

Original Article

The Relationships between General and Organizational Cynicism: A Study among Healthcare Professionals

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Abstract

Background: Organizational problems and crises encountered as a result of the faulty and unsuccessful implementations on the part of the organization executives trigger cynicism in the employees. Identifying any possible cynical attitudes against the organization will be beneficial in realizing the situation by the organization executives and taking preventive measures against them.

Objective: In this study was performed to determine the general and organizational cynicism levels of the healthcare professionals who have been working at the hospitals of the Ministry of Health in Istanbul.

Methods: This is a descriptive and cross-sectional study. The sample consists of the totally 1371 healthcare professionals. Data were collected between January and March 2012 by using General Cynicism Scale and Organizational Cynicism Scale. Data were analyzed through the descriptive, comparative and correlative analyses via IBM SPSS Statistics 21.

Results: It was found that GCS scores of the participants was $3.33 \pm .64$ ($\alpha=.79$), and OCS was $2.70 \pm .80$ ($\alpha=.93$). There was a weak but positive and highly significant difference between GCS and OCS scores ($r=.207$, $p<.001$). Gender, professions and positions of the physicians affects significantly of the GCS scores, additionally professions and positions both of the physicians and nurses affects significantly of the OCS scores of the healthcare professionals.

Discussions: It was found that the healthcare professionals mostly had a negative views towards life in general. However healthcare professionals obtained lower scores from organizational cynicism than general cynicism. It was found that the physicians has higher scores among the healthcare professionals who were followed by nurses and midwives. It could be suggested that necessary improvements be made by hospital managers with respect to such findings revealed by this study and that new strategies be put in place with the aim of improving the motivation of healthcare professionals.

Keywords: General cynicism, Organizational cynicism, Healthcare professionals, Physicians, Nurses.

Introduction

Organizational problems and crises encountered as a result of the faulty and unsuccessful implementations on the part of the organization executives trigger cynicism in the employees. Such situations give rise to feelings of distrust, exhaustion, monotony, uneasiness, doubt, alienation on the part of the employees which have consequences on the organizations. Therefore cynicism has gained currency in the recent years and become one of the significant issues in the behavioral science (Gul & Agiroz, 2011).

In its broadest sense, a person who thinks that individuals are only after their own interests and thus everybody is looking to line their own pockets is considered to be a “cynic” and the line of thought associated with the same is called “cynicism”. The main belief is that the principles of justice, honesty and frankness are all eliminated in the face of self-interests (James, 2005). Although cynicism is largely associated with the words of skepticism, doubting, faithlessness, pessimism, negativity, it is mostly described as “captious, squeamish, faultfinder” (Eaton, 2000).

Dean et al. (1998) identify five different types of cynicism, namely personal cynicism, social/institutional cynicism, professional/vocational cynicism, employee cynicism and organizational change cynicism. In the literature, however, the concept of cynicism in organizations is dealt with in two different ways. The first one is identified as general cynicism which is believed to be caused by the individual's personality and reflect the said person's perspective on life. Organizational cynicism, on the other hand, is based on the organizational factors that cause cynical attitudes in the individual or the organizational characteristics that lead to denied expectations as well as the events took place within the organization (Naus, 2007). Organizational cynicism is further divided into three subscales described as cognitive, affective and behavioral. The cognitive (belief) subscale of it is triggered by such negative feelings as rage, disdain and condemnation and upholds a belief that the organization lacks honesty. While the affective (emotional) subscale include such reactions as disrespect, rage, disturbance and shame (Abraham, 2000) it also demonstrate the fact that

cynicism is something that is felt in addition to being something that is thought of. The behavioral subscale of organizational cynicism describes its negative behavioral tendencies that are frequently criticized. While the most apparent behavioral pattern observed in this respect is the severe criticism aimed at the organization itself it is also possible to detect some obvious statements, made by individuals, as to the lack of honesty and sincerity in the organization (Dean, 1998; Kutanis & Dikili, 2010).

When examining the causes of cynicism in organizations it seems to be caused as; excessive stress and role overload, failure to meet the personal and organizational expectations, inadequate social support, inadequate promotion, goal conflict, increasing organizational complexity, unfulfilled promises, inability to be effective in decision-making, communication and layoffs (Cordes & Dougherty, 1993; Andersson, 1996; Reichers et al., 1997; Naus et al., 2007).

