

Dignity, Autonomy, and Fit: Person–Environment Fit as a Humanistic Construct

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Abstract

Purpose: This study reframes Person–Environment (P-E) Fit as a humanistic construct rooted in human dignity, autonomy, and meaningful work, moving beyond performance-centric interpretations.

Grounded in extensive field-based inquiry and empirical data from Buurtzorg India, the paper examines how self-managed organizations (SMOs) enable conditions of humanistic fit through intrinsic motivation, capability development, and relational accountability.

Design/Methodology: The study draws on Constructivist Grounded Theory (CGT) conducted longitudinally (August 2021–August 2023), involving semi-structured interviews with seven nurses, twelve management members, and fifteen patients from a self-managed homecare organization in India. Theoretical sampling, constant comparative analysis, and member checking were employed. Secondary analysis of the Buurtzorg Nederland case augments primary findings.

Findings: Three Qualitative Success Enablers (QSEs) emerged: (1) Insightfulness — nurses develop contextual awareness aligning personal values with organizational purpose; (2) Job Enrichment — role design supports dignity and meaningful engagement; (3) Autonomy-Enabled Intrapreneurship — self-directed decision-making deepens P-E Fit. The horizontal SMO structure demonstrated resilience during India's COVID-19 delta wave, sustaining nurse satisfaction and patient outcomes.

Practical Implications: Organizations adopting SMO models should design for dignity, not solely for efficiency. Training as a capability-expansion lever, intrinsic motivation cultivation, and trust-based governance are essential levers for humanistic P-E Fit. The Buurtzorg India evidence offers transferable lessons for healthcare transformation in resource-constrained settings.

Originality/Value: This research makes a distinctive contribution by grounding P-E Fit theory in primary empirical data from Indian homecare SMOs, bridging humanistic management philosophy with constructivist grounded theory methodology. It is among the first studies to operationalize humanistic P-E Fit through field-based evidence from a cross-cultural self-management context.

Keywords: Person-Environment Fit, Humanistic Management, Self-Managed Organizations, Constructivist Grounded Theory, Buurtzorg India, Nursing Dignity, Autonomy, Meaningful Work, Intrinsic Motivation, Qualitative Success Enablers.

1. Introduction and Statement of The Problem

This research investigates the complexities of employee dignity-centered work dynamics in self-managed organizations (SMOs) through the lens of humanistic management. It reframes Person–Environment (P-E) Fit not as a tool for extracting performance, but as a condition that protects human dignity, enables autonomy, and

supports meaningful professional contribution. This perspective is particularly relevant in self-managed organizations, where employees are entrusted with greater responsibility and decision-making authority. In such settings, the quality of fit extends beyond task requirements, encompasses values, autonomy, and opportunities for meaningful engagement.

While traditional P-E Fit models emphasize alignment for organizational performance, Humanistic Management argues that fit must first protect human dignity and enhance autonomy (Dierksmeier, 2016; Pirson, 2017). This study reframes P-E Fit as a humanistic construct supporting meaningful work, respecting employees as moral agents rather than organizational resources. The primary research question is: How do self-managed homecare organizations in India create conditions of humanistic P-E Fit, and what are the key enablers?

India's healthcare sector faces compounded challenges: a high patient burden, inadequate infrastructure, hierarchical nursing cultures, and systemic undervaluation of care work (Malik & Shankar, 2023). Against this backdrop, the Buurtzorg India model — an adaptation of the Dutch Buurtzorg Nederland self-management philosophy — offers a compelling counter-narrative. Through field-based grounded theory research spanning two years, this study traces how autonomy, trust, and intrinsic motivation coalesce into conditions of humanistic P-E Fit within an Indian SMO context.

2. Research Methodology: Constructivist Grounded Theory

Given the exploratory and context-sensitive nature of this inquiry, the study adopted Constructivist Grounded Theory (CGT) as its methodological framework (Charmaz, 2006). CGT recognizes that theory is co-constructed between the researcher and participants, making it especially appropriate for studying dignity-centered organizational experiences that resist quantification.

