

Original Article

The Effects of Organizational Identification and Organizational Cynicism on Employee Performance Among Nurses

Rujnan Tuna, PhD RN

Assistant Professor, Faculty of Health Sciences, Department of Health Management, Istanbul Medeniyet University, Istanbul, Turkey

Feride Eskin Bacaksız, PhD RN

Assistant Professor, Florence Nightingale Faculty of Nursing, Department of Nursing Administration, Istanbul University, Istanbul, Turkey

Arzu Kader Harmancı Seren, PhD RN

Assistant Professor, Faculty of Nursing, Department of Nursing Administration, University of Health Sciences, Istanbul, Turkey

Correspondence: Feride ESKIN BACAKSIZ, PhD RN Assistant Professor, Florence Nightingale Faculty of Nursing, Department of Nursing Administration, Istanbul University, Abide-i Hurriyet Caddesi, 34381 Sisli, Istanbul, Turkey. Email: eskin.f@gmail.com

Abstract

Background: It is important to reveal the factors that affect the efficiency of the organization and the relationship between these factors in health sector.

Aim: This study was conducted to determine the effects of organizational identification and organizational cynicism on employee performance among nurses.

Method: This is a cross-sectional, descriptive, and correlational study. The data were collected from 215 nurses working at different units in four hospitals in Istanbul. The data collection tools were an introductory information form and three scales for measuring each concept. The data were analyzed on IBM SPSS Statistics 21.00 by using descriptive, comparative, correlative, regression, and internal consistency analysis.

Results: This study determined a positive relationship between organizational identification and employee performance and a negative relationship between organizational cynicism and performance; identification and cynicism together explained 42% of the change in employee performance. Moreover, this study determined that nurses' age group, educational levels, positions, and length of experience in hospitals caused significant differences on scale scores. **Conclusions:** The study demonstrated that employee performance is influenced by both organizational identification and organizational cynicism.

Keywords: Efficiency, Nursing, Organization and administration

Introduction

There is an increase in the expectations of organizations from their employees and similarly expectations of employees from their organizations. Managers play important roles in meeting these mutual expectations of both organizations and employees. They also have these important roles in health care organizations. Nurse managers play a critical role in determining positive or negative organizational behaviors that are exhibited by nursing staff who

can make a direct contribution to the success of organization with their performance in health care organizations (Zhang et al., 2013; Ziapour et al., 2014).

Organizational identification is considered as one of essential conditions for the efficiency of the organization. It refers to the identification of employees as a part of the organization to identify with that organization (Kaifi, 2013). It is indicated that the concept of organizational identification has a positive correlation with

employee performance and organizational citizenship behavior, and a negative correlation with the intention to leave current employment and employee turnover rate (Terzioglu, Temel, & Uslu Sahan, 2016). The studies have also indicated that organizational identification plays a positive role in enhancing employees' performance (Ang et al., 2013; Bobbio & Manganelli, 2015; Tummers, Groeneveld, & Lankhaar, 2013).

Numerous studies have been conducted in different sectors to determine the correlation between the organizational identification and performance (Mauno et al., 2014; Muda, Rafiki, & Harahap, 2014; Neves, 2012; Ziapour et al., 2014). These studies conclude that those who identify with their organization and consider themselves a part of their organization make a greater effort for conducting their work, consider themselves as representatives of organization both inside and outside, and prioritize the benefits of organization in all their decisions (Mauno et al., 2014; Muda, Rafiki, & Harahap, 2014; Neves, 2012; Ziapour et al., 2014). Additionally, Yaghoubi et al. (2013) indicate that organizational identification has effects on the personal performance of employees, and employees with a high level of organizational identification have a lower intention to leave current employment and a higher performance level.

Having a negative effect on employee performance, organizational cynicism is expressed as distrust in other people and in their organization (Nafei & Kaifi, 2013; Yuksel & Sahin, 2017). A cynical person prejudicially distrusts the sincerity and goodness of human motives and behaviors. It is not an innate personality trait, but is caused by experiences such as distrust in superiors, negative leadership behaviors, role conflicts in the work life, as well as negative working conditions like long working hours and an excessive work load (Chiaburu et al., 2013; Nafei, 2013). Studies show that organizational cynicism has effects on employees that result in low performance, reluctance in organizational citizenship behavior, unethical behavior, motivational decrease, interpersonal conflict, absenteeism, increase in cessation of employment, decrease in organizational commitment, dissatisfaction with work-all of which may negatively affect organizational efficiency (Cinar, Karcioglu, & Aslan, 2014;

Kaygin et al., 2017; Shahzad & Mahmood, 2012).

