

Relationship between Organizational Cynicism and Nurses' Intention for Turnover as Perceived by Nurses

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Abstract

Background: Organizational cynicism is unfavourable standpoint that is reported to have an impact on nurses' intention for turnover. **Purpose:** The aim of this study was to investigate the relationship between organizational cynicism and nurse's intention for turnover as perceived by nurses in two governmental health care hospitals at Alexandria governorate. **Method:** A descriptive correlational design was utilized with convenient sample of nurses (n=534), two tools were used to measure the study variables: Tool I: Organizational cynicism questionnaire. Tool II: Turnover intention Questionnaire. **Results:** There was statistically significant positive correlation between organizational cynicism and nurses' intention for turnover. The nurses were perceived moderate organizational cynicism and intention for turnover. The highest mean percent score of organizational cynicism as perceived by the studied nurses was related to cognitive cynicism. **Conclusion:** the studied nurses perceived moderate level of organizational cynicism as well as intention for turnover. There was statistically significant positive correlation between organizational cynicism and nurses' intention for turnover. **Recommendations:** Continuous periodic training programs should be given for nurses in different health care units, to increase their awareness about organizational cynicism, conflict management, effective communication with emotional intelligence, and stress management in coping with stressful situations

Keywords: organizational cynicism, nurses, turnover

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Introduction

A nurturing emergent concern is developed among healthcare organizations for diverse healthcare professionals, specifically nurses' attitudes. Effectiveness and efficiency of nurses' performance can be affected by their negative emotions (De Simone, et al., 2018). Likewise, nurses who do not perceive enough organizational support may exhibit negative emotions against overall healthcare organization. Among these attitudes, is organizational cynicism

that is a consequence of an nurses' credibility that organizations lack integrity (Aly, et al., 2016).

Organizational cynicism is referring to an employee's behavioural reaction to adverse circumstances in the work environment. Besides, it is a feeling of dissatisfaction towards the organization. Nurses be certain that the organization's management lacks honesty, justice, transparency causing unfriendliness, disappointment, insecurity, hopelessness, anger, mistrust of institutions or persons, group, ideology and social skills (Nafei, 2013), hard-

hitting reputation and critical behaviours. (Abraham, 2000; Grama and Todericiu, 2016; Helvaci and Kiliçoglu, 2018)

Organizational cynicism has been synthesized into three dimensions developed by an individual to his organization as follows; cognitive, affective, and behavioural structure of the cynical construct (Dean, et al., 1998 & Özler, et al., 2011). Pertaining to the cognitive dimension, it is the belief that the organization's practices lack justice, honesty, and sincerity, and the employee negative believe that human beings are untrustworthy and incoherent in their behaviours. (Ince and Turan, 2011) Concerning the affective dimension, it is the sensitive strong emotional reactions towards the organization. The employees feel disrespect and anger towards their organizations; or feel discomfort, hatred and even shame about their organizations. (Rehan, et al., 2017). Regarding the behavioural dimension, it is the negative tendencies and mostly embarrassing humiliating attitudes. This dimension consists of negative and frequently critical attitudes. Strong critical expressions towards the organization are the most prominent of behavioural tendencies. (Erarslan, et al., 2018)

Organizational cynicism brings about negative significances affecting nurses and the overall healthcare organization (Karadag, et al., 2014). The likelihoods of nurses' turnover are quite high with more perceived organizational cynicism (Karadag, et al., 2014). Nurses' turnover remains a thought-provoking issue within the concerns for healthcare managers. Turnover is the cessation of an employee from work voluntarily or move from one workplace to another. Even though, intention for turnover is well-defined as a mediating factor that intercedes between the attitudes affecting the desire to quit the current work

and actually quitting (Glissmeyer, et al., 2008; Alniaçik, et al., 2013; Lee, et al., 2008). It has been defined as the employees' obscure and implied decision to leave their unit or job (Brewer, et al., 2012; Toren et al., 2012; Kovner, et al., 2014). More specifically, nurses' intention for turnover refers to the nurses' doubtful decision for leaving a nursing unit and perhaps even the overall healthcare organization (Labrague, et al., 2018).

Nurses' intention for turnover is a mitigation for high nurses' turnover rates. Nurses' turnover leads to high incidence of medical errors, adverse patient events and errors, and the low quality of patient care (North et al., 2013). Moreover, turnover disturbs the morale of the remaining nursing staff, reduces motivation and eventually organization productivity (Hayes et al., 2012). Nurses Turnover impacts the organization budget as it entails the need for hiring new staff and offering overtime for actual staff, orientation and training for new staff, the non-stop cycle of recruitment, advertising and hiring (North et al., 2013; Roche, et al., 2015).

