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Organizational Cynicism and Its Consequences on Nurses and Quality of Care in Critical Care and Toxicology Units

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Abstract
For many decades, the attitude of nurses has been an area of interest for researchers. The major reason for this interest is the profound impact of nurse's attitude like organizational cynicism on many organizational outcomes. The present study is aimed to describe organizational cynicism, level of perceived organizational support, and the sequences of organizational cynicism on nurses and quality of care. Correlation descriptive cross-sectional study was carried out amongst 368 nurses working in critical care and toxicology units. The independent variable was organizational cynicism, while the dependent variables were nurse work outcomes and quality of care. The study shows high level of organizational cynicism among nurses in critical care units and low level of perceived organizational support. It also shows a negative relation between organizational cynicism and perceived organizational support, organizational commitment, job satisfaction, and quality of care. As their cynicism level increased, their perceived level of organizational support, nurses' commitment, job satisfaction, and quality of care decreased. In addition, it was obvious that nurses' perception for organizational cynicism has a positive and significant effect on deviant workplace behavior, and their leaving of employing organization and burnout.
Keywords: organizational support, cynicism, consequences, nurses, quality of care.

INTRODUCTION:

For many centuries, there is a growing concern among organizational managers, policy makers, researchers, and public issue for employee's attitudes. The major reason for their concern is the employee's attitudes which have potentially devastating effects on organizations. Among these attitudes, organizational cynicism is a relatively attention. Employees who are cynical can influence the entire organization and can hinder the organization from reaching its goals (Reichers AE et al, 1997). If majority of employees are cynical, there are chances of having more negative outcomes in the organizations. Thus, these employees will show less commitment to organizations. The chances of employee's turnover are quiet high with more cynicism since more stress and burnout are associated with organizational cynicism. In addition, the organizational cynicism brings negative results to the organization in terms of quality of care and satisfaction (Barefoot J et al, 1989 ; Wanous J etal , 2000) . If these negative consequences from organizational cynicism also occur in the health care setting, it is incumbent for hospital leaders to seek ways of reducing cynicism levels in employees (Nafei WA, 2013) .

Organizational cynicism can be defined as general or specific attitudes of disappointment, insecurity, hopelessness, anger, mistrust of institutions or persons, group, ideology, and social skills (Andersson L , 1996). In other words, organizational cynicism is the negative attitude that is developed by individuals against the organization in which they work; hence, it involves three dimensions (Dean J W et al, 1998) . The first dimension of organizational cynicism is ***cognitive (belief) dimension.*** It is the belief in the organization's lack of honesty. It consists of the belief that the organization's practices are deficient in justice, honesty, and sincerity. Cynics believed that those principles are mostly forfeited and replaced by unprincipled actions and immoral attitudes as if they are norms. Besides, they may also believe that human beings are untrustworthy and incoherent in their behaviors. ***Emotional /sentimental reactions*** to the organization are the second dimension of organizational cynicism. The sensitive/emotional dimension of organizational cynicism consists of strong emotional reactions towards the organization. These strong emotional reactions can be exemplified; cynics may feel disrespect and anger towards their organizations; or feel discomfort, hatred, and even shame when they think about their organizations. As it can be seen, cynicism is related to various negative senses. The last dimension is ***behavioral dimension*** that refers to negative tendencies and mainly humiliating attitudes. It consists of negative and frequently critical attitudes. The most prominent of behavioral tendencies is strong critical expressions towards the organization. These may occur in various forms. The most obvious one is the expressions about the organization asserting that it lacks critical notions like honesty and sincerity (Dean J W et al , 1998 ; Stanley D etal , 2005).

Organizational cynicism is affected by organizational support. Organizational support describes the attitudes and behavior of employees (Institute of Medicine, 2004). According to Eisenberger *et al*. (1986), perceived organizational support also reflects employee's beliefs on how the organizations support employees' work and welfare. Eisenberger *et al*. (1986) also proposes that the following factors should be incorporated into the organizational environment for it to have a positive effect on employee's attitude. Thus, they are as follows: (a) organizational job conditions and rewards, (b) supervisor support, and (c) fairness.

Worldwide, many researchers have attempted to investigate the impact of organizational cynicism on organizational commitment, organizational change, burnout, job satisfaction, ethical intention, deviant work behavior, and turnover (Andersson L , 1996 ; Dean J W et al , 1998 ; Stanley D etal , 2005; Khan MA etal ,2014 ; Andersson LM et al , 1997 ; AbrahamR ,2000 ; Kelloway EK , 2002) . However, the studies on cynicism in Egypt are quite new. Over the last years, there were two researches done on this issue. These researches were limited to investigating the relationship of organizational cynicism, job attitude (organizational commitment and job satisfaction), and organizational changes (Nafei WA , 2013 ; Nafei WA , 2013) . Therefore, this current study attempts to examine organizational cynicism, level of perceived organizational support, and its relation with organizational cynicism. Also, the present study tries to investigate the consequences of organizational cynicism on five nurse work outcomes (organizational commitment, deviant work behavior, job satisfaction, intention to leave, and burnout) and quality of care.

MATERIALS AND METHODS:

Study Setting: The study setting included all the critical care and Toxicology units within the Main Alexandria University Hospital in Egypt.

Study Design: The study utilized a cross-sectional descriptive correlation design.

Sample Size: 368 nurses participated in the study out of 435 nurses.

