Organizational Cynicism as a Mediator of the Relationship between Workplace Incivility and Organizational Silence among Nurses: A Cross-Sectional Analysis

Sanaa Mohammed Soliman1, Reda Elshahat Elmeghawri Marouf2, Nashwa Mahmoud Eldeep3.

1. Lecturer of nursing administration, Faculty of Nursing, Fayoum University, Egypt
 Email: Sms11@fayoum.edu.eg
2. Lecturer of nursing administration, Faculty of Nursing, Fayoum University, Egypt
Email: elshahatreda57@gmail.com
3. Assistant Professor of nursing administration, Faculty of Nursing, Damanhour University, Egypt
 Email: as7663934@gmail.com

Abstract:

Introduction: In the complex and demanding landscape of healthcare, the interpersonal dynamics within nursing environments play a pivotal role in shaping organizational outcomes. This study delves into the intricate interplay among workplace incivility, organizational cynicism, and organizational silence among nurses. **Aim:** The study aimed to assess the role of organizational cynicism as a mediator between the workplace incivility and organizational silence. **Methods:** A cross-sectional study adhering to the STROBE guideline utilized an online structured questionnaire for data collection. The research was carried out among 453 nurses within governmental hospitals in Beheira Governorate over a two-month period. The researchers gathered information using tools such as Characteristics of Nurses, Organizational Cynicism Scale, Nursing Incivility Scale, and Organizational Silence Scale. To examine the mediating role, structural equation modeling with AMOS was employed. **Results:** The examination unveiled a notably robust model, evident in an F-test value of 16.229 with a p. of .000. This model effectively elucidated 50.6% of the variability in organizational silence, as reflected in an R2 value of 0.506. Additionally, it was observed that increasing age and experience exerted a significant negative influence on organizational silence. Moreover, being female, organizational cynicism, and nursing incivility demonstrated a significant negative impact on organizational silence, with a p-value below 0.01. **Conclusion:** organizational cynicism plays an intermediary role between the workplace incivility and organizational silence. Also, revealed that organizational cynicism, nursing incivility, and female had significant positive effect on organizational silence. While, increasing age and nursing experience had negative effect on organizational silence. **Recommendations:** Implement organizational interventions aimed at reducing organizational cynicism, such as fostering transparent communication, providing opportunities for employee input, and addressing concerns raised by nurses. Building trust and promoting a positive organizational culture can help mitigate the negative impact of cynicism on organizational silence.

Keywords: nursing, mediator, Organizational Cynicism, Workplace Incivility, Organizational Silence

Introduction:

In today's complex and dynamic work environments, the way employees interact and communicate with each other plays a crucial role in shaping organizational culture and overall organizational effectiveness (**Lam et al., 2021**). Unfortunately, workplace incivility has emerged as a prevalent issue that can undermine

employee well-being, job satisfaction, and organizational performance (**Khan et al., 2021**).

Over the past few decades, a specific line of research has concentrated on workplace incivility as a distinct and understated form of interpersonal mistreatment. This phenomenon, widespread across various organizations, has been identified as a significant contributor to severe problems within the workplace (**Ali et al., 2016; Arasli et al., 2018; Cho et al., 2016; Huang & Lin, 2019; Porath & Pearson, 2013**). Moreover, the prevalence of workplace incivility has become a growing concern for organizations worldwide (**Atashzadeh Shoorideh et al., 2021**).

Workplace incivility refers to rude, disrespectful, or insensitive behavior that violates social norms and undermines the dignity and respect of individuals within the organization (**Samosh, 2019**). Moreover, there exists a degree of overlap between workplace incivility and other adverse treatments within organizational settings. This includes manifestations such as aggression, social undermining, workplace deviance, antisocial behavior, and even instances of violence. The interconnected nature of these negative behaviors highlights the complexity and multifaceted challenges organizations face in fostering a healthy and respectful workplace culture (**Namin et al., 2021**).

Workplace incivility, identified as a form of counterproductive work behavior, is considered less severe compared to aggressive behavior according to **Demsky et al. (2019)**. Distinctions between the two lie in their targets, the intent to cause harm, the duration and intensity of actions, and the nature of norm violations, as highlighted by **Holm et al. (2022)**. A consequence stemming from workplace incivility is the occurrence of organizational silence, which entails employees refraining from expressing information, ideas, concerns, or opinions regarding issues affecting the organization (**Ölçer & Coşkun, 2022**).