2.1 Research Design

This was a longitudinal qualitative study conducted between August 2021 and August 2023 — a period that encompassed the COVID-19 delta wave and its aftermath. The extended timeframe allowed the researcher to observe evolving organizational dynamics in real time, capturing both stability and transformation within the Indian SMO context.

The research design drew on three stakeholder perspectives — nurses, patients, and management members — to triangulate insights about the nursing experience and organizational functioning. This multi-perspectival approach is consistent with CGT's emphasis on theoretical completeness rather than mere representation.

2.2 Sampling Strategy

Theoretical sampling guided participant selection, prioritizing depth of self-management knowledge over demographic representativeness (Glaser & Strauss, 1967). Sampling proceeded iteratively: initial interviews with management members established the organizational context, after which nurse and patient voices were introduced to enrich emerging categories. Sampling continued until theoretical saturation was achieved — a point at which additional interviews yielded no substantively new conceptual insights.

Table 1: Participant Profile — Buurtzorg India Data Collection

Participant Group	Number	Sampling Basis	Key Focus Areas
Nurses	7	Theoretical sampling; SMO experience prioritized	Autonomy, job satisfaction, P-E Fit, dignity at work
Management Members	12	Expert knowledge of SMO functioning	Governance, trust, conflict resolution, and finances

Participant Group	Number	Sampling Basis	Key Focus Areas
Patients (Care Recipients)	15	Purposive; home care service users	Care experience, nurse accountability, relational care
Total Participants	34	Longitudinal: Aug 2021 – Aug 2023	Multi-perspectival triangulation

2.3 Data Collection

Semi-structured interviews formed the primary data collection instrument. Each interview guide covered: (a) the participant's understanding of self-management; (b) their experience of autonomy and decision-making; (c) perceptions of fit between personal values and organizational culture; (d) experiences of dignity, motivation, and meaningful contribution; and (e) organizational functioning during the COVID-19 crisis. Interviews were conducted in English and local languages (with cultural interpretation), audio-recorded with consent, and transcribed verbatim. Additional data sources included reflective fieldnotes, informal conversations, and documentary analysis of organizational materials.

2.4 Data Analysis: Constant Comparative Method

Data analysis followed the constant comparative method central to CGT (Charmaz, 2006). The process proceeded through three coding phases: (1) Initial/Open Coding — line-by-line analysis of transcripts to generate preliminary codes; (2) Focused Coding — identification of recurring patterns and conceptual categories; and (3) Theoretical Coding — integration of categories into an explanatory theoretical framework. The process was iterative and recursive, with early findings feeding back into subsequent sampling and interviewing decisions.

Figure 1: Constructivist Grounded Theory Data Analysis Process (Malik & Shankar, 2023)

1. Data Collection	2. Initial Coding	3. Focused Coding	4. Theoretical Coding	5. Member Checking
Semi-structured interviews (n=34) Nurses, Patients, Management Aug 2021 – Aug 2023	Line-by-line open coding, Identifying concepts and incidents, Memo writing	Selective coding of recurrent categories; constant comparison across participant groups	Integration of categories into a coherent theoretical framework (QSE Model)	Validation with participants, audit trail, and theoretical saturation confirmed

2.5 Rigor and Trustworthiness

Several strategies ensured the credibility and dependability of findings. Member checking was conducted by sharing emerging themes with key participants for validation. An audit trail was maintained documenting all analytical decisions, sampling choices, and theoretical revisions. Reflexive memos allowed the researcher to monitor the influence of position on interpretation. Prolonged engagement over two years afforded depth and contextual familiarity unavailable in shorter studies.

3. Theoretical Framework: Humanistic P-E Fit

The concept of Person–Environment (P-E) Fit has traditionally been deployed as an organizational performance instrument — identifying candidates whose characteristics align with job demands and organizational culture to maximize productivity. This study challenges that instrumentalization by situating P-E Fit within the Humanistic

Management paradigm, which holds that economic systems must serve human dignity and flourishing (Pirson, 2017; Dierksmeier, 2016).

3.1 Classical P-E Fit Theory

Rooted in Lewin's (1951) interactionist paradigm — which posits that behavior is a function of the interaction between person and environment ($B = f[P, E]$) — P-E Fit has evolved into a multi-dimensional construct. Sekiguchi (2004) identifies three core distinctions: supplementary versus complementary fit; needs-supplies (N-S) versus demands-abilities (D-A) fit; and perceived versus actual fit. The dominant operationalizations studied in this paper are Person-Organization (P-O) Fit and Person-Job (P-J) Fit.