Data Collection: Data was collected using a self-administered questionnaire for 6 months. The questionnaire consists of 89 items and is divided into four (4) sections**.**

- **First section** includes basic demographic data (unit, nurse's name, job title, age, and length of experience) to determine the demographic characteristics of nurses.
- **The second section** contains statements to measure Organizational cynicism **(**independent variables) among nurses. Organizational Cynicism Scale was developed by Dean et al. (1998) and it is comprised of 13 rating statements and three dimensions (affect, cognition, and behavior). There are five items in cognitive dimension, four items in emotional dimension, and 4 items in behavioral dimension. Subsequently, the nurses were expected to choose one of the five items of the Likert scale (1 = strongly disagree to 5 = strongly agree). In order to make sure that organizational cynicism scale is applicable in Egyptian health care organization, the construct validity was carried out by factor analysis based on the principle component analysis with Varmix rotation. ***The appropriateness for factor analysis for organizational cynicism was indicated by:***
  - The factor analysis for 13 items produced correlated items which exceed 0.50 and ranges from 0.531 to 0.902.
  - Three factors with Eignvalue greater than one that explained 65.65% of the total variance.
  - Keiser-Meyer Olkin measure (KMO) was .707, indicating adequacy of sample size. According to Kaiser H, "Keiser-Meyer Olkin measure of sampling adequacy was considered acceptable at range from 0.5 to 0.7" (Kaiser H , 1974) .
  - Bartlett's test of sphericity was also found to be significant (Approximately Chi-square = 1942.752, p < .001), indicating significance of the correlation matrix.
  - The first factor (cognitive dimension) consists of 5 items with estimated Cronbach's alpha of 0.673. The second factor (emotional/affect dimension) consists of 4 items with Cronbach's alpha of 0.632. The third factor (behavioral dimension) consists of 4 items with Cronbach's alpha of 0.653.
- **In the third section**, the nurse work outcomes (Dependent variables) consists of 74 rating statements to measure:
  1. ***Perceived Organizational Support:*** Perceived organizational questionnaire was measured by the short-form of Eisenberg's Perceived Organizational Support Survey (Eisenberger et al., 1986). This instrument form consists of a 19-item questionnaire to measure how much nurses perceive their organizational support. Questionnaires included items related to fairness, autonomy, supervisor support, organizational rewards, favorable job conditions, payment, growth, and job security. Nurses' answers were measured on 5-point Likert scale (where 1 = strongly disagree and 5 = strongly agree). The reliability co-efficient for organizational support questionnaire was at 0.97
  2. ***Organizational Commitment***: The Organizational Commitment Questionnaire (OCQ) scale consists of 15 items, and was developed by Porter *et al.* (1974). Nurses responded to all items on a 5-point likert scale (1= "strongly disagree" to 5="strongly agree"). Thus, the alpha reliability for organizational commitment was found to be 0.974.
  3. ***Deviant Workplace Behavior***: This was measured using a questionnaire developed by Kelloway, Loughlin, Barling and Nault (2002). This questionnaire involved ten statements to assess interpersonal and organizational counterproductive behaviors. Nurses were asked to indicate how often they had engaged in each of the listed behaviors on a five- point Likert scale ranging from 1 (never) to 5 (very often'). In addition, all of the items in this questionnaire were negatively worded. The alpha reliability

was 0.967.

4. ***Job Satisfaction:*** Job satisfaction is measured by 5 items and developed by Brayfield-Rothe (1951) . Nurses' ratings were obtained on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The alpha reliability score for the scale was 0.864
5. ***Intent to Leave:*** The questionnaire included three items measuring respondents' intention to quit their job. The items were adopted from Khatri, Fern, and Budhwar (2001). The three total items were presented to the nurses as a series of statements, of which they were asked to indicate the extent to which they agree/disagree along a five-point Likert response scale (1 = strongly disagree, 5 = strongly agree). The alpha reliability score for the scale was 0.982.
6. ***Burnout***: Burnout is measured by using the Maslach Burnout Inventory (Maslach C et al, 1981) which consists of 22 items and three subscales phrased as statements about personal feelings and attitudes. The three subscales of the burnout scale include Emotional Exhaustion (EE, 9 items), Depersonalization (DP, 5 items), and reduced Personal Accomplishment (PA, 8 items). The burnout scale is self-scored on a seven -point frequency scale, ranging from 0 (never) to 6 (every day). The scale is scored by calculating subscale means using cut-off scores of burnout for mean based on the following (Maslach C etal , 1996 ; Abd Elghany F , 2003) :

Scores	Emotional Exhaustion(EE)	Depersonalization (DP)	Reduced Personal Accomplishment	**Total burnout score**
Low	≤ 18	≤ 5	≥ 40	≤ 60
Moderate	19-26	6-9	34-39	61- 67
High	≥ 27	≥ 10	≤ 33	≥ 68

High mean scores on EE and DP subscales correspond to higher degrees of experienced burnout, whereas a low mean score on the PA subscale corresponds to a higher degree of burnout. An internal consistency coefficient of 0.919 for all items and subscales follows Cronbach's alpha of 0.920 for Emotional exhaustion (EE), alpha of 0.945 for Depersonalization (DP), and alpha of 0.981 for reduced Personal Accomplishment.

- **The fourth section involves** quality of care questions. The Quality of care (Dependent variable**)** was measured by asking nurses two questions: In the last year, has the quality of patient care in the unit improved, remained the same, or deteriorated? Would they describe the quality of nursing care during the last shift as excellent, good, fair, or poor? These two questions were used by many researchers in USA, Canada, U.K, and Germany (Laschinger H et al , 2001; Aiken LH et al ,2002) . Therefore, the quality of care questions had not been tested for reliability and validity.