Significance of the study:

The literature discloses that organizational cynicism decreases nurses' commitment, motivation, and job satisfaction (Abugre, 2017; Kalağan, and Aksu, 2010). It increases nurses' absenteeism, complaints, workplace tension, intentions for turnover, sarcastic and arrogant attitudes among nurses. (Evans et al., 2011 & Karadag, et al., 2014). All these negative impacts of organizational cynicism threatening organizational norms and welfare of the organization (Robinson & Bennett, 1997 & Nair and Kamalanabhan, 2010). Nurses' turnover also, causes the loss of trained and skilled nurses, resulting in decreased healthcare organization's

productivity (Takase, 2010). Henceforth, the researchers of the current study tried to explore the relationship between organizational cynicism and nurse's intention for turnover.

Aim of the study

The aim of this study was to assess level of organizational cynicism and nurses' intention for turnover as perceived by nurses at Alexandria Main University Hospital. Further, to investigate the relationship between organizational cynicism and nurses' intention for turnover as perceived by nurses

Research questions:

The following research questions are assumed:

1. What is the level of organizational cynicism as perceived by nurses?

2. What is the level of nurses' intention for turnover?

3. What is the relationship between organizational cynicism and nurses' intention for turnover as perceived by nurses?

Materials and Method

Materials:

Research design and Setting

A descriptive correlational research design was used in this study. The study was conducted in two governmental health care hospitals at Alexandria governorate namely: Main University Hospital & Abou quire Specialized Governmental hospital. Those hospitals are the largest bed capacitated hospitals in Alexandria.

Subjects

The subjects of this study comprised a non-probability convenience sample of nurses who were working in the previously mentioned settings with experience more than six months and who were available during the time of data collection. (n=534). They had been classified as follows: nurses who were working in the Main University hospital (n=350 nurses) and nurses who were working in Abou quire Governmental hospital (n=184)

Tools

Two tools were used in this study as follows:

Tool (I): Organizational cynicism scale:

It was developed by Dean et al. (1998), adapted by Kasalak, & Bilgin, (2014) to assess the perception about organizational cynicism. It consists of three dimensions namely, Cognitive organizational cynicism (4 items); affective organizational cynicism (4 items); and behavioral organizational cynicism (4 items).

Scoring system

The response of the questionnaire was done using 5 points Likert scale ranging from strongly disagree =1 to strongly agree =5. Reverse coding was done for negative items. The scoring system was as follows: > 33.33% indicated low level of organizational cynicism; from ≤ 33.33% to > 66.66% indicated moderate level of organizational cynicism; and ≤ 66.66% indicated a high level of organizational cynicism as perceived by nurses.

Tool (II): Turnover intention Questionnaire:

It was developed by **Lambert and Hogan (2012)** to measure employees' intentions for turnover. It consists of 5 items.

Scoring system

Responses were measured using a 5 - point Likert scale ranging from (1) strongly disagree to (5) strongly agree. Reverse coding for reversed items was done. The scoring system was as follows: > 33.33% indicated low nurses' intention for turnover. From $\leq 33.33\%$ to > 66.66% indicated moderate nurses' intention for turnover and $\leq 66.66\%$ indicated high nurses' intention for turnover.

In addition, socio demographic data questionnaire was developed by the researchers regarding nurses' characteristics as: age, gender, educational qualification, years of experience in nursing, years of experience in the current working unit.

Method:

- A formal permission has been obtained from the authoritative authorities of the Faculty of Nursing, Alexandria University and from the hospital and nursing directors of the studied hospitals to conduct the current study.

Ethical consideration

- The study proposal was approved by the ethical committee and scientific research of the faculty of Nursing, Alexandria University. All participants gave their informed consent to participate in the study. They were informed about the study aim and about their rights to refuse or withdraw from the study and any time. Confidentiality of the obtained

information was ascertained. The study maneuvers not entail any harmful effects on participants.

Validity and Reliability

- The two tools were adapted, translated and back translated into Arabic and submitted to a panel of five experts in the Nursing Administration Department, three professors from Faculty of Nursing, Alexandria University and two professors from the Faculty of Nursing, Damanshour University to review and test content validity, Jury opinions were elicited regarding the tools' format, layout, parts, and scoring system. Based on the jury recommendations corrections necessary modification was done.