It is also important to explore factors that affect the efficiency of the organization and the relationship between these factors in health sector, which generates service by expert human resources. Nurses, who comprise a great part of healthcare professionals that provide direct service for those who apply to organizations for healthcare service, must be assessed in terms of organizational identification, employee performance, and organizational cynicism, all of which that directly influence the efficiency of organization, and to reveal the factors that affect these concepts and the relationship between these concepts.

This study had the following purposes: (a) to determine the organizational identification, employee performance, and organizational cynicism levels of nurses; (b) to define the significant differences of these levels among participants' according to their socio-demographics; (c) to investigate the relationships between these factors; and (d) to define the effects of organizational identification and organizational cynicism levels on employee performance.

Method

Study Design

This research is a cross-sectional, descriptive, and correlational study.

Setting and Sample

This study was conducted in I city as a center where the highest number of nurses with widest variety of characteristics and functions work in the country. While sampling, the researchers paid attention to the representation of different hospital types. In this sense, a public hospital, a public university hospital, a private hospital, and a private university hospital that provide general health service in the province of I city were included in this study. As an inclusion criterion, nurses should have been working in the institution for at least one year. To summarize, this study was conducted with 215 nurses who were working at a public hospital ($n = 40$), a public university hospital ($n = 100$), a private hospital ($n = 40$) and a private university hospital ($n = 35$) in I city for at least one year.

Most of participants were female (94.9%), had a bachelor's degree (60.0%), ranged in age from 19

to 52 years (31.83 ± 7.67), and were working in the public university hospital (46.5%). Most of the nurses staff positions (85.6%) in inpatient services (85.6%), had between 1 and 33 years of experience with hospital work (7.92 ± 8.04), and had between 1 and 30 years (10.19 ± 8.23) of professional nursing experience.

Ethical Considerations

Permissions from the researchers who developed or adapted the original scale were received via e-mail. Before collecting the data, ethics committee approval was received (Approval no. A-07/06.01.2015). Permissions were also received from the administrative and nursing service departments of the hospitals where the data were to be collected.

Limitations of the Study

This study could not be conducted within the scope of a larger sample. Also, performance level of participants was measured by a self-reported scale and could not be evaluated by other objective performance measurement systems.

Data Collection

Data was collected during February through June 2015. The data collection tools included a participant information form and three scales: two scales were adapted into Turkish and one was developed in Turkish. Therefore, all instruments were valid and reliable.

Participant information form: A self-reported information form was designed to collect sociodemographic data, including age, gender, educational level, unit, position, and length of experience in the organization and the profession.

Organizational identification scale: The original version of the scale was developed by Mael and Ashford (1992), and the Turkish adaptation study was conducted by Tak and Aydemir (2004). An example item from the scale is, "When I talk about this hospital, I usually say 'we' rather than 'they'". Answers are provided on a 5-point Likert-scale ranging from "strongly disagree – 1 point" to "strongly agree – 5 points". The internal consistency coefficient of the Turkish version of the scale was .88 (Tak & Aydemir, 2004).

Employee performance scale: The present study used the 7-item employee performance subscale of the Performance Scale developed by Zehir and Erdogan (2011). An example item from the scale is, "I complete my tasks on time". Self-report answers are provided on a 5-point Likert scale

ranging from "strongly agree – 5 points" to "strongly disagree – 1 point". The internal consistency coefficient of the scale was .83 in a previous study (Zehir & Erdogan, 2011).

Organizational cynicism scale: This variable was measured using the organizational cynicism scale, which had been adapted for Turkish healthcare professions (Dean, Brandes, & Dharwadkar, 1998; Topcu et al., 2013). It has 14 items in three subscales (cognitive, affective, and behavioral cynicism). Examples of items for each of the three subscales include, "I believe that my hospital says one thing and does another (cognitive)", "When I think about my hospital, I get angry (affective)", and "In my hospital I see very little resemblance between the events that are going to be done and the events which are done (behavioral)". Responses ranged from 1 (never) to 5 (always), and the mean score ranges from 1 to 5. Higher scores indicate higher levels of cynicism. The Cronbach's alpha coefficient was .94 for the Turkish version of the scale (Topcu et al., 2013).