The questionnaire was assessed by five Egyptian experts for face and content validation. Experts were asked if all items were clearly worded and would not be misinterpreted. Thus, the remarks of the experts were collected, categorized, discussed, and revised. The evaluation of experts showed that this questionnaire was relevant and required minor modification. Experts were also asked if other items should be modified. Inter-rater reliability was assessed using Newman's test which resulted in a coefficient r= 0.83. The approval of the final version of the scale was assured regarding its content and clarity. The questionnaire was translated into Arabic and translated back to English. In addition, these instruments were pilot tested among 30 nurses from the critical care units. This was to assess the applicability of instruments and the suitability of the study design. The time needed to complete the questionnaire was estimated to be about 30 to 45 minutes. The results of the pilot study were considered positive because they revealed the adequacy of our tools. No further modifications were needed.

The questionnaires were distributed to 435 nurses in critical care units and 395 questionnaires of them were returned. Out of 395 questionnaires, 368 questionnaires were completed and 27 questionnaires were incomplete. After discarding the unsuitable questionnaires, the response rate was 84.6 %. Informed consent was obtained before participation. The researcher met the nurses and explained the objective of the study to them. All nurses were assured that no individuals would be identified and that the questionnaires were confidential.

Statistical Analysis: Data was analyzed through SPSS using the following: 1) Percentages were applied to describe personal characteristics of nurses; 2) Means were determined to describe independent and dependent variables. The scores of all questionnaires except burnout were calculated by the mean scores which were categorized as follows: < 3 = low score; 3 – 3.5 = moderate score; > 3.5 = high score; 3) the Pearson Correlation analysis was used to determine correlation of variables; and 4) regression analysis found the impact of organizational cynicism on five nurse work outcomes and quality of care. Reliability was determined by Cronbach alpha coefficients

RESULTS

Table 1 summarizes the characteristics of 368 nurses who participated in the study. Their job title corresponded to professional nurses (bachelor of nursing science), technical nurses (diploma of technical health institute), and

staff nurses (diploma of secondary technical nursing school). More than half of the participants were staff nurses (57.6 %), while 3.3 % and 6.5 % were holding managerial position (head nurse and assistant head nurses). The age group was mostly between 20-29 years, while the majority of nurses had experience between one to five years.

Figure 1 shows mean scores of organizational cynicism as reported by Critical Care nurses and Toxicological nurses**.** It was clear from the figure that mean scores of organizational cynicism as reported by nurses was 4.1. The highest mean scores for the dimensions of organizational cynicism was affective (mean = 4.22), followed by behavioral (mean =4.06), with cognitive (mean=4.04) having the lowest mean score.

Figure 2 presents level of quality of care and perceived organizational support in Critical Care and Toxicology units. The nurses faintly rated quality of nursing care (mean=2.37) as well as the quality of patient care (mean =2.36). Also, nurses have slightly rated the level of perceived organizational support (mean =2.69).

Figure 3 shows mean scores of nurse work outcomes. It was noticed that nurses scored the highest in intent to leave (mean =3.63) and deviant work place behavior (mean 3.49), followed by nurse burnout (mean =3.17) and organizational commitment (mean =2.91), with nurses' job satisfaction being the lowest in score (mean =2.39).

Figure 4 represents level of burnout among Critical Care and Toxicological units' nurses. As seen in the figure, the emotional exhaustion posted highest mean (mean = 3.68), followed by reduced personal accomplishment (mean = 2.92) and depersonalization (mean = 2.76). Total mean of nurses' burnout was 3.17, which was interpreted under high level of burnout.

Table 2 illustrates correlations between organizational cynicism and perceived organizational support, nurse work outcomes, and quality of care. As shown in the table, there was a positive statistically significant correlation between organizational cynicism and its dimensions (affective, cognitive, and behavioral), and three nurse work outcomes namely: deviant workplace behavior (r = .204 , r =.166, r =.160 and r =.222 respectively), intent to leave (r = .191 , r =.271, r =.187 and r =.086 respectively), burnout (r = .435, r =.361, r =.426 and r =.352 respectively) and burnout subscales such as emotional exhaustion(r = .251, r =.155, r =.232 and r =.274 respectively), depersonalization(r = .431, r =.422, r =.411 and r =.300 respectively), and reduced personal accomplishment (r = .248, r =.146, r =.281 and r =.208 respectively). However, there was a negative statistically significant correlation between organizational cynicism and its dimensions (affective, cognitive, and behavioral), and perceived organizational support (r =-.228, r =-.285, r = -.220, and r = .095) , organizational commitment (r = -.202 , r =.-.080, r =-.177 and r =-.290 respectively), job satisfaction (r = -.266 , r =- .298, r =-.278 and r =-.115 respectively), quality of nursing care (r = -.195 , r =-.246, r =-.182 and r =-.086 respectively), and quality of patient care (r = -.357 , r =.-.380 r =-.338 and r =-.221 respectively).