The cynical attitude resulting from such a situation is actually considered to be a psychological defense mechanism (Reichers et al., 1997; Dean, 1998; Abraham, 2000; Wanaus et al., 2000; Brown & Gregan, 2008; Brandes et al., 2008; Wilkerson et al., 2008). When the root causes of cynicism in organizations are examined, the following reasons are usually found: extreme stress and burdensome role, failure to fulfill personal and organizational expectations, insufficient social support, insufficient promotion, goal conflicts, increasing organizational complexity, unfulfilled promises, not being a part of the decision making process, lack of communication and dismissals (Cordes & Dougherty, 1993; Andersson, 1996; Reichers et al., 1997; Naus et al., 2007).

The decrease in levels of organizational commitment, motivation, job satisfaction, performance and self-confidence, increase in the employee turnover rates as well as the increase in the levels of delinquency, emotional exhaustion and distrust are some of the many negative consequences observed as a result of the organizational cynicism (Anderson & Bateman, 1997; Abraham, 2000; Naus, 2007).

When the literature is examined, Greenglass et al. (2001) have found out that the cynicism observed in nurses is in fact a reaction developed against emotional exhaustion. In their study, Emold et al. (2011) have found that 23% of the

nurses demonstrated cynical behaviors a few times in a month. In the study led by Leiter et al. (1998) it is found that as the level of cynicism increases in nurses, they find less and less meaning in their work and consider more about leaving their profession.

It is seen that the studies conducted into cynicism in Turkey mostly intended for teachers and academics (Guzeller & Kalagan, 2008; Kutanis & Cetinel, 2009; Arslan, 2012; Kalay & Ograk, 2012; Helvacı & Cetin, 2012), moreover it is also seen that some research was made on the cynical behaviors of the hotel employees (Tokgoz & Yilmaz, 2008; Tukelturk et al., 2009) and laborers (Erdost et al., 2007; Karacaoglu & Ince, 2012).

With respect to the studies conducted on the healthcare professionals; the study carried out by Ozler Ergun and Atalay Giderler (2011) shows that the organizational cynicism causes exhaustion in the employees. In the study conducted by Gul and Agiroz (2011) a positive significant relationship has been found between mobbing and the emotional subscale of cynicism, but no significant relationship has been established concerning the cognitive and behavioral subscales.

Assuming a huge role in the provision of healthcare services, the physicians, nurses and midwives labor under highly intense, stressful and self-sacrificing conditions in an effort to meet ever increasing and varying medical requirements caused by changing technological conditions and intense competitions. For this reason, identifying any possible cynical attitudes against the organization will be beneficial in realizing the situation by the organization executives and taking preventive measures against them.

This will, in turn, contribute to the increase in the healthcare professionals' satisfaction, the decrease in their feeling of exhaustion, the increase in the organizational citizenship and commitment and further increase in the efficiency by maintaining necessary motivation and reflecting it to the healthcare services in general and thereby raising the overall quality of the healthcare services and the satisfaction of the patients/patients' relatives.

Since we have not yet come across any study conducted into the identification of the

organizational cynicism levels of physicians, nurses and midwives as a whole in the literature, the present study will be important in terms of making contribution to the literature and prompting hospital executives to take necessary measures in light of the present data.

Method

Purpose

This descriptive and correlative study was carried out in order to explaining the relationships between general and organizational cynicism and compare the levels of the healthcare professionals that consist of physicians, nurses and midwives.

Sample and participants

The study was conducted at the seven hospitals that were selected out of 26 hospitals in Istanbul through a random drawing method. When the study was conducted there were 3398 physicians, nurses and midwives working at such hospitals.

Data was collected from 1371 healthcare professionals.

Ethical considerations

Necessary permits were obtained from the authors who adapted the GCS scale, used in the study, into Turkish and from the authors who demonstrated the validity and reliability of the OCS for healthcare professionals via emails.

Necessary permits were also obtained from the Istanbul Health Directorate and the chief physicians of the hospitals where the studies were to be carried out prior to data collecting.

Furthermore, since the participation in the study was on a voluntary basis, verbal approvals of those participating in the study were also taken.

Data collection

Before the data collecting tools were distributed to the healthcare professionals consisting of physicians, nurses and midwives, a pilot study was conducted on 30 healthcare professionals. In line with the feedback received, it was established that the terms were clearly understood by the participants.