Table 1 shows Cronbach's alphas for all measures in this study.

Data Analysis

Analyses were performed using IBM SPSS Statistics 21. Descriptive (number, percentage, mean and standard deviation), comparative (Mann Whitney U and Independent sample t-test), correlation (Pearson Moment Correlation), regression (Linear and Multilinear) and internal consistency analyses were used in this study.

Results

The results of the study are presented in three subheadings as follows: organizational identification (OI), organizational cynicism (OC), and employee performance (EP) levels of the participants; the impact of participants' characteristics on OI, OC, and EP; and the correlations and regressions between these concepts.

Participants' OI, OC, and EP Levels

It was determined that identification (3.50 ± 1.07) and performance levels ($3.95 \pm .63$) of the nurses were above the median (i.e., 3 for the 5-point Likert scale), whereas the cynicism levels ($2.75 \pm .99$) were below the median. The internal consistency coefficients of measurements obtained from the sample were .80 and above (Table 1).

Table 1. Means, Standard Deviations, and Reliabilities for the Study Concepts

	Range	M	SD	α
Organizational Identification	1-5	3.50	1.07	.94
Employee Performance	2-5	3.95	.63	.80
Organizational Cynicism	1-5	2.76	.99	.96

M=Mean, Range=The minimum and maximum scores of the participants, SD=Standart deviation, α =Cronbach's alpha coefficient

Table 2. The comparisons based on personal characteristics of the participants (N=215)

		OI	OC	EP
		Mean (SD)	Mean (SD)	Mean (SD)
Age	≤ 30 years old	3.29 (1.20)	2.99 (1.20)	3.88 (0.70)
	≥ 31 years old	3.77 (0.78)	2.45 (0.68)	4.04 (0.53)
	Test and significance	t = -3.53 $p = .001^{**}$	t = 4.38 $p < .001^{***}$	t = -1.97 $p = .05$
Educational Level	≤ Associated	3.07 (1.16)	2.83 (1.27)	3.83 (.74)
	≥ Graduated	3.63 (1.00)	2.73 (.89)	3.98 (.60)
	Test and significance	t = -3.26 $p = .001^{**}$	t = .50 $p = .220$	t = -1.35 $p = .180$
Position	Staff	3.40 (1.08)	2.78 (1.03)	3.92 (.64)
	Manager	4.07 (.70)	2.60 (.63)	4.12 (.58)
	Test and significance	t = -4.54 $p < .001^{***}$	t = 1.27 $p = .208$	t = -1.68 $p = .094$
Experience in hospital	≤ 5 years	3.33 (1.19)	2.88 (1.17)	3.88 (.68)
	≥ 6 years	3.72 (.84)	2.59 (.68)	4.04 (.55)
	Test and significance	t = -2.80 $p = .006^{**}$	t = 2.28 $p = .023^*$	t = -1.90 $p = .059$

EP=Employee Performance, OC=Organizational Cynicism, OI=Organizational Identification, SD=Standart Deviation, t=Independent Sample t-Test, $*p < .05$; $**p < .01$; $***p < .001$.

Table 3. The Effects of OI and OC on EP

	Employee Performance			
	R	ΔR^2	β	p
OI	.40	.16	.40	< .001**
OC	.22	.05	-.22	.001*
OI and OC	.42	.18	.37/- .13	< .001**

EP=Employee Performance, OC=Organizational Cynicism, OI=Organizational Identification, $*p = .001$, $**p < .001$.