Table 3 demonstrates regression analysis for outcomes of organizational cynicism. As seen in the regression analysis, the organizational cynicism had a positive and statistically significant effect on deviant workplace behavior (beta = .204 , $P < 0.01$), intent to leave (beta = .191, $P < 0.01$), nurses burnout (beta = .435, $P < 0.01$), and subscales of burnout such as emotional exhaustion (beta = .251, $P < 0.01$), depersonalization (beta = .431, $P < 0.01$), and reduced personal accomplishment (beta = .248, $P < 0.01$). B value indicates that as organizational cynicism increases, the deviant workplace behavior (.416), intent to leave (.541), nurses burnout (.625), and subscales of burnout such as emotional exhaustion (.516), depersonalization (.796), and reduced personal accomplishment (.549) also increase. In addition, organizational cynicism had a negative and statistically significant impact on organizational commitment (beta = - .202, $P < 0.01$), job satisfaction (beta = -.266, $P < 0.01$), quality of nursing care (beta = -.195, $P < 0.01$), and quality of patient care (beta = -.357, $P < 0.01$). B value indicates that as organizational cynicism increases, organizational commitment (-.408), job satisfaction (- .439), quality of nursing care (-.302), and quality of patient care (- .654) decrease.

Table (1). Critical Care and Toxicology Units Nurses According to Personal Characteristics.

Personal Characteristics	Critical Care Nurses n=368	
	No.	%
Job title		
Head nurse	12	3.3
Assistant of head nurse	24	6.5
Professional nurse (Bachelor of Nursing Science)	94	25.5
Technical nurse (Diploma of Technical Health Institute)	25	6.8
Staff nurse (Diploma of Secondary Technical Nursing School)	213	57.9
Age		
20-	122	33.1
30-	159	43.2
40-	69	18.8
≥ 50	18	4.9
Years of experience in hospital		
<10	120	32.6
10-	149	40.5
≥ 20	99	26.9
Years of experiences in Critical care Units		
<10	185	50.3
10-	135	36.7
≥ 20	48	13.0

Figure (1). Mean Scores of Organizational Cynicism as Reported by Critical Care and Toxicology Units nurses.

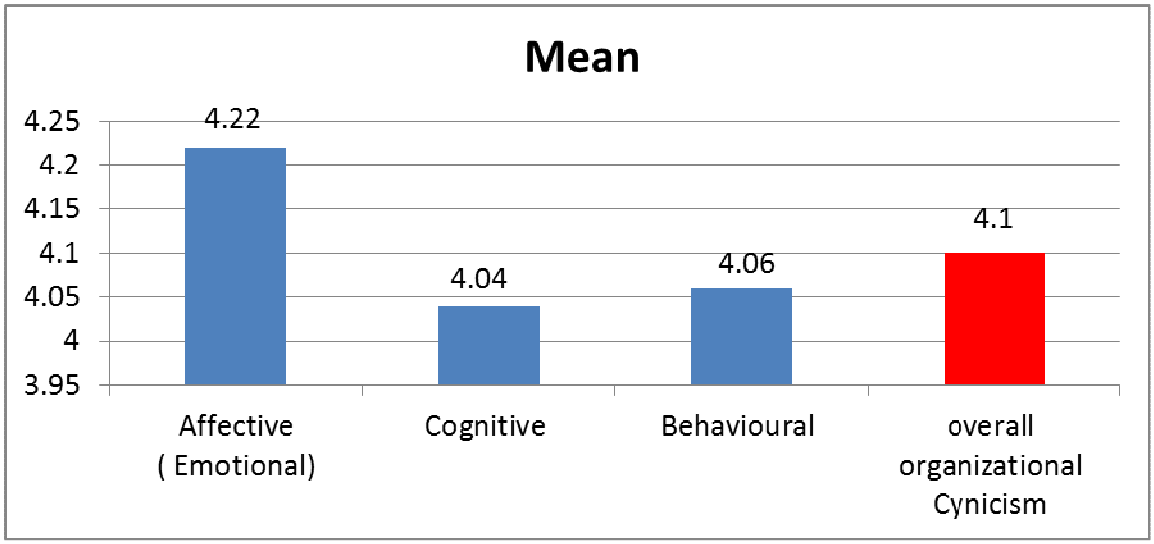

Figure (2). Level of Quality of Care and Perceived Organizational Support among Critical Care and Toxicology Units Nurses.