Organizational silence can have detrimental effects on employee morale, motivation, and problem-solving abilities,

ultimately hindering organizational effectiveness and growth (**Çaylak & Altuntaş, 2017**). The fear of taking responsibility for expressing one's opinions is identified as a factor contributing to silent behavior (**Yağar & Dökme Yağar, 2023**). Furthermore, individuals who consistently refrain from expressing their thoughts may develop cynical attitudes towards the organization and its superiors, manifesting feelings of disappointment, frustration, and skepticism (**Durrah et al., 2023**).

According to KÜÇÜKKÖYLÜ and KARACAOĞLU (2015), employees who perceive unfair organizational procedures and rewards, as well as mistreatment by the organization, are likely to decrease their organizational commitment, leading to the emergence of organizational silence and cynicism. Previous research by **AKAR (2019), Çaylak and Altuntaş (2017),** and **Yang et al. (2022)** supports the notion that organizational silence has a direct impact on cynicism, consequently influencing job performance.

Organizational cynicism, on the other hand, reflects a negative attitude or perception of the organization, often rooted in feelings of distrust, disillusionment, and skepticism towards organizational practices, policies, and leadership (**Durrah et al., 2019**). Employees who exhibit high levels of organizational cynicism may be more inclined to engage in organizational silence as a means of self-protection or disengagement from organizational processes (**Lee et al., 2023**).

Aim of the study:

This study aimed to assess the role of organizational cynicism as a mediator between the workplace incivility and organizational silence.

Research Question:
- Does organizational cynicism serve as a tool in the relationship between organizational incivility and employee's silence?

Methods:
Study design: We conducted a cross-sectional study adhering to "STROBE

guideline," utilizing an online structured questionnaire for data collection. The study aimed to test the hypotheses (a) the workplace incivility was positively related to organizational cynicism, (b) workplace incivility was positively related to organizational silence, and (c) the organizational cynicism was positively related to organizational silence and (d) Organizational cynicism plays a mediating role in the effect of workplace indolence on organizational silence (see Figure 1, hypothetical model).
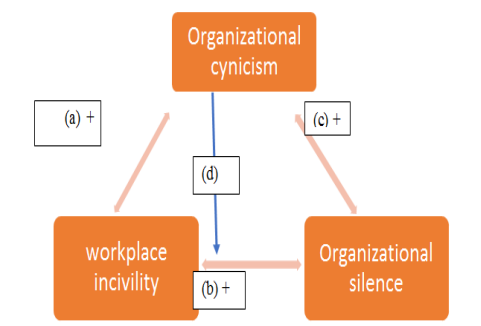
Fig 1. Hypothesized model

Sample:

The study involved 453 nurses who were employed in governmental hospitals in Beheira Governorate, working across various hospital departments, including wards, operating rooms, and intensive care units. The study spanned a two-month duration, from the last week of July to the first week of September 2023

Inclusion criteria:

Participants meeting the inclusion criteria were required to have a minimum of one year of experience, be actively involved in direct patient care, and express willingness to partake in the study. Newly hired nurses were excluded based on the established exclusion criterion.

Sample size:

The sample size was calculated based on an effect size of 23%, a power level of 0.95, and a significance level of 0.05, resulting in a final sample size of 453 nurses.

Tools:

The demographic characteristics of the nurses included in the study encompassed factors such as gender, age, education, years of experience, marital status, working shift in the last month, and the nurse-to-patient ratio.

Organizational Cynicism Scale (OCS).

The scale employed in the study was adapted from **Aydin & Akdag (2016)** and consisted of 12 items distributed by cognitive dimension (5 items), affective dimension (4 items), and behavioral dimension (3 items). Respondents rated each item using a three-point Likert scale, ranging from 1 = "disagree" to 3 = "agree," with a maximum possible score of 36. A higher score indicated a greater degree of cynicism. Categorically, a score below 60% suggested a low cynicism, 60% to 75% indicated a moderate, and more than 75% signaled a high degree of cynicism. Topcu et al. (2013) reported a high internal consistency for the scale, with a value of .94, validating its reliability and suitability for use among healthcare professionals.

