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ROLE OF VALUE CONGRUENCE, GOAL CONGRUENCE AND NEEDS-SUPPLIES CONGRUENCE ON ALTRUISM OF STAFF OF TEACHING HOSPITALS IN SOUTH-SOUTH NIGERIA

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Abstract

This study investigates the influence of value congruence, goal congruence, and needs-supplies congruence on altruism, a key dimension of organizational citizenship behaviour (OCB), among staff of teaching hospitals in South-South Nigeria. Drawing on the person-organization fit framework, the research explores how alignment between employees' personal characteristics and organizational attributes affects voluntary helping behaviours in a high-pressure healthcare environment. Utilizing a cross-sectional survey design, data were collected from 208 doctors and nurses across five public teaching hospitals in four states. Quantitative data were analyzed using SPSS and PLS-SEM. Results revealed that goal congruence had a significant positive effect on altruism ($\beta = 0.596$, $p < 0.001$), while value congruence and needs-supplies congruence did not show statistically significant relationships with altruism. These findings underscore the critical role of aligning individual and organizational goals in fostering altruistic behaviours among healthcare professionals. The study recommends strategies such as goal alignment workshops, value-based recruitment, and employee satisfaction assessments to enhance organizational citizenship behaviour in Nigerian teaching hospitals. The implications highlight the importance of contextualizing person-organization fit in culturally and structurally unique healthcare settings.

Keywords: *Person-organization fit, altruism, organizational citizenship behaviour, goal congruence, value congruence, teaching hospitals.*

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Introduction

Organizational citizenship behaviour encompasses discretionary actions by employees that are not explicitly recognized by the formal reward system yet contribute significantly to the overall efficiency and effectiveness of organizations (Naktiyok & İşcan, 2019; Podsakoff et al., 2009). These behaviours, which include helping colleagues, advocating for the organization, and going beyond prescribed duties, are vital for fostering a collaborative and productive work environment (Tokay & Akin, 2023). Organizational citizenship behaviour is neither a contractual obligation nor subject to punitive measures if not performed, making it a purely voluntary phenomenon. Studies on organizational citizenship behaviour have grown exponentially since the 1980s, focusing on its antecedents, such as personality traits, gender, self-perception, and organizational factors, and its consequences on organizational outcomes (Clarke & Sulsky, 2017; Terrier et al., 2016; Bagozzi et al., 2016; Ozyilmaz et al., 2018).

Research examining the role of personality in influencing organizational citizenship behaviour has highlighted that specific traits, such as conscientiousness and agreeableness, have a positive impact on voluntary behaviours, although results vary depending on contextual factors (Terrier et al., 2016; Pelt et al., 2017). Similarly, studies have explored gender differences in organizational citizenship behaviour, with some findings suggesting that women are more likely to engage in helping behaviours, while men may exhibit behaviours aligned with civic virtue (Ng et al., 2016). The role of self-perception, particularly constructs like self-efficacy and experienced pride, has also been studied extensively, with findings indicating that trust in oneself and the organization can modulate the likelihood of engaging in organizational citizenship behaviour (Bagozzi et al., 2016; Ozyilmaz et al., 2018). Despite these advances, fostering organizational citizenship behaviour remains a complex challenge, necessitating further exploration of factors that can effectively promote these behaviours within organizational settings.

One promising avenue of research involves examining the role of person-organization fit in driving organizational citizenship behaviour. Person-organization fit refers to the alignment between an individual's values, goals, and abilities and the culture, goals, and demands of their organization (Oo et al., 2018). Employees who perceive a high level of congruence between their personal attributes and organizational values are more likely to exhibit behaviours that support organizational goals (Lam et al., 2018). Such alignment fosters a sense of belonging, commitment, and motivation, which are critical for voluntary behaviours like organizational citizenship behaviour (Margaretha & Wicaksana, 2020). Conversely, employees who perceive a misalignment between their values and those of the organization may experience dissatisfaction and disengagement, which can inhibit organizational citizenship behaviour and overall performance (Vancouver, 2006).