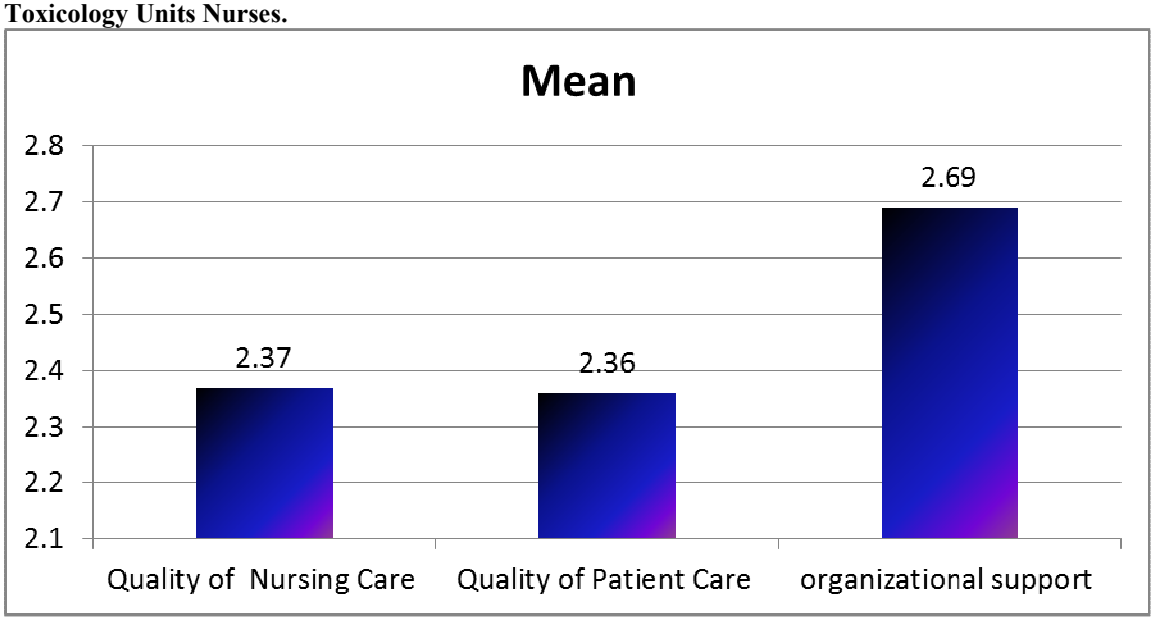

Figure (3). Mean scores of Work Outcomes among Critical Care and Toxicology Units Nurses.

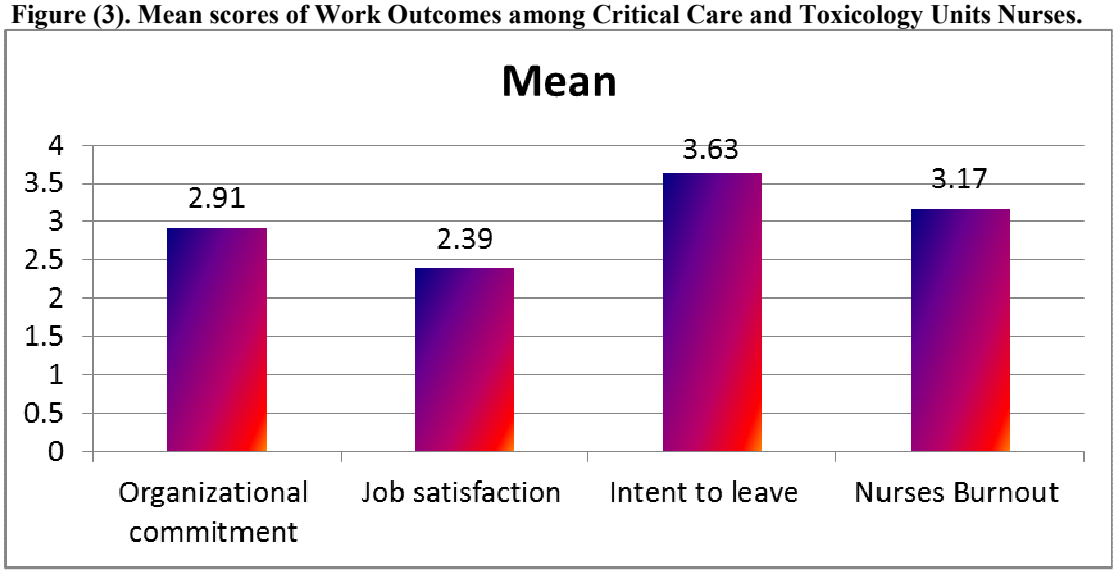

Figure (4). Level of Burnout among Critical Care and Toxicology Units Nurses.

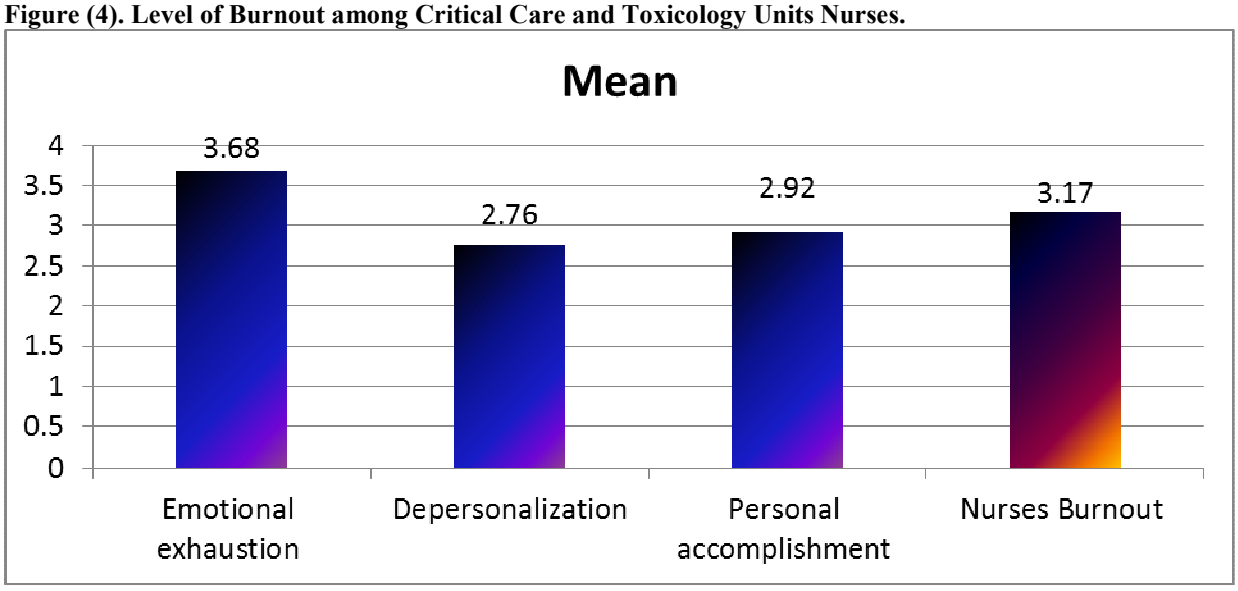

Table (2). Correlations between Organizational Cynicism and Perceived organizational Support, Five Nurses' Work outcomes and Quality of care.