Table 2: Dimensions of P-E Fit — Classical vs. Humanistic Reframing

P-E Fit Dimension	Classical Interpretation	Humanistic Reframing (This Study)
P-O Fit	Value congruence: cultural alignment for retention and commitment	Alignment of care ethics, trust, and dignity; hiring for humanistic identity
P-J Fit (D-A)	Skills-to-job-demands match for productivity	Capability expansion enabling moral agency and vocational expression
P-J Fit (N-S)	Fulfillment of material and environmental expectations	Fulfillment of dignity needs: autonomy, purpose, relational care
Supplementary Fit	Similarity to organizational norms and culture	Shared values of compassion, accountability, and community service
Perceived Fit	Individual judgment of organizational alignment	Subjective experience of dignity, meaningfulness, and belonging

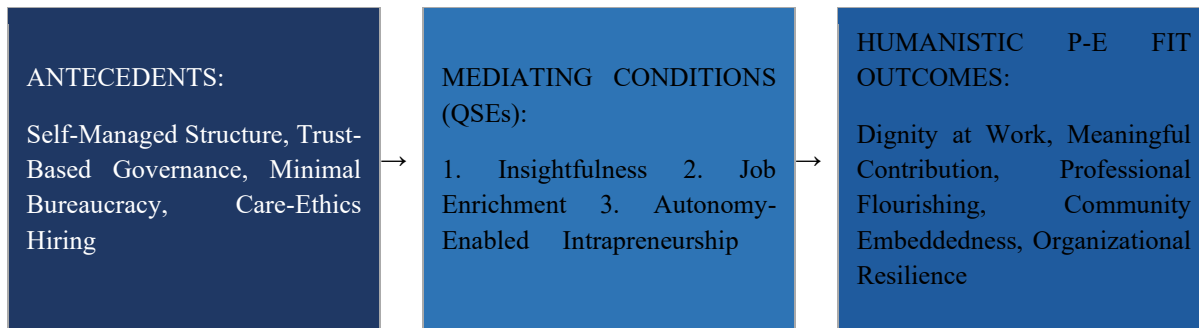
3.2 The Humanistic Management Lens

Humanistic Management insists that organizations have a moral obligation to protect human dignity — not merely as a by-product of effective management but as an end in itself (Pirson, 2017). When applied to P-E Fit, this means that fit cannot be reduced to a performance calculus. A nurse who is technically skilled but whose moral agency is suppressed by a rigid hierarchy experiences a fundamental failure of humanistic fit, even if quantitative performance metrics appear to be satisfied.

Dierksmeier (2016) argues that economic systems should be reoriented around qualitative freedom — the capacity of individuals to act in accordance with their own values and life projects. This maps directly onto the Buurtzorg India findings: nurses who could integrate their professional judgment, community knowledge, and care ethics into daily practice experienced what this study terms humanistic P-E Fit — a condition characterized not merely by alignment but by flourishing.

3.3 Conceptual Model

Figure 2: Conceptual Model — Humanistic P-E Fit in Self-Managed Organizations



4. Grounded Theory Findings: Qualitative Success Enablers (QSEs)

Constant comparative analysis of interview data from Buurtzorg India yielded three overarching Qualitative Success Enablers (QSEs) that explain how humanistic P-E Fit is achieved and sustained in the Indian SMO context. These categories — Insightfulness, Job Enrichment, and Autonomy-Enabled Intrapreneurship — emerged inductively from participant narratives and were theoretically saturated through ongoing iterative sampling.