Data collecting tools were distributed to the volunteer physicians, nurses and midwives after they were filled in on the study and the tools were received back again in two weeks.

Instruments

Data were collected by using an introductory form and two scales.

Introductory Form

It consists of 10 questions (age, gender, marital status, profession, educational status, unit of employment, work position, staff position, seniority) to identify the socio-demographic and professional characteristics of those who participated in the study.

General Cynicism Scale (GCS)

It was developed by Wrightsman (1992) and translated into Turkish by Erdost et al. (2007) and adopted into study to identify the general cynicism levels of the physicians, nurses and midwives working at the hospitals consists of 10 items. Scale items were arranged according to the 5 Likert model and the degree of agreement was scaled on a scale of 1 to 5. Getting high scores from the scale meant that the level of cynicism was on the rise. While the level of internal consistency of the scale was .83 in the Erdost et al. (2007) study, it was found to be as .79 in the present study.

Organizational Cynicism Scale (OCS)

It was developed by Brandes (1997) and adapted into Turkish by Erdost et al. (2007) to measure the organizational cynicism levels of the healthcare professionals consisted of three subscales (namely cognitive, affective and behavioral subscales) and 14 items. Scale items were arranged according to the 5 Likert model and the degree of agreement was scaled on a scale of 1 to 5. Getting high scores from the scale meant that the degree of the individual's cynical attitude and behavior against his/her organization was on the rise. There were further 5 items in the cognitive subscale, 4 in the affective subscale and 5 in the behavioral subscale of the scale. While Topcu et al. (2013) found the scale's internal consistency as .94 for the validity and reliability of the healthcare professionals, it was found to be as .93 in the present study.

Data Analyses

The research data were transferred to the computer and analyzed by employing descriptive analyses (numbers, percentage, frequency, average and standard deviation) and comparative analyses (Mann-Whitney U test, Kruskal Wallis,

Bonferonni Corrected Mann Whitney U test) and correlative (Pearson Correlation analysis) via IBM SPSS Statistics 21 (licensed by Istanbul University) program.

Results

Participants were mostly female (72.5%), single (56.2%), at and over the age of 31 (53%) and had post graduate (35.5%) and graduate (34%) degrees. Additionally while the majority of those participating in the study were nurses (62.5%), physicians and midwives respectively constituted 30.3% and 7.1% of the population. It was established that 27% of the participants were stationed at the inpatient services, 26.8% were stationed at such special unit as emergency services, intensive care units and surgery rooms, and 12.3% were at the polyclinics.

It was further established that more than half of the participants (65.6%) were employed at their respective institutions for 5 years and less. While more than half of the physicians who participated in the study were physician associates (58%), nearly half of them were specialist physicians (42%). Majority of the nurses participating in the study were staff nurses (91.6%), while only the remaining 8.4% of them were in executive positions.

When the GCS and OCS scale totals and subscale score averages were examined in Table 1 it was established that the participants were listed as $3.33 \pm .64$ in the GCS scales totals; $2.70 \pm .80$ in the OCS scales totals; and the highest scores in the subscales were listed as follows: cognitive subscale ($2.78 \pm .86$); affective subscale ($2.56 \pm .91$) and behavioral subscale ($2.77 \pm .87$).

As a result of the Pearson Correlation analysis it was established that there was a positive, weak ($r=.217$) and highly significant ($p<.001$) relationship between the GCS and OCS.

A comparison of the GCS and OCS score averages with the participants' characteristics is given in the Table 2. When the score averages thus obtained are compared against the gender, it was established that there was a statistically and highly significant difference in the GCS ($p<.001$), and that such difference resulted from the fact that the score averages of the male participants were higher than that of female participants.

According to the OCS score averages and scales totals there was no statistically significant difference in terms of gender ($p>.05$). When the GCS and OCS score averages of the employees were compared against professions (Table 2); it was found that there was a very highly significant difference in the OCS ($p<.001$) and a significant difference in the GCS ($p<.05$).