The pilot study

The pilot study was carried out before starting the actual data collection. It was carried out on (n =54) staff nurses which represented 10% of total study subjects and they were excluded from the main study sample. The aim of the pilot study was to confirm clarity, feasibility and applicability of the tool, in addition to estimate the time required for filling the sheet. The time needed for filling the sheet was ranged between 15-20 minutes. This stage took one two weeks February 2020.

Tools reliability:

The study tools were examined for reliability by measuring the internal consistency of items using Cronbach's alpha coefficient test. The two tools were proved to be reliable where $\alpha = 0.82$ for the tool one (organizational cynicism scale) and 0.89 for tool two (turnover intention questionnaire) at a statistical significance level $p \leq 0.05$.

Data collection.

- Selected study sample were approached through self-administered questionnaires while they were in their work unit and at the break time. Instructions needed were provided before the distribution of questionnaire. The questionnaire was completed in the presence of the researchers to ensure objectivity of nurse's response, no contaminated of their opinion and check that all items were answered. Data collection phase consumed a period of three months from the beginning of July 2020 till the end of September 2020.

- Statistical analysis:

Table 1 shows that slightly above than one third of the studied nurses were in the age group ranging from 25- < 35 years old (37.1%) and the majority of them were female (92.3 %). Also, around one half of them had secondary technical nursing school diploma (51.7%). Around two

As prominent in table 2 the highest mean percent score of organizational cynicism as perceived by the studied nurses was related to cognitive cynicism (66.58 ± 9.06), while, the lowest mean percent score was related to affective cynicism (55.83 ± 7.50). In addition, the overall mean percent score of organizational cynicism as perceived by nurses was 60.62 ± 4.44 . This indicates that the studied nurses perceived moderate organizational cynicism.

As prominent in table 3, the overall mean percent score of the studied nurses'

Table 5 clarifies that there were statistically significant differences between nurses' overall organizational cynicism and their age ($P < 0.05$). On the other hand, there were no statistically

- The researchers coded the data and fed it to the statistical package of social science (IBM SPSS), version 25. Frequency and percentages were utilized to define demographics and work-related characteristics. Arithmetic mean and standard deviation (SD) were used for quantifying the studied variables (descriptive statistics). Pearson correlation coefficient analysis (r) was used to test the nature of the relationship between organizational cynicism and nurses' intention for turnover (inferential statistics). All statistical analyses were performed using an alpha error of $p \leq 0.05$. An alpha error of 0.05 was used for all statistical analyses.

Results:

thirds of them were working in the Main University Hospital (65.4%). Regarding the years of experience in nursing, 28.3 % of the studied nurses had years of experience ranging from 5<10 years compared to 26.4 % of them had years of experience in the current working unit ranging from 5<10 years

intention for turnover was 44.85 ± 19.78 . This indicates that the studied nurses perceived moderate intention for turnover.

As evident in Table 4 there was a statistically high significant positive moderate correlation between all dimensions of organizational cynicism and overall organizational cynicism as perceived by nurses ($r = >0.25$ to 0.75 and $p < 0.001$). Moreover, there was a high significant positive weak correlation between overall organizational cynicism and nurses' intention for turnover ($r = 0.000$ to 0.25 and $p < 0.001$).

significant differences between nurses' overall organizational cynicism and their gender, educational qualifications, current working unit and years of experiences in the current working unit ($P > 0.05$). There

were high statistically significant differences between nurses' overall organizational cynicism and their years of experiences in nursing. Also, there were

high statistically significant differences between nurses' intention for turnover and all of sociodemographic characteristics ($p \leq 0.01$)

Table (1): Distribution of The Studied nurses According to Demographic Data (n = 534)

Demographic data	No.	%
Age		
< 25	112	21.0
25- < 35	198	37.1
35 - < 45	145	27.2
45 < 55	68	12.7
> 55	11	2.1
X±SD	33.90 ±14.41	
Gender		
Male	41	7.6
Female	493	92.3
Education		
Nursing school diploma	276	51.7
Technical Nursing Institute degree.	73	13.7
Bachelors of nursing science	178	33.3
Master's degree in nursing	7	1.3
Hospital		
Main university hospital	349	65.4
Abou-Quire hospital	185	34.6
Current Working Unit		
Intensive Care Unit	158	29.6
Inpatient surgical/medical units	288	53.9
Outpatient units	88	16.5
Years of Experience in Nursing		
<1 year	39	7.3
1<5 years	147	27.5
5<10 years	151	28.3
10< 20years	121	22.7
> 20 years	76	14.2
Years of Experience in Current Working Unit		
<1 year	90	16.9
1<5 years	169	31.6
5<10 years	141	26.4
10< 20years	83	15.5
> 20 years	51	9.6