While the positive relationship between person-organization fit and organizational citizenship behaviour is well-documented in general organizational settings, the healthcare sector, particularly in Nigeria, presents unique challenges and opportunities for exploring this relationship. The healthcare sector is characterized by high-pressure environments, rigid hierarchies, and resource constraints, which can influence the extent to which employees feel aligned with their organizations and motivated to engage in person-organization fit. Moreover, teaching hospitals in the South-South region of Nigeria operate within a unique socio-cultural and economic context, where values such as collectivism, power distance, and community orientation play a significant role in shaping employee attitudes and behaviours.

Existing studies on person-organization fit and person-organization fit have largely been conducted in Western contexts or within industries such as banking, education, and small and medium enterprises, limiting their applicability to the Nigerian healthcare sector (Margaretha & Wicaksana, 2020; Youngs, 2015). Additionally, previous research has focused predominantly on the psychological dimensions of person-organization fit, neglecting structural and cultural factors that may influence this relationship in specific contexts. These gaps underscore the need for localized studies that consider the unique challenges and opportunities within Nigerian teaching hospitals.

1.1 Statement of the Problem

Teaching hospitals in Nigeria's South-South region play a crucial role in healthcare delivery, medical education, and research, yet their effectiveness is often undermined by poor organizational citizenship behavior (OCB) among staff. OCB, which encompasses voluntary, discretionary actions that enhance organizational functioning, is critical in high-stress healthcare environments where teamwork, altruism, and conscientiousness directly impact patient outcomes. However, empirical evidence suggests that many healthcare professionals in these institutions exhibit low levels of OCB, manifesting in diminished altruism (unwillingness to assist colleagues beyond formal duties), reduced conscientiousness (neglect of responsibilities beyond minimum requirements), and lack of courtesy (poor interpersonal respect and communication). These behavioral deficits contribute to inefficiencies, strained workplace relationships, and suboptimal patient care—issues exacerbated by systemic challenges such as inadequate funding, poor infrastructure, and workforce dissatisfaction. Despite the critical role of OCB in healthcare performance, there remains a paucity of research examining its predictors within Nigeria's teaching hospitals, particularly in the South-South region.

Prior studies have explored various antecedents of OCB, including person-organization fit (POF), organizational commitment, and leadership trust, yet significant gaps persist. For instance, Obiora (2015) and Khaola and Sebotsa (2015) established links between POF and OCB but focused on non-healthcare sectors, while Suwanti et al. (2018) and Purjani and Riana (2019) examined mediating factors like person-job fit in banking and hospital settings without considering organizational climate. Notably, most existing research relies on correlation-based methodologies (e.g., Spearman's Rank Order), which fail to capture the complex, moderated relationships that may explain OCB variations in high-stress healthcare environments. Furthermore, while studies such as Yaniv et al. (2010) and Christian et al. (2023) introduced moderators like social performance perception and organizational commitment, none have systematically investigated how organizational climate—shared perceptions of workplace policies, support, and values—shapes the POF-OCB relationship among doctors and nurses. This oversight is particularly critical in teaching hospitals, where hierarchical structures, resource constraints, and institutional culture heavily influence discretionary work behaviors.

The contextual gap in the literature is equally striking. While OCB has been extensively studied in corporate, academic, and hospitality settings (e.g., Zoghbi-Manrique-de-Lara et al., 2023; Meily & Ardian, 2020), its dynamics in Nigerian teaching hospitals remain underexplored. This is a significant omission, given that healthcare professionals operate under unique stressors—long shifts, emotional labor, and bureaucratic inefficiencies—that may alter how POF translates into OCB. Moreover, regional studies focusing on Nigeria's South-South zone are scarce, despite its distinct socio-economic and institutional challenges, including underfunded healthcare systems and brain drain. The absence of localized research

limits policymakers' and hospital administrators' ability to devise targeted interventions to improve staff behavior and, by extension, healthcare quality.