Table 1: Correlations, reliabilities and descriptive statistics (N=1371)

	M	SD	1	2	3	4	5
1 GC	3.33	.64	($\alpha=.79$)				
2 OC	2.70	.80	.207*	($\alpha=.93$)			
3 OC-Cog	2.78	.86	.191*	.934*	($\alpha=.91$)		
4 OC-Aff	2.56	.91	.179*	.873*	.698*	($\alpha=.91$)	
5 OC-Beh	2.77	.87	.197*	.925*	.861*	.673*	($\alpha=.85$)

Note: GC=general cynicism, OC=organizational cynicism, OC-Cog= organizational cynicism cognitive subscale, OC-Aff= organizational cynicism affective subscale, OC-Beh= organizational cynicism behavioral subscale, M=mean, SD= standard deviation, α =Cronbach's alpha, * $p<.001$.

Table 2: The comparisons according to the characteristics (N=1371)

Variables	n	%	GC		OC		
			M	SD	M	SD	
Gender	Female	994	72.5	3.30	.64	2.70	.80
	Male	377	27.5	3.42	.64	2.70	.80
Test and significance			z=-3.331 p=.001**		z=-.63 p=.950		
Profession	Physician	416	30.3	3.39	.69	2.77	.85
	Nurse	857	62.5	3.31	.62	2.70	.78
	Midwife	98	7.1	3.24	.60	2.41	.78
Test and significance			KW=7.107 p=.029*		KW=15.240 p<.001***		
Position (for physicians)	Specialist	199	14.5	3.31	.71	2.62	.80
	Assistant	217	15.8	3.46	.68	2.91	.86
Test and significance			z=-2.311 p=.033*		z=-3.531 p<.001***		
Position (for nurses)	Manager	72	5.3	3.19	.57	2.73	.77
	Staff	785	57.3	3.32	.62	2.46	.82
Test and significance			z=-1.708 p=.088		z=-3.090 p=.002*		

Note: GC=general cynicism, OC=organizational cynicism, z= Mann Whitney U, KW= Kruskal Wallis, * $p<.05$, ** $p<.01$, *** $p<.001$

According to the Bonferroni corrected Mann Whitney U analysis, such a difference was due to the fact that score averages both of physicians and nurses were higher than that of the midwives. When the score averages were compared against the physicians' positions, it was found that there was a very highly significant difference in the OCS ($p < .001$), and a significant difference in the GCS ($p < .05$).

When the participants' score averages from the GCS and OCS were compared against the nurses' positions; it was found that there was a high level of significant difference in the OCS ($p < 0.01$).

Discussion

Table 1 shows that the correlations, reliabilities and descriptives of the scales. According to the internal consistency coefficients results all the measurements which was obtained from the participants were reliable. When the score average obtained from the GCS and OCS were examined it was established that the cynical attitude of the participants against life and their institutions was at an average level.

These results is similar with the study that was conducted by Ozen Kutanis and Kahraman (2013) it was established that nurses developed cynicism towards their institutions by distrusting and criticizing their administration on the cognitive level respectively by 81% and 19% frequencies and by feeling disbelief on the affective level by a 18% frequency. In their study, Helvacı and Cetin (2012) established the teachers' cynicism levels as low, while the studies conducted on the hotel employees and academics and administrative personnel respectively by Tukelturk et al. (2009) and Kalay and Ograk (2012) found the organizational cynicism perception of such professionals to be at an average level as in the present study. Thus it could be concluded that the organizational cynicism is higher in the services sector such as healthcare services, hotels etc. than it is in the educational sector.

When the score averages obtained from the subscales of the OCS are examined; it was established that the participants were mostly cynical against their institutions at the cognitive level and they also transformed such cynicism into their behaviors and that such behaviors were found to be at an average level. Therefore it

could be said that the healthcare professionals regarded their institutions as unreliable entities and thus developed negative thoughts and attitudes towards them and they also reflected such beliefs and thoughts into their behaviors. And this shows that the organizational cynicism levels of the individuals working at hospitals where healthcare services are rendered are considerably high. As a result, it will be inevitable for such individuals to disdain and criticize their own institutions and develop negative attitudes and behaviors against them. In which case it could be argued that the efficiency and effectiveness of such healthcare professionals will diminish and this will lead to various problems.

In the present study it was found that a weak but highly significant and positive correlation between GCS and OCS levels of the participants. Therefore it could be concluded that the organizational cynicism will increase as the tendency for a general cynicism increases or the organizational cynicism level will decrease as the tendency for a general cynicism decreases. It was established in the studies conducted by Tokgoz and Yilmaz (2008) and Arslan (2012) that there was a positive and significant relationship between general cynicism and organizational cynicism.