Nursing Incivility Scale (NIS)

The scale employed in the study was adopted from **Guidroz et al. (2010)** to assess nurses' exposure to incivility behaviors within their working units. It consists of 43 items that encompass exposure to uncivil behaviors, categorized under five main sources of incivility: General incivility (9 statements), Nurse incivility (10 statements), Supervisor incivility (7 statements), Physician incivility (7 statements), and Patient incivility (10 statements). Nurses' responses were recorded on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The total possible scores 43 - 215. A score falling between 43 and 100 indicated low incivility behavior, 101 to 158 suggested moderate incivility behavior, and 158 to 215 indicated high incivility behavior.

Organizational Silence Scale (OSS):
The organizational silence assessment tool, developed by **Cakici (2007),** aims to gauge nurses' perception levels of organizational silence. It comprises two main categories:

I. Issues for Remaining Silent: This category consists of 28 items, distributed across the following subcategories: administrative performance and working facilities (9 items), nurse performance and administration issues (6 items), responsibility (3 items), ethics (4 items), and department performance (6 items).

II. Reasons for Remaining Silent: This category includes 30 items, distributed across the following subcategories: administrative and organizational reasons (12 items), fear about work (5 items), lack of experience (3 items), isolation and fear of relationship damage (8 items), and organizational position (2 items).

Responses to items measuring issues for remaining silent are recorded on a three-point Likert scale: (3) always remain silent, (2) sometimes remain silent, and (1) never remain silent. For reasons for remaining silent, subjects respond using a five-point Likert scale: (3) effective, (2) either effective or ineffective, and (1) ineffective. A higher score indicates a greater degree of silence. A score below 60% suggests a low degree of silence, 60% to 75% indicates a moderate degree, and a score exceeding 75% indicates a high degree of silence **(Şehitoğlu & Zehir, 2010).**

Reliability:

The internal consistency reliability of the scales in the study was assessed by Cronbach's α coefficient, revealing exemplary levels of reliability for each construct. The Organizational Cynicism Scale demonstrated an excellent reliability α = 0.912, indicating strong internal consistency among its items. Similarly, the Nursing Incivility Scale exhibited a commendable level of reliability with α = 0.931. The Organizational Silence Scale also demonstrated robust internal consistency, registering an excellent reliability level with α = 0.907. These high α values underscore the reliability of the measurement instruments, affirming the consistency and dependability of the data collected for organizational cynicism, nursing incivility, and organizational silence.

Field work:

To ensure a robust and effective data collection process, we carefully selected a reliable online survey platform, such as Google Forms. Our selection criteria prioritized user-friendliness and alignment with the specific requirements of the study. Before the official survey launch, we conducted a pilot test involving 10% of nurses, to identify and address any potential issues.

Subsequently, we meticulously crafted the online survey and prepared a strategic recruitment plan to reach the intended participants. By utilizing channels like official email, social media platforms, or relevant websites, we invited participants to partake in the study. The data collection process was automated by the chosen online survey platform, ensuring efficiency and accuracy. We paid special attention to the accessibility of the questionnaire, making certain that nurses could easily navigate and full it. This comprehensive approach to survey implementation aimed to enhance the reliability and validity of the collected data, providing a solid foundation for subsequent analyses and insights in the study.

Ethical considerations

The research approval was obtained from the Scientific Research Ethical Committee of Faculty of Nursing- Damanhour University, before starting the study to gets an official permission to conduct the study. Upholding ethical standards, participation in the study was entirely voluntary. Nurses were explicitly assured that their involvement and provided feedback would not impact their performance evaluations, work status, or salaries, emphasizing a commitment to ethical considerations and the well-being of the participants.

To obtain informed consent, an "agree-by-clicking" online approach was employed. Participants were not coerced or enticed to complete the questionnaire, emphasizing the voluntary nature of their involvement. The questionnaire was designed to be filled out anonymously, and stringent measures were in

place to maintain the confidentiality of the data, ensuring that it would be used solely for research purposes. This commitment to ethical standards aimed to uphold the rights and well-being of the participants throughout the research process.