Table 3: Qualitative Success Enablers (QSEs) — Buurtzorg India Grounded Theory Findings

QSE Theme	Core Concept	P-E Fit Dimension Activated	Humanistic Outcome
1. Insightfulness	Contextual awareness; values-to-purpose alignment	P-O Fit (Supplementary)	Dignity through purposeful care
2. Job Enrichment	Role design for meaning; capability expansion	P-J Fit (N-S and D-A)	Autonomy; professional flourishing
3. Autonomy-Enabled Intrapreneurship	Self-directed innovation; relational accountability	Both P-O and P-J Fit	Moral agency; community embeddedness

4.1 QSE 1: Insightfulness

Insightfulness emerged as the foundational enabler of humanistic P-E Fit in the Indian SMO context. It refers to nurses' capacity to develop deep contextual awareness — of patients, communities, and their own professional identities — and to align this awareness with the organization's values of trust, care, and dignity. Unlike clinical knowledge, insightfulness is relational and ethical in character: it is the ability to see the whole person in the patient, and to situate one's professional role within a larger moral project.

Nurses at Buurtzorg India described how the absence of managerial surveillance created space for genuine attentiveness. Free from standardized protocols that fragment care into billable tasks, they developed what one

management member described as the ability to read the room — not just the patient chart. This relational awareness is directly congruent with the Supplementary P-O Fit dimension: nurses whose care ethics aligned with the organization's trust-based philosophy experienced deep organizational belonging.

"Here, I am not just following a checklist. I understand my patient's family, their fears, their habits. I feel I am doing what I came into nursing to do." — Nurse Participant, Buurtzorg India (Malik & Shankar, 2023)

"The nurses who stay with us longest are the ones who find meaning in the small things — sitting with a patient, understanding what they actually need, not just what the referral says." — Management Member, Buurtzorg India (Malik & Shankar, 2023)

From a humanistic management perspective, Insightfulness reflects what Nussbaum (2011) terms the capability for practical reason — the ability to form a conception of the good and to act accordingly. When nurses are given organizational conditions that nurture insightfulness, they experience P-E Fit not as role conformity but as vocational expression — a fundamentally humanistic form of alignment.

Proposition 1: Humanistic, autonomy-supportive organizational environments cultivate insightfulness in nurses, deepening Supplementary P-O Fit by aligning care ethics with organizational values.

4.2 QSE 2: Enhancing Nursing Experience through Job Enrichment

Job Enrichment emerged as the second QSE, capturing how self-managed role design enables nurses to experience their work as intrinsically meaningful and professionally developmental. In conventional hierarchical homecare organizations in India, nursing roles are stratified, fragmented, and closely supervised — conditions that Malik and Shankar (2023) identified as contributing to burnout, attrition, and diminished patient outcomes.

In contrast, the horizontal structure at Buurtzorg India allowed nurses to determine the scope and texture of their own roles. They managed finances, coordinated care plans, engaged families, and trained newer members — activities that constitute genuine job enrichment by expanding skill variety, task identity, task significance, autonomy, and feedback (Hackman & Oldham, 1976, as synthesized in the grounded theory data). These dimensions map directly onto the Needs-Supplies dimension of P-J Fit: nurses whose needs for growth, recognition, and self-expression were met by role design experienced sustained commitment and satisfaction.

"I never thought I would handle finances or training — I was a nurse. But here, I am responsible for so much more. I have grown beyond what I imagined." — Nurse Participant, Buurtzorg India (Malik & Shankar, 2023)

"When a nurse takes ownership of a patient's entire care journey — from assessment to discharge planning — that is when you see real commitment. They become advocates, not just service providers." — Management Member, Buurtzorg India (Malik & Shankar, 2023)

The grounded theory analysis revealed that COVID-19's delta wave acted as a natural stress test of job enrichment-based fit. With conventional healthcare systems overwhelmed, Buurtzorg India nurses drew on their enriched capabilities — community networks, holistic care competencies, and team-level decision-making — to maintain service continuity. Patients reported sustained satisfaction even during crisis conditions, validating the resilience of humanistic P-J Fit.

Proposition 2: Job enrichment through expanded role scope and self-directed responsibility deepens humanistic P-J Fit, satisfying dignity-related needs for growth, autonomy, and meaningful task engagement.

4.3 QSE 3: Autonomy-Enabled Intrapreneurship

The third and most theoretically generative QSE is Autonomy-Enabled Intrapreneurship — the capacity of nurses within the Indian SMO to act as creative, community-responsive agents who innovate within their care roles. This construct integrates both Demand-Abilities and Supplementary Fit: nurses whose entrepreneurial orientation aligns with the organization's decentralized philosophy experience fit at multiple levels simultaneously.

