specific Nurse IOP.

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## APPENDIX

### Measure: 90-Item Nurse IOP

Response Scale: 1 (Highly undesirable) to 7 (Highly desirable)

Instructions: To what degree do you see the following characteristics as a desirable or undesirable feature of your ideal organization or place of work?

- 1 The facility has a nice aesthetic
- 2 Equipment to fulfill the job is organized and easy to locate
- 3 Has the resources available for you to do your job
- 4 All of the machines and equipment work
- 5 The floor/unit has adequate equipment
- 6 Faith based organization
- 7 Provides holistic care (body, mind, and spirit)
- 8 Coworkers are flexible and willing to provide relief when you need it (e.g., family obligations)
- 9 Has a pleasant work environment
- 10 Has people who will support you in work and outside of work
- 11 Other people who work there are easy to communicate with
- 12 Others at the organization are willing to share professional expertise
- 13 Provides a place where you can meet new people and make friends
- 14 Provides opportunities to work with knowledgeable people who know more than you
- 15 Provides room for professional growth
- 16 The environment encourages asking questions
- 17 The organization has a supportive environment
- 18 The unit has a supportive environment
- 19 There is a culture of teamwork between coworkers.
- 20 You can ask other nurses for help and they will be understanding
- 21 You don't feel judged or criticized for making a mistake
- 22 You know that you can go to someone for help
- 23 Is a teaching hospital
- 24 Is actively engaged in conducting research
- 25 Is innovative
- 26 Is willing to change
- 27 Provides continuing education opportunities
- 28 Has a patient-population you can relate to

- 29 Has the patient-population you want to work with
- 30 Is located in a large city
- 31 Is located where you want to live
- 32 Is located within the range of your desired commute
- 33 The area in which the organization is located has a lot going on
- 34 The area in which the organization is located provides easy access to travel opportunities (e.g., airport)
- 35 Demonstrates respect and honor for nurses and what nurses do
- 36 Direct supervisor is willing to help with unit needs.
- 37 Has effective leadership
- 38 Managers are supportive
- 39 Hospital administration show their appreciation for nurses
- 40 The nurses and doctors feel comfortable bouncing ideas off each other
- 41 The nurses and doctors work as a team
- 42 There is management stability
- 43 You want to work for your supervisor
- 44 Is a level 1 trauma center
- 45 Has fair vacation and sick leave policy.
- 46 Is flexible and will work with you on managing your schedule
- 47 Offers the pay you're looking for
- 48 Provides daycare
- 49 Provides good benefits
- 50 Provides greater pay than other organizations
- 51 Provides various shift patterns for scheduling.
- 52 Has a good national reputation
- 53 Has positive employee reviews
- 54 Has a positive reputation among employees
- 55 Has as a positive reputation in the community
- 56 Other nurses and hospital workers want to work at the organization
- 57 Is associated with a university
- 58 Is reputable to selection committees when you go back to school
- 59 Looks for ways to invest in education, training, and promotion of their own people
- 60 Provides an avenue or means to go back to school
- 61 Provides cross training opportunities between units.
- 62 Provides loan forgiveness for past student debt
- 63 Provides training on Electronic Medical Record or paper charting system.
- 64 Provides tuition reimbursement for advancing education.
- 65 They offer incentives for obtaining certificates
- 66 Will pay for continuing education (e.g., CEUs)
- 67 The floor/unit is fully staffed
- 68 There is low nurse turnover

- 69 Emphasizes teamwork
- 70 Has effective teamwork
- 71 Is challenging
- 72 Provides opportunity to work with critically ill patients.
- 73 Will challenge you to be a better nurse
- 74 Organization provides the type of specialty unit you desire.
- 75 Has good lighting
- 76 Has a nice cafeteria
- 77 Has a lot of windows
- 78 Has a coffee shop
- 79 The building is nice looking
- 80 The organization aims to heal people physically and spiritually
- 81 Aligns with your religious beliefs
- 82 Does not have drama
- 83 Is in a desirable location
- 84 The management team is willing to jump in and help you
- 85 You receive appropriate compensation for the required work load
- 86 Other people want to be there
- 87 Offers a high intensity job
- 88 It isn't a boring place to work
- 89 Is fast-paced
- 90 No one asks you to do things they wouldn't also do

**Measure: 53-Item Nurse OCP (student and employed samples)**

Response Scale (Ideal): 1 (Very undesirable) to 5 (Very desirable)

Response Scale (Actual): 1 (Very uncharacteristic) to 5 (Very characteristic)

Instructions (Ideal, student/employed): As it concerns your job as a nurse, how desirable are the following characteristics when thinking about your ideal organization?

Instructions (Actual, student/employed): To what degree do you see the following as characteristic (or typical) of [participant's preceptorship location]/your current organization?