Statistical analysis

The analysis of data in this study was conducted using SPSS 22.0 for descriptive statistics and AMOS for structural equation modeling (SEM). Descriptive statistics were employed to provide an overview of general characteristics. Multiple linear regression was utilized to examine associations between variables, with statistical significance set at $P<0.05$.

Structural equation modeling (SEM) was the primary analytical tool to explore the intricate relationships among organizational cynicism, incivility, and organizational silence. The mediating effects of organizational cynicism were also rigorously examined within the SEM framework. The SEM methodology enabled the testing of the proposed model, evaluating its fit using a set of model fit criteria.

Limitations to this study:

There were some limitations to the existing study such as, data were collected from the study participants through the prepared electronic Google form questionnaire, this required concentrated training to use google form and answer the questionnaire which achieved by using video to explain the process of using google form and sent by the researchers through the WhatsApp groups via head nurses of different departments who explained the aim and the nature of the study and the method of filling the electronic questionnaires to the study participants.

Results:

The mean age of the nurses was 34.75 $\pm$ 7.12 years. Among the participants, 66.2% identified as female. 43.2% of the nurses had Bachelor of nursing. Additionally, mean years of experience was 7.83 $\pm$ 2.4 years, 78.6% of them were married and 36% of them worked night shift at last month, see more details at table (1).

In Table 2, revealed that, 47.1% of the surveyed nurses exhibited a moderate level of organizational cynicism, reflected in a mean score of 20.13 (SD = 4.7). Similarly, 51% of the nurses displayed a moderate degree of nursing incivility, with a mean score of 159.4 (SD = 18.5). Furthermore, 45.3% of the nurses reported experiencing moderate levels of organizational silence, as indicated by a mean score of 84.2 (SD = 9.4).

In Table 3, revealed a highly significant model, as indicated by an F-test value of 16.229, with a p-value of .000. This model effectively elucidated 50.6% of the variability in organizational silence, as reflected in an R2 value of 0.506. Additionally, it was observed that increasing age and experience exerted a significant negative influence on organizational silence. Moreover, being female, organizational cynicism, and nursing incivility demonstrated a significant negative impact on organizational silence, with a p-value below 0.01.

The model pathway was as follows: [Workplace incivility $\rightarrow$ Organizational cynicism], [Workplace incivility $\rightarrow$ Organizational silence], and [Organizational cynicism $\rightarrow$ Organizational silence]. Also, all paths were significant (p < 0.01) (See Fig 2).

SEM was employed to examine the mediating of organizational cynicism in the relationship between workplace incivility and organizational silence. The results revealed that organizational cynicism "partially" mediated the connection between workplace incivility and organizational silence (B= 0.429, p .000, 95% CI). Consequently, 48% of the total effect of workplace incivility on organizational silence was accounted for indirectly through organizational cynicism (proportion: .177/.368). This suggests that nearly half of the overall impact is explained by the mediating role of organizational cynicism. The remaining 52% (.191 / .368) represents the direct effect not mediated through organizational cynicism, as detailed in Table 4.

Table 1: Distribution of studied nurses according their characteristics (n = 453)

Items	n	%
Age:		
20 - <30	153	33.8
30 - <40	217	47.9
40 – 50	83	18.3
Mean ± SD 34.75 ± 7.12		
Gender:		
Male	153	33.8
Female	300	66.2
Education level		
Diploma of nursing	42	9.3
Technical health institute	200	44.2
Bachelor of nursing	198	43.7
Postgraduate	13	2.8
Years of experience:		
1 - < 5	66	14.6
5 - <10	180	39.7
10 – 15	114	25.2
>15 year	93	20.5
Mean ± SD 7.83 ± 2.4		
Marital status		
Un-married	97	21.4
Married	356	78.6
Working shift		
Day shift	290	64
Night shift	173	36

Table 2: Total Score of Nurses related organizational cynicism, nursing incivility, and organizational silence (n = 453)

|	n	%	Mean (SD)
Total organizational cynicism scale**:**			
High	**98**	**21.6**	**20.13(4.7)**
Moderate	**213**	**47.1**	
Low	**142**	**31.3**	
Total nursing incivility scale**:**			
High	**86**	**19**	**159.4(18.5)**
Moderate	**231**	**51**	
Low	**136**	**30**	
Total organizational silence scale**:**			
High	**101**	**22.2**	**84.2 (9.4)**
Moderate	**205**	**45.3**	
Low	**147**	**32.5**	