Methodologically, prior studies have predominantly employed simplistic analytical techniques (e.g., Spearman's correlation) that cannot model the latent constructs and indirect pathways inherent in the POF-OCB relationship. This study addresses this gap by leveraging Partial Least Squares-Structural Equation Modeling (PLS-SEM), a robust analytical tool suited for testing moderated relationships in complex social science research. Unlike correlation-based approaches, PLS-SEM allows for the simultaneous examination of POF's direct effects on OCB and the moderating role of organizational climate, offering deeper insights into the mechanisms driving OCB in teaching hospitals. Additionally, while some studies (e.g., Ukwuije & Bassey, 2019; Christian et al., 2023) have used PLS-SEM, none have applied it to the specific context of Nigerian teaching hospitals with organizational climate as a moderator.

Research Hypotheses

H_{O1}: There is no significant relationship between value congruence and altruism of staff of teaching hospitals in South-South Region, Nigeria.

H_{O2}: There is no significant relationship between goal congruence and altruism of staff of teaching hospitals in South-South Region, Nigeria.

H_{03}: There is no significant relationship between needs-supplies congruence and altruism of staff of teaching hospitals in South-South Nigeria.

Theoretical Framework

Open Systems Theory

The Open Systems Theory, originally developed by Ludwig von Bertalanffy in the 1950s, offers a holistic framework for understanding organizations as dynamic entities interacting with their external environments. This theory is particularly relevant for studying person-organization fit (P-O Fit) and organizational citizenship behaviour (OCB) in teaching hospitals in South-South Region, Nigeria.

The Open Systems Theory views organizations as open, complex systems that continually exchange inputs, processes, and outputs with their external environments (Bertalanffy, 1968). In the context of teaching hospitals, this perspective is crucial as these organizations constantly interact with external factors such as regulatory bodies, healthcare policies, and the broader community. Furthermore, one key tenet of the Open Systems Theory is the idea of adaptation. Organizations must adapt to changes in their environment to survive and thrive (Bertalanffy, 1968). In the dynamic healthcare landscape, teaching hospitals need to adapt their structures, processes, and workforce to align with evolving medical practices, technological advancements, and societal expectations. P-O Fit becomes critical in this context, as individuals who align with the organizational culture contribute to the hospital's adaptability.

The theory proposes an Input-Transformation-Output (I-T-O) mechanism through which organizations operate (Bertalanffy, 1968). Inputs, such as human resources and

organizational culture, undergo transformation processes within the hospital (e.g., medical education, patient care), resulting in outputs (e.g., healthcare services, research outcomes). P-O Fit plays a vital role in optimizing this mechanism by ensuring a harmonious alignment between individual attributes and the hospital's transformative processes.

The Open Systems Theory introduces the concepts of equifinality and multifinality, emphasizing that different inputs or conditions can lead to similar or different outcomes (Bertalanffy, 1968). In the context of P-O Fit, individuals with diverse backgrounds and characteristics may contribute to similar positive organizational outcomes, while the same attributes may lead to different outcomes in different individuals. Understanding these dynamics is essential for promoting a diverse and inclusive environment in teaching hospitals. The theory highlights the importance of synergy and interdependence among the components of an open system (Bertalanffy, 1968). In teaching hospitals, achieving synergy between employees and organizational goals is vital for enhancing OCB. Individuals who perceive a strong P-O Fit are more likely to engage in behaviours that contribute to the overall effectiveness of the hospital, fostering a sense of interdependence.

Open Systems Theory emphasizes the significance of feedback loops for organizational learning and continuous improvement (Bertalanffy, 1968). Organizations, including teaching hospitals, can benefit from feedback on P-O Fit and OCB to adapt their strategies and practices. This continuous improvement cycle contributes to the hospital's ability to meet evolving healthcare needs. Consequently, the Open Systems Theory provides a comprehensive framework for studying the interplay between person-organization fit, organizational citizenship behaviour, and the dynamic external environment of teaching hospitals in South-South, Nigeria. Its focus on adaptation, synergy, and continuous improvement aligns with the complexities of healthcare organizations.