- 1 The building is attractive
- 2 Has the resources available for you to do your job
- 3 Is a faith based organization
- 4 Provides holistic care (body, mind, and spirit)
- 5 You know that you can go to someone for help with issues outside of work
- 6 Others at the organization are willing to share professional expertise
- 7 Provides a place where you can meet new people and make friends
- 8 Provides room for professional growth
- 9 You don't feel judged or criticized for making a mistake
- 10 Is a teaching hospital
- 11 Is actively engaged in conducting research
- 12 The organization is willing to change
- 13 Provides continuing education opportunities
- 14 Is located in an urban area
- 15 Has fair vacation and sick leave policy.
- 16 Is flexible and will work with you on managing your schedule
- 17 The area in which the organization is located has access to a lot of interesting activities  
The area in which the organization is located provides easy access to travel opportunities (e.g.,
- 18 airport)
- 19 Hospital administration show their appreciation for nurses
- 20 The nurses and doctors work as a team
- 21 Is a level 1 trauma center
- 22 Provides daycare
- 23 Provides higher pay than other organizations
- 24 Provides various shift patterns for scheduling.
- 25 Has as a positive reputation in the community
- 26 Has a positive reputation among employees
- 27 Other nurses and hospital workers want to work at the organization
- 28 Is associated with a university
- 29 Is reputable to selection committees when you go back to school
- 30 Looks for ways to invest in education, training, and promotion of their own people
- 31 Provides tuition reimbursement for advancing education.
- 32 Provides cross training opportunities between units.
- 33 Provides loan forgiveness for past student debt
- 34 Provides training on Electronic Medical Record or paper charting system.
- 35 The floor/unit is fully staffed

- 36 There is low nurse turnover
- 37 Emphasizes teamwork
- 38 Has intensive care units (ICUs)
- 39 The work is challenging
- 40 Provides opportunity to work with critically ill patients
- 41 Has good lighting
- 42 Has a nice cafeteria
- 43 Has a lot of windows
- 44 Has a coffee shop
- 45 The organization aims to heal people physically and spiritually
- 46 Does not have drama
- 47 Is located in a rural area
- 48 The management team is willing to jump in and help you
- 49 You receive appropriate compensation for the required work load
- 50 Offers a high intensity job
- 51 Is a slow-paced work environment
- 52 No one asks you to do things they wouldn't also do
- 53 Has a women and infant care unit

**Measure: OCP (student and employed samples)**

Response Scale (Ideal & Actual): 1 (Very uncharacteristic) to 5 (Very characteristic)

Instructions (Ideal, student/employed): As it concerns your job as a nurse, to what degree do you consider the following values to be characteristic of the culture of your ideal organization?

Instructions (Actual student/employed): As it concerns your job as a nurse, to what degree do you consider the following values to be characteristic of the culture of [participant's preceptorship location]/your current organization?

- 1 Enthusiasm for the job
- 2 Tolerance
- 3 Being careful
- 4 Being distinctive-different from others
- 5 A willingness to experiment
- 6 Being highly organized
- 7 Low level of conflict
- 8 Respect for the individual's rights
- 9 Being analytical
- 10 Not being constrained by many rules
- 11 Being team oriented
- 12 Sharing information freely
- 13 Informality
- 14 Taking individual responsibility
- 15 Flexibility
- 16 Being reflective
- 17 Predictability

- 18 Working in collaboration with others
- 19 High pay for good performance
- 20 Opportunities for professional growth
- 21 Being decisive
- 22 Autonomy
- 23 Developing friends at work
- 24 Being results oriented
- 25 Taking initiative
- 26 Being easy going
- 27 Being rule oriented
- 28 Emphasizing a single culture throughout the firm
- 29 Being quick to take advantage of opportunities
- 30 Adaptability
- 31 Risk taking
- 32 Working long hours
- 33 Offers praise for good performance
- 34 Being competitive
- 35 Being Innovative
- 36 Fairness
- 37 Having high expectations for performance
- 38 Fitting in
- 39 Being calm
- 40 Being precise
- 41 Being socially responsible
- 42 Being demanding
- 43 An emphasis on quality
- 44 Action orientation
- 45 Security of employment
- 46 Paying attention to detail
- 47 Stability
- 48 Having a clear guiding philosophy
- 49 Being aggressive
- 50 Being supportive
- 51 Confronting conflict directly
- 52 Having a good reputation
- 53 Being people oriented
- 54 Achievement orientation

**Measure: Preceptorship Satisfaction (student sample)**

Response Scale: 1 (Strongly disagree) to 5 (Strongly agree)

Instructions: To what degree do you consider the following statements describe your preceptorship experience?

1. Generally speaking, I was very satisfied with my preceptorship experience

2. It was a good work experience
3. It was a good social experience
4. Generally speaking, I learned a lot during my preceptorship

**Measure: Organizational Attraction/Interest (student sample)**

Response Scale: 1 (Not interested at all) to 5 (Extremely interested)

Instructions: Please rate your interest in working in the following areas.

1. How interested are you in working at [participant's preceptorship location]?

**Measure: Perceived P-O Fit (student and employed samples)**

Response Scale: 1 (Not at all) to 5 (Completely)

Instructions: Please indicate to what extent you agree with the following questions in reference to [participant's preceptorship location]/[your current organization]?

1. To what extent is the organization a good match for you?
2. To what extent are the values of the organization similar to your own values?
3. To what extent does the organization fulfill your needs?
4. To what extent does your personality match the personality or image of the organization?

**Measures: Job Satisfaction and Turnover Intentions (employed sample)**

Response Scale: 1 (Strongly disagree) to 5 (Strongly agree)

Instructions: Please indicate your agreement with the following statements.

1. Generally speaking, I am very satisfied with my job
2. I frequently think about quitting my job
3. I can't wait to get out of my job and into a new one
4. I don't have any plans to change my job any time soon