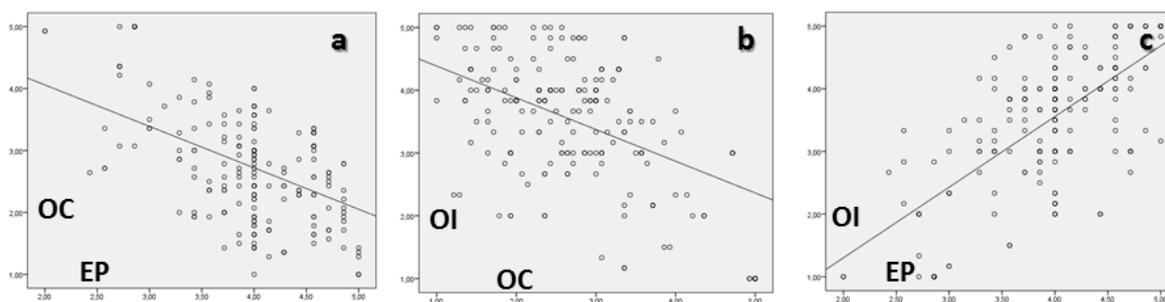


Figure 1. Scatterplots and Regression Lines Among Concepts

(a)=OC and EP, (b)=OI and OC, (c)=OI and EP, EP=Employee Performance, OC=Organizational Cynicism, OI=Organizational Identification

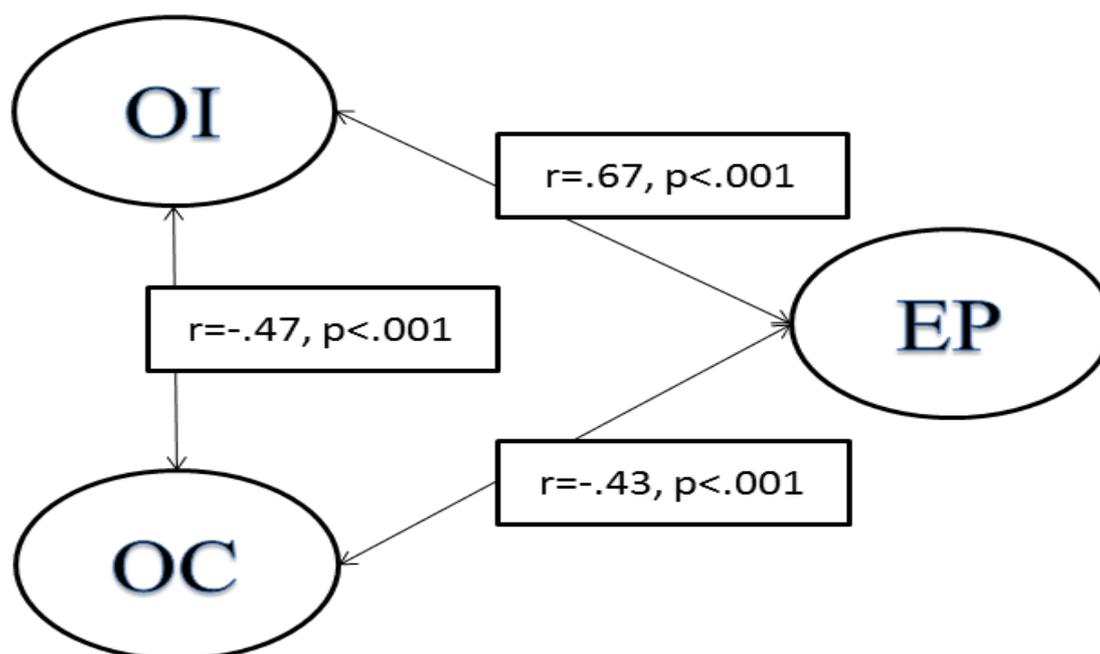


Figure 2. Correlations Between Concepts

EP=Employee Performance, OC=Organizational Cynicism, OI=Organizational Identification

The Impact of Participants' Characteristics on OI, OC, and EP

Data in Table 2 show that age, educational level, position, and experience in hospital factors affect the participant identification levels. The older ($p = .001$), more highly educated ($p = .001$), managers ($p < .001$), and more experienced nurses at the hospital ($P < .01$) had higher scores than the others. There were significant differences between cynicism of the groups in terms of age ($p < .001$), and experience in

hospital ($p < .05$). Younger and less experienced in hospital work had higher scores on the cynicism scale. Finally, Table 2 also shows that only the age groups category had a significant difference ($p = .05$) on performance levels; nurses 31 years and older had higher scores on this scale. In addition, no significant difference was found between participants in the gender, units, and experiences in profession variables ($p > .05$).

Correlations and Regressions Between Concepts

Before analyzing the correlations between the concepts using Pearson Product Moment Correlation, the scatter-dot graphics were examined; a positively linear correlation between OI-EP and negatively linear correlations between OC-EP and OC-OI were determined (Figure 1).