METHODOLOGY

Research Design

This study used the cross-sectional survey research design. The survey research design is the use of a survey, administered either in written form or orally, to quantify, describe, or characterize an individual or a group.

Population of the Study

The target population for this study was the entire public tertiary health institutions in South-South Region, Nigeria. But the accessible population comprised of nurses and doctors of five teaching hospitals in four states in South-South Nigeria

Information obtained from the various hospitals revealed that there are a total of four hundred and fifty-four (454) doctors and nurses in the teaching hospitals studied.

Table 1. Name, Location, State and Number of Doctors and Nurses

S/N	Name of Hospital	Location	State	No. of Doctors/Nurses
1.	University of Benin Teaching Hospital	Benin City	Edo	97
2.	University of Calabar Teaching Hospital	Calabar	Cross River	90
3.	Irrua Specialist Teaching Hospital	Irrua	Edo	77
4.	University of Port Harcourt Teaching Hospital	Port Harcourt	Rivers	104
5.	University of Uyo Teaching Hospital	Uyo	Akwa Ibom	86
	Total			**454**

Source: Human Resource Management Departments of the Hospitals

Sample Size

The sample size for this study was determined using the Krejcie and Morgan Sample Size Determination which is estimated to be 208 as the sample size from the population size of 454.

Nature/Sources of Data

Sources of primary data were surveys, observations, questionnaires, and interviews. In this study, quantitative data was obtained through the use of a structured questionnaire.

Methods of Data Analysis

In terms of the research methodology, the main data obtained for this study was analyzed using the Statistical Package for the Social Sciences (SPSS Version 25) and the Partial Least Squares - Structural Equation Modeling (PLS-SEM 4.0). The study used SPSS for presenting descriptive statistics and doing preliminary analysis. PLS-SEM was implemented for inferential statistics and evaluating the research hypotheses.