Table (2): Distribution of The Studied Nurses According to Their Mean Percent Scores of Organizational Cynicism Dimensions (n = 534)

Organizational Cynicism	Min. – Max.	Mean % ± SD.
Cognitive cynicism	43.75 – 93.75	66.58 ± 9.06
Affective cynicism	18.75 – 75.0	55.83 ± 7.50
Behavioural cynicism	25.0 – 68.75	59.45 ± 5.83
Overall percent score	43.75 – 72.92	60.62 ± 4.44

Table (3): Distribution of the Studied Nurses According to Their Mean Percent Scores of Intention for Turnover (n = 534)

Nurses' intention for turnover	Min. – Max.	Mean% ± SD.
Overall percent score	0.0 – 87.50	44.85 ± 19.78

Table (4): Correlation Matrix Between Organizational Cynicism and Nurses' Intention for Turnover as Perceived by the Studied Nurses (n = 534)

Organizational Cynicism		Organizational Cynicism				Intention for Turnover.
		Cognitive cynicism	Affective cynicism	Behavioral cynicism	Overall Organizational cynicism	
Cognitive cynicism	R					
	P					
Affective cynicism	R	0.064				
	P	0.139				
Behavioral cynicism	R	-0.081	0.054			
	P	0.061	0.210			
Overall Organizational Cynicism	R	0.681	0.631	0.413		
	P	<0.001**	<0.001**	<0.001**		
Intention for Turnover	R	0.104	0.160	0.093	0.202	
	P	0.016*	<0.001**	0.031*	<0.001**	

*: Statistically Significant value at the $p \leq 0.05$ level **: Statistically High Significant value at the $p \leq 0.01$ level r: Pearson coefficient

Strong from >0.75 to 1.00; Moderate from >0.25 to 0.75; Weak from 0.000 to 0.25

Table (5): Relation Between Overall Organizational Cynicism and Nurses' Intention for Turnover with Their Socio Demographic Data: (n = 534)

Socio demographic data	Overall Organizational cynicism Mean% ± SD.	Intention for Turnover Mean% ± SD.
Age		
< 25	60.40 ± 4.25	50.52 ± 14.94
25- < 35	61.16 ± 4.57	48.13 ± 20.19
35 - < 45	59.93 ± 3.91	39.17 ± 19.65
45 < 55	61.18 ± 5.26	40.38 ± 21.56
> 55	58.71 ± 3.46	30.68 ± 16.49
F (p)	2.503* (0.041*)	9.503* (<0.001**)
Gender		
Male	59.50 ± 3.49	47.15 ± 17.37
Female	60.71 ± 4.50	44.66 ± 19.97
t (p)	1.681 (0.093)	0.776 (0.438)
Education		
Nursing school diploma	60.47 ± 4.74	42.16 ± 19.15
Technical Nursing Institute degree.	61.16 ± 3.73	45.03 ± 23.12
Bachelors of nursing science	60.70 ± 4.28	49.11 ± 18.64
Master's degree in nursing	58.93 ± 2.32	40.48 ± 19.50
F (p)	0.820 (0.483)	4.659* (0.003*)
Hospital		
Main university hospital	60.26 ± 4.40	48.23 ± 18.25
Abou-Quire hospital	61.31 ± 4.44	38.47 ± 20.99
t (p)	2.618* (0.009**)	5.346* (<0.001*)
Current Working Unit		
Intensive Care Unit	59.98 ± 4.25	47.73 ± 18.23
Inpatient surgical/medical units	60.89 ± 4.52	46.14 ± 20.02
Outpatient units	60.89 ± 4.45	35.46 ± 19.10
F (p)	2.330 (0.098)	12.733* (<0.001*)
Years of Experience in Nursing		
<1 year	58.76 ± 4.14	42.31 ± 20.76
1<5 years	60.37 ± 4.08	51.50 ± 17.47
5<10 years	61.16 ± 4.98	45.92 ± 19.92
10< 20years	61.21 ± 3.83	42.46 ± 18.49
> 20 years	60.03 ± 4.72	34.98 ± 20.66
F (p)	3.307* (0.011*)	10.271* (<0.001*)
Years of Experience in Current Working Unit		
<1 year	60.46 ± 4.30	49.86 ± 19.76
1<5 years	60.31 ± 4.39	48.72 ± 17.60
5<10 years	61.20 ± 4.62	43.35 ± 19.97
10< 20years	60.82 ± 4.35	40.81 ± 20.72
> 20 years	60.01 ± 4.47	33.91 ± 19.04
F (p)	1.126 (0.343)	8.482* (<0.001*)

t: Student t-test F: F for ANOVA test Statistically Significant value at the $p \leq 0.05$ level
 **: Statistically High Significant value at the $p \leq 0.01$ level