Nurse Work Outcomes and Quality of Care	Organizational Cynicism Dimensions			Over all Organizational cynicism
	Affective (Emotional)	Cognitive	Behavioral	
I. Perceived organizational support	**- .285**	**- .220**	**- .095**	**- .228**
II. Nurse work outcomes				
1. Deviant workplace behavior	.166(**)	.160(**)	.222(**)	.204(**)
2. Organizational commitment	-.080(*)	-.177(**)	-.290(**)	-.202(**)
3. Job satisfaction	-.298(**)	-.278(**)	-.115(*)	-.266(**)
4. Intent to leave	.271(**)	.187(**)	.086(**)	.191(**)
5. Nurses burnout	.361(**)	.426(**)	.352(**)	.435(**)
- *Emotional exhaustion*	.155(**)	.232(**)	.274(**)	.251(**)
- *Depersonalization*	.422(**)	.411(**)	.300(**)	.431(**)
- *Reduced personal accomplishment*	.208(**)	.281(**)	.146(**)	.248(**)
III. Quality of care				
- Quality of Nursing care	- .246(**)	-.182(**)	-.086(**)	-.195(**)
- Quality of patient care	-.380(**)	-.338(**)	-.221(**)	-.357(**)

**** Correlation is significant at the 0.01 level (2-tailed).**
*** Correlation is significant at the 0.05 level (2-tailed)**

Table (3). Regression Analysis for Outcomes of Organizational Cynicism among Critical Care and Toxicology Units Nurses.

Outcomes of Organizational Cynicism as a Dependent Variable	Organizational Cynicism as an Independent Variable							
	B	Beta	t	Sig.	F	Sig.	Adjusted R2	Std. Error of Estimates
I. **Nurse work outcomes**								
1. Deviant workplace behavior	.416	.204	3.992	.000	15.935	.000	.039	1.075
2. Organizational commitment	-.408	-.202	-3.946	.000	15.569	.000	.038	1.068
3. Job satisfaction	-.439	-.266	- 5.285	.000	27.936	.000	.068	.856
4. Intent to leave	.541	.191	3.727	.000	13.894	.000	.034	1.497
5. Nurses burnout	.625	.435	9.239	.000	85.364	.000	.187	.698
- *Emotional exhaustion*	.516	.251	4.966	.000	24.663	.000	.061	1.071
- *Depersonalization*	.796	.431	9.147	.000	83.669	.000	.184	.897
- *Reduced personal accomplishment*	.549	.248	4.891	.000	23.926	.000	.059	1.157
II. Quality of care								
- Quality of Nursing care	-.302	- .195	- 3.802	.000	14.454	.000	.035	.820
- Quality of patient care	-.654	- .357	- 7.317	.000	53.539	.000	.125	.922

P < 0.01 (significant)

DISCUSSION

Organizational cynicism is a negative attitude of a person towards his or her organization including three aspects: (1) a belief that the organization lacks integrity; (2) negative affect towards the organization; and (3) tendencies to disparaging and critical behaviors toward the organization that are consistent with these beliefs and affect (Dean J W et al , 1998) . Across the world, the devastating effects of the organizational cynicism on organizational outcome have made it on the key areas of interest for researchers. Therefore, the present study was aimed to throw the light on the level of organizational cynicism, level of perceived organizational support and the impact of organizational cynicism on five nurse work outcomes, and the quality of care in critical care and toxicology units. Nurse work outcomes include deviant workplace behavior, organizational commitment, job satisfaction, intent to leave, and burnout.

The first research objective is concerned with the overall levels of organizational cynicism among nurses. The findings of this present study show that attitudes of nurses concerning organizational cynicism are at the high level (**Figure 1)**. The present study is in agreement with what Dean, J.W et al. (1998) reported: "Organizational cynicism is an attitude that is highly common."The present study is also consistent with the study in USA, in 2014, which shows that the level of organizational cynicism was highly reported among USA health care providers (Volpe RL et al , 2014) .

Nurses have the highest point in affective (emotional) dimension more than behavioral and cognitive dimensions **(Figure 1**). The findings of the present study also indicated that nurses agreed that they were affectively cynical, meaning that they feel disrespect and anger towards their organizations; or they have a feeling of discomfort, hatred, and even shame when they think about their organizations. The mean scores in this study indicated that nurses agreed on believe cynicism, meaning nurses had the tendency to make critics in a strongly disparaging and derogatory way. In addition, nurses in the study units agreed with the questionaire statements that expressed cognitive cynicism, meaning that they believed that there was a lack of justice, honesty, and sincerity within the organization.

In the present study, the nurses who reported greater attitudes of organizational cynicism were more likely to engage in deviant behavior (**Figure 3, Table 2 and 3**). Nurses who commit these behaviors do so for various reasons such as dissatisfaction with job, low commitment to their organization, high burnout, and as results of their personality which may be vulnerable to any negative factors leading to deviant workplace behaviors. In this respect, Andersson and Batemen, 1997; Dean et al., 1998; and Bakker, 2007 reported that "employees who are cynical towards their organization tend to participate in unethical and disloyal behaviors at the workplace. It is also related to some serious behaviors; the most common among them are critical statement about the company's lack of sincerity and honesty, sarcastic remarks about the company, negative forecasting about the company's future policies, and judging organization's morality."