Table 3: Multiple linear regression for organizational silence (n=453)

Model	Unstandardized B	Coefficient St. Error	Standardized Coefficient Beta	t	sig
(Constant)	21.501	3.612		5.330	.000
organizational cynicism	.603	.516	.471	9.336	.000
nursing incivility	.579	.503	.409	8.902	.000
Age	-.203	.167	.110	1.209	.075
Gender (female)	.415	.351	.298	5.681	.009**
Nursing experience	-.210	.146	.036	2.176	.036*
Model summary					
R	R square	Adjusted R square	F	sig	
.712	.506	.486	16.229	.000	

Dependent variable: organizational silence
Predictors: (constant), organizational cynicism, nursing incivility, age, nursing experience, gender

Figure 2: Structural equation modeling results.
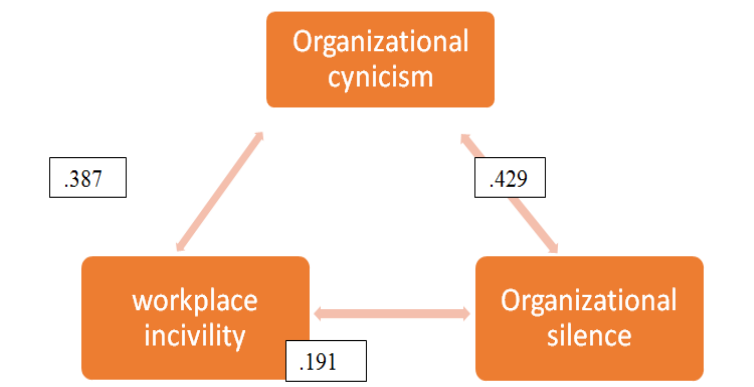
Table 4: Indirect and direct effects of the model

			Estimate	S.E.	C.R.	P
Organizational cynicism	<---	Workplace incivility	.387	.145	3.876	.006**
Organizational silence	<---	Workplace incivility	.191	.083	5.360	.000**
Organizational silence	<---	Organizational cynicism	.429	.167	6.992	.000**
			Direct effect	Indirect effect		Total effect
Organizational cynicism	<---	Workplace incivility	.387	.000		.387
Organizational silence	<---	Workplace incivility	.191	.177		.368
Organizational silence	<---	Organizational cynicism	.429	.000		.429

Discussion:

The relationship between workplace incivility, organizational cynicism, and organizational silence among nurses is an intriguing area of study within organizational psychology and management. The healthcare sector's dynamic nature demands effective communication among nursing professionals. Understanding these dynamics is crucial for fostering a supportive work environment that enhances communication and ultimately improves patient care outcomes (**Aruoren & Isiaka, 2023).**

Our study analysis the relation between Workplace Incivility → Organizational Cynicism → Organizational Silence. Also, our hypothesis was Workplace incivility is expected to increase organizational cynicism, which, in turn, is expected to lead to organizational silence. Research in this area can contribute valuable insights to the development of strategies and interventions aimed at promoting a healthy and communicative work environment in healthcare settings.

The utilization of Structural Equation Modeling unveiled insightful findings regarding the interplay between workplace dynamics and organizational silence among nurses. Notably, organizational cynicism emerged as a pivotal mediator in the relationship between workplace incivility and organizational silence. The results demonstrated a substantial mediating effect (48%), indicating that almost half of the impact of workplace incivility on organizational silence is indirect, mediated through the lens of organizational cynicism. This underscores the significance of addressing both workplace incivility and fostering a positive organizational culture to mitigate the prevalence of organizational silence in nursing environments. The remaining 52% signifies a direct impact, emphasizing the multifaceted nature of factors influencing organizational silence among nurses.

From researchers' point of view, Nurses who experience incivility may develop a negative perception of the organization, leading to organizational cynicism. Organizational cynicism, in turn, may contribute to a reluctance to openly communicate or share concerns (organizational silence) as nurses may believe that their input won't be valued or acted upon due to perceived organizational shortcomings. The mediating role of organizational cynicism suggests that the increase impact of workplace incivility on organizational silence is partially explained by the development of a cynical attitude towards the organization.