Discussion

Human Resource is very important for any organization specially for gaining competitive advantage across the world. The strategic asset of every organization is its people (**Devi, and Poojitha, 2012**). In the 21st century things have been changed because of globalization, technology and work force diversity, now this is one of the biggest challenges for leaders to retain the best people in the organization because organizations are facing cynicism problem (**Eaton, 2000**).

The present study demonstrates that the highest mean percent score of organizational cynicism as perceived by the studied nurses was related to cognitive cynicism. this result can be defensible by nurses' belief that their hospital says one thing and does another. Their thoughts, decisions and judgments are overwhelmed by sense of anxiety and aggravation when they think about their hospital with intense negative mental predispositions. In this respect, **Hansen et al. (2011)** confirmed that from employees' point of view, cognitive cynicism conveys negative values and demonstrates less caring attitude, thus generating the perceptual belief that the organization is not trustworthy. This result is contradicted with **De Bakker (2007) & Archimi et al. (2018)** who reported that the highest mean percent score of organizational cynicism as perceived by the studied employees was related to behavioural cynicism.

Alternatively, the result of this study revealed that the lowest mean percent score of organizational cynicism as perceived by the studied nurses was related to affective cynicism. This may be due to nurses' sense that when they think about their hospital, they do not get annoyed or angry. They do not criticize the policies and practices of their hospital to individuals outside. This result is

supported by **Archimi et al. (2018)** who found that the lowest mean percent score of organizational cynicism as perceived by the studied employees was related to affective cynicism. From a different point of view, **Aly et al. (2016)** illustrated that nurses have the highest point in affective (emotional) dimension more than behavioural and cognitive dimensions of organizational cynicism.

Conversely, it was surprising that the study findings concluded that the studied nurses perceived moderate organizational cynicism. High level of organizational cynicism was expected among studied nurses. The obvious reason for this expectation in the current study was related to lack of job security. Lack of job security could be attributed to inadequate protection provided to protect nurses from infection during their work especially in COVID-19 pandemic and lack of immunization for nurses against infectious diseases. In this respect, the poor work environment is one of the vital organizational factors which has a definite role in increasing organizational cynicism among nurses. Moreover, the studied nurses are suffering from low salaries, inadequate supervision and guidance by head nurses, scarce human and material resources, intense workload, rotating shifts, long hours and lack of arrangement of the work schedules including weekends and vacations, stressful working environment, lack of orientation programs offered in the hospital for new nurses, verbal abuse by physicians and patients' relatives, and non constructive feedback system on their performance. This result is contradicted with **English & Chalon (2011) & Volpe et al. (2014) & Aly et al. (2016)** who found higher levels of cynicism among nurses.

In addition, the result of this study illustrated that the studied nurses perceived moderate intention for turnover.

They stated that they intended to stay within the current hospital until they receive a higher-paying offer in another hospital or if they get a job with more attractive benefits for the same pay elsewhere. They also, mentioned that sometimes they actively searching for an acceptable alternative to substitute the current hospital. In this respect, **Hegazy (2019)** concluded that the academic staff members in the faculty of Al-Ahram Canadian University, 6th October University, and Masr International University had a moderate turnover intention. Also, the result of this study goes in the same line with **Ghandour et al. (2019)** who found that above one half of professional nurses (52.5 %) had a moderate level of intention to leave.

The result of this study showed that there was a statistically high significant positive moderate correlation between all dimensions of organizational cynicism and overall organizational cynicism as perceived by nurses. This result can be defensible by the idea indicating that when nurses are cynical on one dimension, they are very likely to be cynical on the other dimension as well. This means that cognitive, affective and behavioural cynicism go hand-in-hand. This result is in coincidence with **Volpe et al. (2014)** who mentioned that the different types of cynicism appear to be related. There was a strong positive correlation between all cynicism levels in both nurses and physicians, indicating that when a healthcare provider is cynical on one level, they are very likely to be cynical on the other level as well.