Consequently, these findings could be explained by psychological factors. Also, the nurses become cynical as a result of organizational factors and deficiencies in the leadership behavior in their units. The questionnaires' statements in the present study showed that organizational factors can be attributed to the fact that within the health care organizations, nurses are likely to lack career development opportunities, job autonomy, inequity reward, and to suffer from bureaucratic structure and high centralized authority in which there is no room for empowerment of nurses. Furthermore, nurses are also likely to have high work stress, lack of job security, low salary coupled with no career prospects, and lack of social prestige/respect. These results confirm other studies in the Main Alexandria University Hospital in 2014. However, these studies revealed that nurses did not receive opportunities for job with benefits. These benefits are financial benefits other than salary, adequate funding for health care premiums, and sick leave vacation as well as satisfactory work hours' pattern (Abd El-aal HN, Hassan NI , 2014) .

Nurses in study critical care and toxicology units feel that paid salary is not coordinated with their experience, the effort they put, or their workload. Young nurses feel that although they have more workload than old nurses, they receive less salary and have no prestige or respect like the older nurses. They also feel that their workload is much more than the salary and the fringe benefits they receive. Thus, this salary cannot cover the living cost and this affects social prestige. Also, they perceived that most rewards were not fair because some nurses made fewer efforts and received greater rewards. Inequity reward leads to dissatisfaction and unhappiness at workplace. According to equity theory, viewpoints about fairness are associated with job motivation which may have an impact on employee's reactions and attitudes towards an organization (Adams JS , 1963 ; Adams JS ,1965 ; Mowday RT , 1991 ; Janssen O , 2001) .

In addition, nurses also stated that they were not expected to move from one position to another, and were not likely to be promoted as a head nurse. A large number of them generally are younger nurses. They hold lower level positions and very few nurses are working at managerial level (**Table 1)**. This finding is consistent with the study in Alexandria University Students' Hospital which found that chances of promotion to the head nurses position were rare; hence, nurses feel there is no open position in front of them (Mostafa HW , 2005) . Younger workers have less seniority, and they are often the first to go in a downsizing. They are

psychologically less tied to the organization, while older workers tend to be longer tenured, have reached higher levels within their organization, and are more tied to the organization (Wei-Kong WU , 2003 ; Al-Aameri AS ,2000 ; Aamir Ali Chughtai , 2008) . Therefore, the older employee had less work stress level (Eleni M , 2010). The current study supported by a research, in El – Shatby Maternity University Hospital, in 2011 found that older nurses were more adapted to their work than younger nurses (El Dahshan ME etal, 2014).

Moreover, during data collection, it was observed that the nature of relationship between head nurses and nurses is a "Boss subordinate" relationship. The Egyptian nurses respected authority and followed the directives of their head of nurses and medical staff without asking for a rationale for these directives. The head of nurses and medical staff tend to gain and exercise much power as much as they can. Thereby, nurses may also have corrupt relationships with higher hierarchy positions and even their colleagues. These findings were consistent with three studies in Egypt in 2005, 2011, and 2012 which found that there was interrupted relationship between nurses and supervisors, and nurses had frequent conflict with supervisors and administrators (Mostafa HW,2005 ; El Dahshan ME et al , 2014 ; Sayed, HY et al , 2012) . Improving the coordination within hospital subsystems and improving the managers and nurses relationships may decrease the stressors in nursing profession (Hajbaghery MM etal , 2012). Likewise, relationships with other staff co-workers, physicians, head nurses, and other departments were the predictors of psychological distress (Jennings BM, 1990).

At the same time, the obvious reason for high level of organizational cynicism in the current study units was related to lack of job security. Lack of job security could be attributed to inadequate precaution provided in protecting nurses from infection during their work, lack of immunization for nurses against infectious diseases, plans or instructions established to face accidents, crisis and work dangers ((Eisenberger R et al , 2014) . In this respect, the poor work environment is one of the organizational factors which can play a definite role in increasing organizational cynicism among nurses in critical care and toxicology units .

However, generally speaking, results of the present study confirm those found in other Egyptian hospitals such as Mansoura University Hospital, El-shatby Pediatric University Hospital in Alexandria, Alexandria University Students' Hospital, Aswan Directorate Health Affairs Hospitals, and Shebin El-Kom Hospital. The nurses who work in these hospitals are suffering from inadequate supervision and guidance by head nurses, absence of policies, procedures and protocol to facilitate their work, inadequate human and material resources, lack of work pattern (high workload, rotating shifts, long hours and lack of arranging the work hours' schedules including weekends and vacations), stressful working atmosphere, lack of orientation programs offered in the hospital for new nurses, verbal abuse by physicians and patients' relatives, and no feedback system, or a recognized evaluation process to support nurses during the performance of their job (Aly N , 2009 ; Mabrouk SM , 2006 ; Ismaiel MH ,2013 ; EL Sayed KA, Sleem WF , 2011) .

When perceived organizational support is applied in a positive way, it reduces aversive psychological and psychosomatic reaction to stressors by indicating availability of material and emotional support (Rousseau DM , 1995). According to organizational support theory, if employees perceive more support from the organization, they are likely to develop more positive attitudes towards the organization.[8] In this study, the level of perceived organizational support among nurses was low (**Figure 2)**. Perceived organizational support has been found to increase organizational cynicism among nurses in critical care and toxicological units (**Table 2**). The results of the current study are in the same line with a study in Turkey in 2007 to 2008 which found a relationship between organizational cynicism and perceived organizational support (Kasalak G et al , 2014) .