Buurtzorg India nurses demonstrated intrapreneurial behavior through informal community engagement — building relationships with neighbors, mobilizing local volunteers, and tailoring care plans as patient conditions evolved. These behaviors were not prescribed but emerged organically from the trust-based structure of the SMO. Crucially, they reflect what Nandram and Bindlish's (2017) Integrating Simplification theory terms Common Sensing: doing what is necessary in a given situation based on contextual judgment rather than protocol adherence.

"I know my patient's son works night shifts. So I adjust my visits. No one tells me to do this — I know it is the right thing. The organization trusts me to decide." — Nurse Participant, Buurtzorg India (Malik & Shankar, 2023)

"During COVID, our nurses were the ones calling neighbors, checking in on patients between visits, helping families navigate hospital queues. They went far beyond what we could have mandated." — Management Member, Buurtzorg India (Malik & Shankar, 2023)

"The nurse is like a family member now. She knows everything about my condition, my family — she even helped us connect with a physiotherapist nearby. This is not just nursing." — Patient Participant, Buurtzorg India (Malik & Shankar, 2023)

In cross-cultural perspective, the grounded theory data revealed a distinctive Indian articulation of autonomy. Unlike the Dutch context, where independence is normative, Indian nurses experienced autonomy as relational accountability — freedom to decide, exercised within a web of professional and community obligations. This finding enriches P-E Fit theory by demonstrating that fit is culturally situated: the same structural enabler (decentralization) produces contextually distinct forms of humanistic fit across cultural settings.

Proposition 3: Autonomy-enabled intrapreneurship, culturally enacted as relational accountability in the Indian SMO context, deepens humanistic P-E Fit by integrating personal values, vocational identity, and community embeddedness.

4.4 Integrating the QSEs: A Grounded Theory of Humanistic P-E Fit

The three QSEs do not operate in isolation; rather, they constitute an interlocking theoretical framework through which humanistic P-E Fit is constructed and sustained. Insightfulness provides the values foundation — aligning individual care ethics with organizational purpose. Job Enrichment builds the structural scaffolding — creating role conditions that meet dignity-related needs. Autonomy-Enabled Intrapreneurship generates the agentic expression — enabling nurses to enact their professional and moral identity within the community.

Together, these enablers map onto a revised understanding of P-E Fit that is simultaneously relational, structural, and agentic. This tripartite model constitutes the grounded theory contribution of this research: a mid-range theory of humanistic P-E Fit in SMOs, inductively derived from Indian homecare data and theoretically connected to both P-E Fit literature and humanistic management scholarship.

Figure 3: Integrated Grounded Theory Model — Humanistic P-E Fit in Buurtzorg India

<p>QSE 1 INSIGHTFULNESS</p> <p>Values-to-Purpose Alignment P-O Fit (Supplementary) Outcome: Dignity through Purposeful Care</p>	<p>QSE 2 JOB ENRICHMENT</p> <p>Role Design for Meaningful Work P-J Fit (N-S + D-A) Outcome: Autonomy & Professional Flourishing</p>	<p>QSE 3 AUTONOMY-ENABLED INTRAPRENEURSHIP</p> <p>Self-Directed Innovation & Relational Accountability P-O + P-J Fit Outcome: Moral Agency & Community Embeddedness</p>
<p>↓ INTEGRATED OUTCOME ↓</p> <p>HUMANISTIC P-E FIT: Dignity-Centered, Autonomy-Enabling, Community-Embedded Organizational Belonging</p>		

5. Key Concepts within the Research Framework

5.1 Person–Organization (P-O) Fit

P-O Fit is the degree of compatibility between individuals and organizations (Kristof et al., 2002). In a humanistic reinterpretation, P-O Fit does not merely mean cultural similarity or value alignment for compliance — it means alignment around care ethics, trust, and a shared commitment to human dignity. Buurtzorg India exemplifies this by hiring individuals whose professional identity is grounded in care as vocation rather than care as occupation. The grounded theory data reveal that nurses who experienced strong P-O Fit were those who described feeling that the organization's values were an extension of their own — not a set of external rules to internalize.