According to the results of the gender comparisons, males had higher GCS scores than females. Males conventionally assume more roles and responsibilities than females in a given society and thus have more negative outlook on life as a result. It was emphasized in the study conducted by Mirvis and Kanter (1991) that males were more cynical than females which is in support of the finding revealed in this study. In contrast to the finding of this study, Altinoz et al. (2011) found in their study that females were more cynical than males. On the other hand it was found that there was no significant difference OCS scores according to the gender in this study. Similarly with this results, many studies conducted thus far concluded that gender did not affect organizational cynicism (Anderson & Bateman, 1997; James, 2005; Erdost et al., 2007; Guzeller & Kalagan, 2008; Tokgoz & Yilmaz, 2008; İnce & Turan, 2011; Ozler Ergun & Atalay Giderler, 2011; Helvacı & Cetin 2012).

According to the comparisons of the professions, physicians and nurses had higher scores than

midwives. It could be argued that the physicians may have developed a negative attitude and behaviors against their institutions due to their unfulfilled expectations, lack of motivation, increase in the patient dissatisfaction and the fact that the physicians could be blamed directly. Since hospitals are generally under the management of physicians, they can voice their discontent more than other healthcare professionals. Nurse may also have harbored negative thoughts against their institutions due to such reasons as the intense workload at hospitals, the ambiguity of job descriptions, not being able to be independent whilst performing their jobs, being under constant pressure by the physicians and in close contact with patients and patients' relatives, not being able to be represented as well as other healthcare professionals in the management of the institutions they work for. However it could be argued that the nurses may not be as enterprising as physicians when it comes to letting off steam due to their places in the bureaucratic structure and hierarchical ladder of the institution.

Positions of the physicians was significantly affects GCS and OCS scores. The assistant physicians had higher scores than specialist physicians. In Kutanis and Cetinel's (2009) study, they found that there was a significant difference about the relationship between status and cynicism. It could be argued that the assistant physicians tend to be more cynical on the behavioral level than specialist physicians due to the fact that they work under tough conditions and for longer hours than specialist physicians and that they continue both their trainings and clinical jobs intensively at the same and that they are under pressure from their superiors. It could also be argued that the assistant physicians have a more negative outlook on life as compared to the specialist physicians.

Similar with results of the physicians' in present study, it was found that staff nurses had higher scores than the managers. Erdost et al. (2007) found that the employees that are not in executive positions tended to act more cynically than those in executive positions. In their study conducted on the healthcare professionals, Ozler Ergun and Atalay Giderler (2011) found that there was a significant relationship between the educational status and organizational cynicism levels. This could be explained by the fact that

the staff nurses spend more physical effort and thus feel more exhausted than executive nurses, which makes them act more cynical than otherwise, and that they have a more pessimistic outlook on life as they reflect all the stress they experience at work into their daily lives. Moreover, even if the executive nurses tend to develop cynical attitudes and behaviors against their respective institution, they may choose not to reflect such feelings to outside due to their professional positions.

Limitations

The fact that the study was only conducted in the Ministry of Health Hospitals as the university and private hospitals had to be excluded from the study due to denial of permits from such institutions could be seen as a limitation on the evaluation of nuances arising from the institutional differences between those hospitals.

Conclusions

Due to intense working conditions and severity of the situations encountered as well as the very nature of the work itself, healthcare professionals may sometimes develop negative feelings towards their institution due to their unfulfilled expectations and act in accordance with their thoughts and feelings. In line with the results obtained from this study we aimed at identifying the root causes of the organizational cynicism found in physicians, nurses and midwives through an administrative framework as well as the underlying reasons as to why employees develop such negative attitudes and behaviors against their respective institution. It could be suggested that necessary improvements be made by hospital administrations with respect to such findings revealed by this study and that new strategies be put in place with the aim of improving the motivation of healthcare professionals.

In order to avoid cynical attitudes, it could be suggested that any form of discrimination be eliminated among employees, a more transparent and participatory management be encouraged, and that the administration takes actions that will make employee feel that they are supported. Such actions that help improve organizational commitment and reduce cynical attitudes as abandoning practices that violate patients' and employees' rights as per the existing health policies, reducing stress, balancing the workload,

maintaining necessary and sufficient social support and eliminating the barriers of communication should definitely be taken into consideration by the executives.

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