Data Analyses and Findings

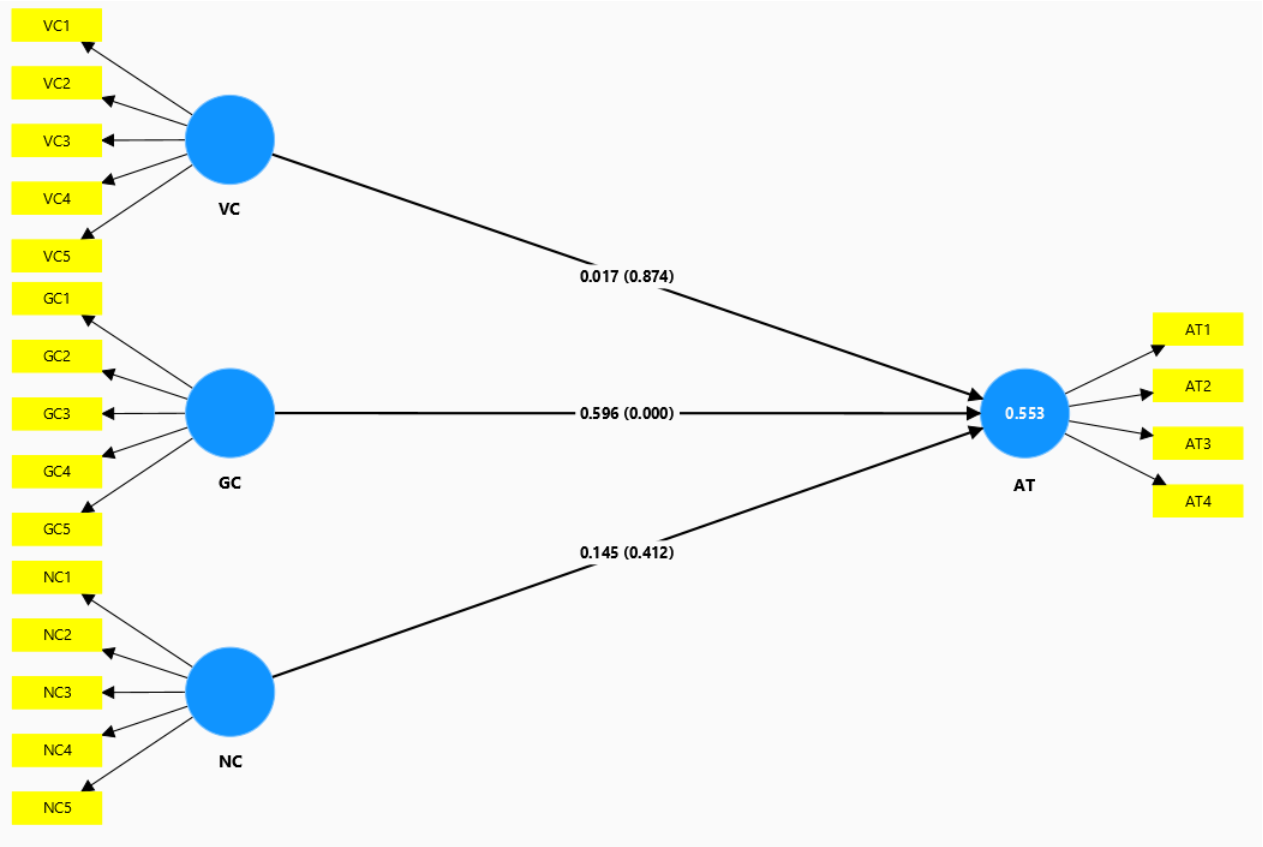


Figure 1. Hypotheses 1 - 3

The study tested three hypotheses to examine the relationship between person-organization fit and altruism among staff of teaching hospitals in South-South Nigeria. The hypotheses and corresponding results were as follows:

Hypothesis 1 (H_{01}): There was no significant relationship between value congruence and altruism of staff of teaching hospitals in South-South Nigeria. The relationship between value congruence and altruism was not statistically significant ($\beta = 0.017$, SE = 0.104, t-statistic = 0.159, $p = 0.874$). Therefore, Hypothesis 1 was supported, indicating that value congruence did not significantly influence altruism among the staff.

Hypothesis 2 (H_{02}): There was no significant relationship between goal congruence and altruism of staff of teaching hospitals in South-South Nigeria. The relationship between goal congruence and altruism was statistically significant ($\beta = 0.596$, SE = 0.152, t-statistic = 3.933, $p < 0.001$). Therefore, Hypothesis 2 was not supported, suggesting that goal congruence had a significant positive influence on altruism among the staff.

Hypothesis 3 (H_{03}): There was no significant relationship between needs-supplies congruence and altruism of staff of teaching hospitals in South-South Nigeria. The relationship between needs-supplies congruence and altruism was not statistically significant ($\beta = 0.145$, SE = 0.177, t-statistic = 0.820, $p = 0.412$). Therefore, Hypothesis 3 was supported, indicating that needs-supplies congruence did not significantly influence altruism among the staff.

In summary, the results indicated that only goal congruence had a significant positive relationship with altruism among staff of teaching hospitals in South-South Nigeria, while value congruence and needs-supplies congruence did not show significant relationships with altruism.

Table 2. Results of Hypotheses Testing

Null Hypothesis	Path (Relationship)	Path Coefficient (*β*)	Standard Error	*t*-Statistic	P-values	Decision
H_{O1}:	**VC -> AT**	0.017	0.104	0.159	0.874	Supported
H_{O2}:	**GC -> AT**	0.596	0.152	3.933	0.000	Not Supported
H_{O3}:	**NC -> AT**	0.145	0.177	0.820	0.412	Supported

Conclusions

The study aimed to investigate the relationship between person-organization fit and organizational citizenship behaviour among healthcare professionals in South-South Nigeria, with organizational climate serving as a moderator. The findings revealed a complex interplay between these variables.

i. Goal congruence emerged as a consistent and significant predictor of both altruism and conscientiousness, suggesting that employees who perceived alignment between their personal and organizational goals were more likely to exhibit helping behaviours and adhere to organizational rules and procedures. This underscored the importance of goal clarity and alignment in fostering positive employee outcomes.
ii. While value congruence was found to influence conscientiousness and courtesy, it did not significantly impact altruism. This indicated that shared values might contribute to employees' adherence to organizational norms and improve interpersonal interactions but might not directly drive helping behaviours.
iii. Interestingly, needs-supplies congruence did not significantly predict any of the examined dimensions of organizational citizenship behaviour. This finding implied that employees' perceptions of their needs being met by the organization were not as critical as other factors in influencing their discretionary behaviours.