5.2 Person–Job (P-J) Fit

P-J Fit encompasses both Demands-Abilities Fit and Needs-Supplies Fit (Edwards, 1991). The humanistic P-J Fit perspective stresses the protection of dignity through job autonomy, moral agency, and meaningful task engagement (Tronto, 1993). The grounded theory evidence from Buurtzorg India shows that P-J Fit in SMOs is dynamically constructed: as nurses' capabilities expand through enriched roles, the fit deepens. This is a fundamentally different dynamic from the static matching model prevalent in conventional HRM, where fit is established at recruitment and thereafter assumed to be fixed.

5.3 Training as Capability Expansion

From a humanistic standpoint, training is not the transmission of skills but the expansion of capabilities (Nussbaum, 2011). Buurtzorg India's approach to continuous learning — including peer mentoring, reflective practice, and access to the Buurtzorg Academy — reflects this philosophy. The grounded theory data show that nurses who participated actively in self-directed learning reported higher levels of perceived P-E Fit, suggesting a direct relationship between capability development and humanistic alignment. Buurtzorg India's COVID-19 resilience was in large part attributable to the enhanced capabilities nurses had developed through this model.

5.4 Motivation: Intrinsic and Humanistic

The motivation of nurses at Buurtzorg India was predominantly intrinsic — driven by the achievement of higher purposes in the nursing profession, community embeddedness, and professional pride. This aligns with humanistic management's understanding that intrinsic motivation reflects an individual's pursuit of meaningful contribution and care (Pirson, 2017), not merely psychological satisfaction. The grounded theory finding that nurses experienced renewed professional purpose after joining the SMO — having previously reported burnout in

hierarchical settings — powerfully validates the humanistic P-E Fit proposition that organizational design shapes the very quality of motivation experienced.

5.5 Coaching and the Role of Trust

In contrast to conventional supervisory oversight, Buurtzorg India's management members function as coaches — available resources rather than control mechanisms. The grounded theory data reveal that this coaching relationship is a critical structural enabler of humanistic P-E Fit: it signals organizational trust, models relational accountability, and preserves the nurse's sense of professional autonomy. Participants consistently distinguished between feeling 'monitored' in previous roles and feeling 'supported' in the SMO — a distinction with profound implications for P-O Fit.

6. The Buurtzorg Nederland Model: Humanistic Design in Practice

Buurtzorg Nederland, founded in 2006 by Jos de Blok, represents the archetype of humanistic organizational design in homecare. Its model — built on small, self-governing teams of 10–12 nurses serving 50–60 patients in a defined neighborhood — operationalizes precisely the conditions that the grounded theory findings identify as enabling humanistic P-E Fit: insightfulness, job enrichment, and autonomy-enabled intrapreneurship.

Table 4: Buurtzorg Nederland vs. Conventional Homecare — Structural Comparison

Dimension	Buurtzorg Nederland Model	Conventional Homecare
Management Structure	Flat; self-governing teams of 10–12 nurses	Hierarchical; layers of supervision
Role Design	Holistic nurse manages clinical and social care	Fragmented; specialist tasks assigned separately
Governance	Trust-based; regional coaches (not supervisors)	Control-based; performance monitoring
Training	Self-directed; Buurtzorg Academy (online learning)	Standardized; top-down induction
Motivation Model	Predominantly intrinsic; purpose-driven care	Predominantly extrinsic: salary and grade
P-E Fit Type	Humanistic; dignity-centered, relational	Instrumental; performance-centric
Patient Relationship	Partnership; Nurses as community members	Transactional; patient as service recipient

The Buurtzorg Nederland model demonstrates that humanistic organizational design is not utopian: it is practically viable and economically sustainable. KPMG's 2015 analysis found Buurtzorg to be a low-cost provider of homecare, validating the counterintuitive proposition that organizations designed for human flourishing can also achieve operational efficiency (Nandram & Koster, 2014). This finding is directly relevant to the Indian context, where resource constraints are often cited as barriers to humanistic organizational reform.

7. Discussion

The grounded theory findings from Buurtzorg India, situated within the theoretical framework of humanistic P-E Fit, yield a set of interconnected arguments that advance both organizational theory and management practice.