Furthermore, it is important for organizations to support and encourage nurses by developing work environments that support staff nurses in providing quality care in the unit. The 2004 Institute of Medicine report states that health care organizations must improve the work environment of nurses because the work environment influences the safety and quality of patient care (Institute of Medicine , 2004) .

Additionally, negatives effects of organizational cynicism on the quality of nursing and patient care were shown in the response of nurses to the questionnaires' statements in the current study where nurses reported deterioration of health care quality in their study units. These findings can be explained by the fact that physicians in the study units followed a traditional approach, where the responsible physician gives the orders for patient care, and the nursing group carries out the orders. Physicians were "in charge", and nurses learned to defer to them and follow their leading. These traditional views on the nurse-physician relationship can affect caregiver's attitudes toward nurse-physician collaboration (Spitzer-Lehmann R ,1994) This finding is also congruent with Kanstantions and Christina (2008) who stated that problems in professional relationships were manifested in the lack of collaboration and conflicts between doctors and nurses and lack of doctor's respect for nurses' opinions and their participation in decision making about patients' care .

In addition, staff nurses are less independent in making decisions regarding their work and patient care without their shift leaders or head nurses' agreement. The nurse is not allowed to use her capabilities and ideas to do the job, and she is forced to follow procedures which are ordered. Nurses who lack job autonomy will feel more frustrated with their jobs, and there is more likelihood of these nurses to be indulged in cynicism. The

respect and maximize the contributions of nursing staff, involved them in decision making, it reduce the amount of unnecessary and ineffective work, reduce error rates, and it produce better quality of care and nurses' work outcomes. These findings are generally in line with study carried out, in El- shatby Pediatric University Hospital in 2009 and Alexandria University Students' Hospital in 2005, which revealed lack of communication between nurses and hospital administrators to express their opinion in their work (Aly N , 2009 ; Mostafa HW , 2005) . Poor communication and in-coordination between nursing staff in units may result in feeling bored and restless about their job" (Greyling J et al , 2010).

The present study shows that the overall organizational cynicism and the three types of cynicism had drastic effects in critical care and the toxicology units. These drastic effects included diminished organizational commitment, lowered nurses' job satisfaction, increased deviant workplace behavior, increased burnout, increased intent to leave the hospital, and reduced quality of nursing care and patient care (**Figure 2, 3, 4** and **Table2 and 3**). The results of the present study are in vein with the Egyptian study in 2013 and other studies from 1997 to 2014 in other countries which show the drastic effects of organizational cynicism on the attitude of employees (Nafei WA , 2013 ; Andersson LM et al, 1997 ; Volpe RL et al , 2014 ; Byrne, ZS et al , 2005 ; Özler DE et al , 2011 ; Şahin A et al , 2013). Thus, it was evident that negative consequences of organizational cynicism are similar among employees at different locations in the world.

CONCLUSION

According to the results of this study, organizational cynicism can be considered as the main cause for the negative attitude of the nurses against the health care organization. Thus, the three main elements of organizational cynicism can be summarized as belief in the fact that the organization lacks honesty, negative feelings towards the organization, and expressions stating the dishonesty and insincerity of the organization.

In this research, a negative relationship between organizational cynicism and organizational commitment, job satisfaction, and quality of care were identified. As the nurses' cynicism level increased, their commitment, job satisfaction, and quality of care decreased. However, a significant positive relationship was detected between organizational cynicism, burnout, and intent to leave. This means that an increase in organizational cynicism, causes an increase in deviant workplace behavior, burnout, and leaving the employing organization.

Among the reasons for the occurrence of organizational cynicism; psychological status, lack of organizational support and deficiencies in the leadership behavior can be given. These factors can lead to lack of individual confidence and trust. Subsequently, this will definitely lead to increased cynicism, which will result in increased frustration with job burnout and dissatisfaction. Nurses, who feel that they cannot couple with cynicism, acquire deviant work behavior and they become less committed to their organization and finally tend to leave the organization. Therefore, it would be very difficult to expect good performance from these nurses. As a result, organizational cynicism will affect the job quality and productivity of nurses.

RECOMMENDATIONS

Based on these conclusions, these findings encourage nurses' managers to prevent or minimize cynicism by:

1. Increase the autonomy and empowerment among nurses by creation of new working relationships among staff members, encouraging nurses to be attentive and observant of potential problems that need to be addressed, and increase managers' ability to solve problems. Also, nurses must be given the chance to express their views openly in front of the management. Secondly, they should have positive role models.
2. Increase effective decision making by involving nurses in the decision making process.
3. Managers should be committed to promoting a culture of trust at all levels of the organization by building an atmosphere of confidence, adopting the fair practices like operating in an open and honest atmosphere, emphasizing on a conflict-free environment, and fairness feeling among the staff.
4. Managers should clearly define, document, and disseminate the job description for all categories and job titles of nurses working in the hospitals.
5. Promoting and increasing the cooperation and communication among all staff members and management.
6. Fully embrace the imperative of a healthy work environment, authentically live it, and engage others in its achievement.
7. Managers should identify the importance of job satisfaction, intrinsic motivation, and rewards. Manager should also arrange recognition programs, provide constant and fair performance appraisals, build a positive work experience, and increase nurse' motivation
8. Effective training programs on time management, emotional intelligence, and stress management are also helpful in reducing organizational cynicism and in coping with stressful situations that would ultimately result in improved performance.

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