These findings are consistent with the study conducted by **Tutar et al. (2021)** in Turkey, where an increased positive effect of workplace incivility on organizational silence was reported ($\beta = 0.10$; 95% CI [0.08 to 0.20]; $R2 = 0.517$). In their study, organizational cynicism played a partial mediator role ($p = 0.032 < 0.05$). Similarly, **Hajpoor et al. (2022)** in Iran observed a direct effect of organizational cynicism on organizational silence, emphasizing the contagious nature of unproductive work behaviors. Furthermore, **Saad & Abdelwahab (2022)** conducted a study in Egypt, revealing that organizational cynicism accounted for 40.2% of the variances in the incidence of counterproductive work behaviors, as indicated by a multivariate regression model.

Noteworthy less than half of nurses exhibited a moderate level of organizational cynicism, emphasizing the existence of skepticism and distrust towards the organization. Concurrently, a substantial slight more than half of nurses displayed moderate levels of nursing incivility, underscoring the prevalence of rude or disrespectful behavior within the workplace. Moreover, less than half of nurses reported moderate levels of organizational silence, indicating a significant proportion choosing to withhold information or opinions. These results cohort with the study by **Gencer et al. (2023)** who stated that about two thirds of studied nurses had high organizational silence. Besides, **Alquwez (2023)** detected that more than one third of studied nurses reported had workplace incivility.

According to the Multiple linear regression for organizational silence, our results revealed that organizational cynicism, nursing incivility, and female had significant positive

effect on organizational silence. While, increasing age and nursing experience had negative effect on organizational silence.

From the researchers' point of view, the experienced nurses may feel more adept at navigating workplace communication challenges and expressing their thoughts and concerns. Older nurses may feel more confident or empowered to voice their concerns and engage in open communication. Also, female nurses may be more prone to organizational silence compared to their male counterparts.

The results are in line with the discoveries of **Elhanafy & Ebrahim (2022),** who found a significant positive correlation among the overall dimensions of workplace ostracism, organizational cynicism, and organizational silence. Similarly, **Gustiawan et al. (2023)** demonstrated that workplace incivility acts as a positive predictor for employee silence. In a different context, **Labrague & De los Santos (2020)** indicated that age and years in the nursing profession negatively influenced organizational silence. However, it's noteworthy that our findings contradict earlier studies such as **Bayın et al. (2015)** and **Seren et al. (2018),** where higher levels of silence were observed in nurses who had been in the profession for a longer time.

Implication for practice:

• Understanding and addressing workplace incivility is crucial in preventing the development of organizational cynicism and subsequent organizational silence among nurses.

• Organizations may benefit from implementing interventions and policies that foster a positive and respectful workplace culture to mitigate the negative effects of workplace incivility.

• Encouraging open communication channels and providing mechanisms for nurses to voice their concerns without fear of reprisal can help reduce organizational silence.

Conclusion:

We studied the relationship between the workplace incivility, organizational cynicism, and organizational silence among nurses. It was found that organizational cynicism plays an intermediary role between the workplace incivility and organizational silence. Also, revealed that organizational cynicism, nursing incivility, and female had significant positive effect on organizational silence. While, increasing age and nursing experience had negative effect on organizational silence.

Recommendations:

- Implement organizational interventions aimed at reducing organizational cynicism, such as fostering transparent communication, providing opportunities for employee input, and addressing concerns raised by nurses.
- Building trust and promoting a positive organizational culture can help mitigate the negative impact of cynicism on organizational silence. Providing training on interpersonal communication skills and conflict resolution can empower nurses to navigate workplace interactions more positively.
- Encouraging a culture of respect and collegiality can contribute to a more supportive work environment.
- Facilitate ongoing professional development opportunities for nurses at all career stages.

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Authors contribution

All authors contributed to the article and approved the submitted version. From the ideation, conceptualization systematic analysis, review, collection of articles, visualization, and formatting of the articles. To be contributed to the literature review, tabular result analysis, proofreading, logical flow, visualization

enhancement, writing original draft, writing review, editing and final formatting.

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Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Conflicts of Interest

The authors declare no conflict of interest.

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