7.1 Reframing Fit as a Humanistic Condition

The primary contribution of this research is demonstrating empirically that P-E Fit, when enacted within SMOs structured around trust and autonomy, functions as a humanistic condition rather than a performance tool. The three QSEs — Insightfulness, Job Enrichment, and Autonomy-Enabled Intrapreneurship — are not merely operational outcomes; they are indicators of a mode of organizational belonging that protects dignity and enables moral agency. This reframing has profound implications for HRM theory, which has historically operationalized fit in ways that instrumentalize workers (Kristof-Brown et al., 2005).

7.2 Cross-Cultural P-E Fit: Relational Accountability

One of the most significant findings from the Buurtzorg India grounded theory data is the cultural reinterpretation of autonomy. In the Dutch context, Buurtzorg's nurses experience autonomy as individual independence — consistent with Dutch cultural values of egalitarianism and self-reliance. In India, the same structural enabler produced a different yet equally humanistic expression: relational accountability — the freedom to decide within a web of professional and community obligations. This finding enriches universalist P-E Fit theories by demonstrating that fit is culturally situated and that humanistic organizations must engage with local understandings of agency and interdependence.

7.3 COVID-19 as a Validity Test

The COVID-19 delta wave provided an unplanned but analytically valuable test of the durability of humanistic P-E Fit. The grounded theory longitudinal data show that Buurtzorg India maintained nurse satisfaction and patient care quality during a period when hierarchical healthcare organizations were overwhelmed. This resilience is attributable precisely to the QSEs: insightful nurses adapted care plans in real time; enriched roles had equipped nurses with broader capabilities; and intrapreneur nurses mobilized community resources that formal systems could not access. The crisis thus provides empirical validation of humanistic P-E Fit's practical superiority over instrumental approaches in high-uncertainty environments.

7.4 Implications for Humanistic Management Theory

This study supports and extends Pirson's (2017) vision of humanistic management by grounding it in primary qualitative evidence from the Global South. The Buurtzorg India case demonstrates that the principles of humanistic management — dignity, autonomy, and meaningful work — are not culturally specific to Western liberal traditions but can be translated, adapted, and enacted within diverse institutional and cultural contexts. The grounded theory methodology is itself aligned with humanistic research ethics: by co-constructing theory with participants, the research respects their agency and situates their voices at the center of knowledge generation.

Proposition 4: Humanistic P-E Fit, constituted through Insightfulness, Job Enrichment, and Autonomy-Enabled Intrapreneurship, produces organizationally resilient and culturally adaptive outcomes that sustain both nurse dignity and patient care quality.

8. Conclusion

This study has demonstrated, through grounded theory evidence drawn from Buurtzorg India, that Person–Environment Fit can and must be reconceptualized as a humanistic construct. The three Qualitative Success Enablers — Insightfulness, Job Enrichment, and Autonomy-Enabled Intrapreneurship — constitute a mid-range

grounded theory of humanistic P-E Fit in self-managed homecare organizations, one that integrates philosophical depth with empirical rigor.

The findings carry implications for multiple audiences. For organizational practitioners, they suggest that self-management structures are not merely efficiency tools but moral architectures that enable human flourishing. For HRM scholars, they challenge the instrumentalization of fit constructs and call for dignity-centered re-operationalizations. For policymakers, especially in India's healthcare sector, they offer an evidence-based model for transforming nursing from a depleted profession into a vocation sustained by meaningful conditions of work.

The Buurtzorg India evidence also invites scholars to pursue comparative grounded theory studies across diverse SMO contexts — extending this research into sectors beyond healthcare and into other post-colonial settings where autonomy takes culturally distinct forms. The theoretical model proposed here is generative rather than conclusive: it opens avenues for elaboration, critique, and contextual application.

Ultimately, this research affirms that the most durable organizations are those built not on control and compliance, but on trust, dignity, and the conviction that when people are genuinely free to enact their vocation, they not only perform better — they care better. The Buurtzorg story, first told in the Netherlands and now unfolding in India, is proof that humanity and effectiveness are not in tension. Properly understood, they are inseparable.

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