The result of this study proved that there was a high significant positive correlation between overall organizational cynicism and nurses' intention for turnover. This could be attributed to researchers' observation during data collection, as it was observed that the

nature of relationship between head nurses and nurses is a "Boss subordinate" relationship. The nurses respected authority and followed the directives of the head nurses and medical staff without asking for a rationale for these directives. Nurses' stated that they were intended voluntarily to leave their jobs and had aware decision to seek for other alternatives in other health care organizations. Their turnover intention is negatively associated with negative work conditions and the inefficiency in their organization. The organizational cynicism is one of the most obvious contributors to their turnover intention. This result is supported with the assumption of **Bernerth et al. (2007) & Wilkerson et al. (2008) & Shahzad and Mehmood (2012)** that the higher the cynicism in the organizations, the higher the turnover intention of employees or vice versa. Also, the findings of **Volpe et al. (2014)** indicated that cynicism was a significant negative predictor of interest in leaving in physicians and nurses. It is positively related to interest in leaving the hospital in both nurse and physician samples.

A deduction from these findings is that there were no statistically significant differences between nurses' overall organizational cynicism and educational qualifications, current working unit. From the researchers' point of view, these findings are illogic as the less educated nurses may have many causes that induced negative attitudes toward their organization. Among these causes is less involvement in decision making as the extent of the relationship between them and management is somewhat limited, low status at work and less salary as compared to bachelor educated nurses.

This result is opposed to **Mabrouk & Allah (2020)** who confirmed that there was a significant difference in organizational cynicism with staff nurses'

qualification as nurses who had diploma degree had the highest score followed by staff nurses with bachelor's degree. In addition, there was a significant difference in organization cynicism score as regards staff nurses' current units as nurses worked at inpatient units had higher score of organizational cynicism than nurses worked at critical care units.

Also, there were high statistically significant positive correlation between nurses' intention for turnover and all of sociodemographic characteristics except nurses' gender. Pertaining to the statistically significant positive correlation between nurses' turnover and their educational qualifications. This may be due to the assumption that nurses with diplomas are generally prepared to assume technical skills, while baccalaureate- and master's prepared nurses are prepared for higher level professional roles. In addition, nurses with higher educational degrees are expected to go through management and leadership roles, ranged from directing staff nurse activities to complex management activities such as managing material and financial resources. These tasks are regarded as daunting, stressful, draining, and emotionally exhausting, which could ultimately increase nurses' burnout level and influence their emotional well-being and turnover intention. From the similar point of view, **White (2012) & Kamanyire & Achora (2015) & Jacob et al. (2017) & Adriaenssens et al. (2017)** found lower turnover intention and less burnout in nurses with diplomas compared to baccalaureate and master's prepared nurses.

Conclusion

This study contributes to the current academic literature by concluding that studied nurses perceived moderate organizational cynicism and moderate

intention for turnover. Moreover, there was a high significant positive weak correlation between overall organizational cynicism and nurses' intention for turnover.

Recommendations

Some recommendations are highlighted in the light of the results of this study as follows:

Hospitals' administrators should:

- Play a more active and vital role in preventing cynicism. They must adopt an open-door policy.

- Conduct frequent meetings with nurses who are dissatisfied from their job; discuss their problems and their needs and try to formulate plans to overcome these problems to raise their morale and decrease level of intention to leave.

- Be committed to promoting a culture of trust among nurses 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 all of the staff.

- Conduct continuous training programs on time and conflict management, effective communication with emotional intelligence, and stress management are also helpful in decreasing organizational cynicism and in coping with stressful situations that would ultimately result in decreasing nurses' turnover intention. **Future Research** Replication of this study in a wider context of diverse healthcare organizations to provide comparative design and facilitate generalization of the study findings. A comparative analysis between private and public hospitals may be made. **Strengths and Limitations:** The study contributes to investigate the relationship between organizational cynicism and turnover intention as perceived by nurses, this will

increase the knowledge of health care managers in trying to point out the levels of organizational cynicism.

The findings of this study should be considered along with some limitations. One limitation was that the present study has drawn on the questionnaire method for collecting primary data necessary for the study. The questionnaire list is interested in recognizing organizational cynicism and organizational attitudes. Another limitation was that participants were selected only from two hospitals. Therefore, findings may not be generalizable to all nurses in all hospitals.

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Conflict of interest:

There is no conflict of interest.

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