Recommendations

Based on the findings of the study, the following are recommendations and practical actions for the management of teaching hospitals to enhance person-organization fit and organizational citizenship behaviour among staff:

i. To enhance goal congruence within hospitals, it is essential to focus on improving goal clarity and alignment, given its strong positive relationship with altruism and conscientiousness. Regular goal-setting workshops should be conducted for staff at all levels to ensure that both departmental and individual goals align with the overall organizational mission and vision. Clear communication channels are crucial for facilitating open dialogue about goals and expectations. Additionally, performance management systems should be implemented to link individual goals to organizational objectives effectively.

ii. To promote value alignment, hospitals should emphasize the importance of organizational values and ensure they resonate with employees, given the positive relationship between value congruence and conscientiousness and courtesy. Developing a robust organizational value system and communicating it effectively to all staff is vital. Recruitment and selection processes should focus on aligning employee values with the organization's culture. Opportunities should be provided for employees to contribute to the development and refinement of organizational values, and those who exemplify these values should be recognized and rewarded.

iii. Management of hospitals should include conducting employee satisfaction surveys to identify unmet needs and areas for improvement. Implementing employee assistance programs (EAPs) can address personal and professional challenges. Additionally, providing opportunities for employee feedback and suggestions can help in understanding and addressing their needs.

iv. Strengthening organizational climate is crucial, given its moderating role in employee behaviour. Hospitals should invest in employee well-being programs such as stress management workshops and wellness initiatives to create a positive and supportive work environment. Open communication and collaboration among staff should be fostered, and employee contributions and achievements should be recognized and rewarded. Promptly addressing issues of workplace bullying and harassment is also essential for maintaining a healthy organizational climate.

v. Aligning individual and organizational goals is key to enhancing altruism, as goal congruence is positively related to helping behaviours. Creating opportunities for employees to participate in community service initiatives can foster a culture of altruism. Employees who demonstrate exceptional altruistic behaviour should be recognized and rewarded, and a culture of collaboration and teamwork should be encouraged.

vi. To strengthen a value-based culture and enhance conscientiousness and courtesy, hospitals should reinforce organizational values. Leadership training programs that emphasize the importance of modeling these values should be developed. Value-based performance appraisals should be incorporated into the evaluation process, and opportunities should be created for employees to learn about and discuss organizational values.

vii. Although needs-supplies congruence did not significantly impact conscientiousness, the management of teaching hospitals should conduct job satisfaction surveys to help identify factors contributing to employee engagement and motivation. Providing opportunities for employees to participate in decision-making processes and offering career development and training programs can enhance employee skills and competencies.

viii. To enhance courtesy through a value-based culture, hospitals should focus on reinforcing organizational values. Developing customer service training programs for all employees is crucial. Implementing a patient satisfaction survey can gather feedback on employee behaviour, and employees who demonstrate exceptional courtesy should be recognized and rewarded.

ix. Conducting climate surveys can assess the overall work environment and identify areas for improvement. Providing conflict resolution training for employees and promoting teamwork and collaboration among different departments can also enhance employee politeness and respectfulness.

x. Lastly, hospitals should continuously monitor and evaluate their organizational climate, given its moderating role. Regular employee satisfaction surveys should be conducted, and an employee suggestion system should be implemented to gather feedback. Leadership effectiveness assessments and analysis of turnover rates and other relevant indicators of organizational climate will help identify areas for improvement and ensure a positive work environment.

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