Figure 2 shows the correlations between the concepts. The correlation between OI and EP was positive, highly significant, and of moderate solidity ($r = .67, p < .001$); however, the correlation between OC and EP was negative, highly significant, and of moderate solidity ($r = -.43, p < .001$); the correlation between OC and OI was negative, highly significant, and of moderate solidity ($r = -.47, p < .001$).

When the effects of OI and OC on EP were examined individually, OI explained 40% of the change in EP alone. Whereas 22% was explained by only OC. The multilinear regression analysis performed to determine the effect of both variables on EP showed that the variables together explained 42% of the change in EP. This study found inter-variable effects to be highly significant ($p = .001, p < .001$) (Table 3).

Discussion

When examining the results of this study conducted to determine the OI, OC, and EP levels among nurses, as well as the correlations and regressions between them and the factors affecting them, the OI and EP levels of the nurses were above the median, whereas the OC levels were below the median (Table 1). Similarly, in the study of health employees conducted by Santas et al. (2016), moderate OI, OC, and EP levels were found. In addition, also as age, educational level, professional experience, and position level of the nurses increased, their OI levels increased.

As nurses' age increased, their EP levels increased as well. Similarly, younger nurses with less experience had higher OC levels (Table 2), which made the present researchers conclude that experience increased the self-confidence and performance of employees, integrated them more fully into their organization, and decreased their tendency to display cynical behaviors. Volpe et al. (2014) also stated that nurses' perception of organizational cynicism showed a significant difference according to the length of professional experience. They found that as the working time

at the same hospital increased, the nurses' thoughts about hospitals became more negative (Volpe et al., 2014).

In this study, a positive correlation between OI and EP was found. Additionally, there were negative correlations between OC and EP, and between OC and OI (Figure 1, Figure 2).

Another finding of this study is that considering OI and OC variables together explained 42% of the change in EP, and that there was a highly significant effect between them ($p = .001, p < .001$) (Table 3). In the study of Zhang et al. (2013) a positively significant correlation was determined between OI and performance. In other studies, it has also been stated that employees who were emotionally committed to their organization displayed higher performance, lower absenteeism, and a lower intention to leave (Yaghoubi et al., 2013; Ziapour et al., 2014).

Terzioglu et al. (2016) and Santas et al. (2016) also stated that OI had a positive effect on EP. Moreover, a study by Santas et al. with healthcare professionals found that OI explained 30.8% of the total variance in EP (Santas et al., 2016).

In the study conducted by Gillet et al. (2013) with 323 nurses working in various hematology and oncology units in France, organizational support perceived by nurses had a positive correlation with job satisfaction, OI, and performance.

In parallel with results of this study, there was a negative correlation between OC and EP in previous studies (Chiaburu et al., 2013; Nafei, 2013; Neves, 2012; Shahzad & Mahmood, 2012).

Similarly, cynical employees had a lower participation in labor development programs that directly affected their performance, and they had a lower organizational commitment in different research reports (Kaygin et al., 2017; Nafei & Kaifi, 2013; Yuksek & Sahin, 2017). This indicates that if the level of OC of nurses is lowered, nurses' performance will increase.

In the present study, EP is affected by both OI and OC. Although feeling more organizational identification reflects positively on the employees' performance, their negative opinions about the organization decreases their performance. Therefore, to improve OI and OC behaviors of nurses will make a positive effect on their performance.

Conclusions

In this study, it was determined that both OI and OC have effect on EP. Although feeling more organizational identification reflects positively on the employees' performance, their negative opinions about the organization decreases their performance. This negative effect is identified especially among younger nurses. The more experience in profession or organization results in the less significant correlation between the variables.

The findings of this study firstly may help nurse managers to understand the correlations between OI and OC levels of a nursing staff with EP. Secondly, it may be possible to define risk groups in terms of OC and to take required managerial precautions.

Our results recommend the following changes:

- Take precautions to remove underlying factors that cause beginning nurses to have a tendency to display cynical behaviors;
- Inform beginning nurses about the organization, provide in-service training, and help identify them with the organization;
- Improve the work environment to stimulate higher OI and lower OC.
- Conduct activities that would increase the performance of nurses and give them encouragement;
- Enable nurses to feel like a part of organization, value them, and make them feel it!

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