# Nurses' Perception of Organizational Cynicism and its Relation to Their Quality of Work Life in Port-Said Hospitals

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## ABSTRACT

**Background:** Nursing is a noble profession characterized by numerous sources of stress, leading to diminished quality of work life in addition to manifesting of negative and cynical attitudes appear that adversely affect job performance **Aim:** This study aimed to examine the nurses' perception towards organizational cynicism and its relation to their work life's quality in Port-Said hospitals. **Design:** Using of descriptive correlational design was carried out. **Settings:** A three hospital affiliated to Egypt health care authority were the places in which the study was conducted, namely; As-Sallam, El-Zohour, El-Nasr hospital. **Subjects**: Includes 247 nurses. **Tools:** Two tools utilized for data collection; questionnaire of organizational cynicism in addition to work life's quality. **Results**: It was demonstrated by the current study that 72.5% of the studied nurses had moderate perception level of organizational cynicism, meanwhile half of participants (50.2%) demonstrated moderate level of work life's quality. **Conclusion**: result of the study exhibited high negative statistically significant correlation between total quality of work life and organizational cynicism. **Recommendations**: Conduct an educational program for managers on the benefits of maintaining healthy work environment and teach nursing how to deal with work pressures to avoid cynicism

**Keywords:** Nurses' perception, Organizational cynicism, Quality of work life

# INTRODUCTION

In today's corporate landscape, the positive attitudes and behaviors of nurses towards their organizations are crucial for fostering acceptance of the organization's objectives and values. This commitment not only encourages nurses to exceed expectations but also enables them to fully utilize their potential. This is particularly significant in health organizations, where both input and output involve human resources, necessitating greater effort and devotion to achieve national and international goals (Jafari, Salari, Far, Abdi, & Ezatizadeh, 2021). Consequently, rectifying errors can prove to be quite challenging. The attitudes of nurses towards their organization may be influenced not only by the nurses themselves but also by various organizational experiences (Nilsson, Gadolin, Larsman, Pousette, & Törner, 2023). Besides, the nursing personnel often lack the satisfaction associated with achievement, self-expression and a sense of personal identity or fulfillment (Tomaszewska, Kowalczuk, Majchrowicz, Kłos, & Kalita, 2024).

The organization firmly believes that achieving its desired goals is contingent upon its workforce. When this belief is coupled with a strong negative emotional response, it reflects the evaluator's personal work experiences and may indicate dissatisfaction with the organization (Martos, Gartzia, Landa, & Zafra, 2023). The intense competition within the workplace fosters jealousy and other detrimental attitudes, such as cynicism, which can be characterized as a harmful perspective towards organization. This perspective entails a lack of trust in the organization's integrity, leading to negative perceptions of the workplace and fostering judgmental and critical behaviors that align with these sentiments, ultimately impacting the organization (Mukarram, Hussain, & Mukarram, 2023).

Organizational cynicism is a longstanding issue characterized by a sense of discontent towards the organization. Nurses often perceive that the organization management is deficient in honesty, fairness, and transparency. This sentiment reflects broader or more specific feelings of disappointment, insecurity, hopelessness, anger, and mistrust towards institutions, individuals, groups, ideologies, and social competencies

(Svetlichnaya, Dernova, & Kosolapova, 2021). Furthermore, it is refer to the perception that an organization is devoid of integrity, which can lead to a damaged reputation and detrimental behaviors among nurses (Du'Plessis, 2022).

Accordingly to Agarwal, Singh, and Cooke (2023) stated that the probability of nurse turnover is significantly heightened, especially as a result of the growing cynicism stemming from elevated stress and burnout. Additionally, organizational cynicism has detrimental effects on the hospital, adversely affecting both quality of work life and overall nurses' satisfaction. In addition, nurses who harbor cynicism can significantly impact the organization as a whole, potentially obstructing its ability to achieve its objectives. As a result, these nurses tend to demonstrate diminished commitment to the organization (Kim, Jung, Noh, & Kang, 2019).

The quality of work life (QWL) became an essential area of emphasis. Every organization is progressively acknowledging the significance of improving the quality of nurses' work life, as they are convinced that a supportive work environment can lead to the attainment of desired outcomes (Permarupan, Al Mamun , Samy, Saufi, & Hayat, 2020). It is refer to the degree which nurses experience a sense of teamwork within their groups, as well as the level of support provided by the organization with regards to a conduciveness work environment and job satisfaction. The primary aim of QWL is to bolster nurses' trust, engagement, and problem-solving abilities, thereby improving both job satisfaction and the overall effectiveness of the organization and its workforce (Sitohang & Budiono, 2021). Therefore, when nurses believed that the organization they belong to lacked honesty and integrity, organizational cynicism occur. It is lead to deficiency of moral, inadequate accessibility to human resources, conflicts, higher absenteeism, and can affect quality work life (Akyurt, & Doğan, 2023).

**Significance of the study**

Nurses considered a core of any health care organization. Thus, as hospitals strive to utilize their human resources in a more efficient manner to achieve competitive advantages. Healthcare organizations seek to foster a work environment grounded in

organizational justice, which enhances nursing retention as well as satisfaction, reduces frustration, and supports sustainable health services (Koksal & Mert, 2023).

Moreover, organizations have come to comprehend that the main pathway to achieving their objectives lies within the human element. This realization has sparked considerable heed in numerous behavioral and administrative studies, that have examined diverse organizational traits, including work life's quality in addition to organizational cynicism (Sun, Alam, & Ma, 2023). Therefore, the current study aimed to conduct examination to the nurses' perception of organizational cynicism and its pertinence to their quality of work life in hospitals of Port-Said.

### AIM OF THE STUDY

The study's objective was to examine the nurses' perception toward organizational cynicism and its relevance to their quality of work life in Port-Said hospitals.

### Objectives

1. Assess levels of organizational cynicism as nurses' perception in Port-Said hospitals.
2. Determine levels quality of work life as nurses' perception in Port-Said hospitals.
3. Conducting an exploration between work life's quality and organizational cynicism in terms of the correlation between them among nurses in hospitals of Port-said.

## SUBJECTS AND METHOD

**Technical Design:**

In terms of the technical design of this study, it comprised a description of the setting, subjects, data collection tools and design of research.

**Study design:**

A design of descriptive correlational research type was chosen to use in this study.

**Study Settings:**

The commencement of present study took place in three hospital affiliated to Egypt health care authority namely; As-Sallam (consists of 294 nursing staff, 120 beds, 3rd floors), El-Zohour (consists of 220 nursing staff, 61 beds, 4th floors), and El-Nasr specialized children's hospital (consists of 177 beds, 85 nursing staff, 3rd floors) in Port-Said city.

**Study subject:**

The study subjects was included 247 out of 692 nurses who were working in the inpatient units/departments in aforementioned setting during the time of data collection with inclusion criteria who were providing direct patient care, agreement to take part in the study and and a minimum of an experience of six months in nursing filed, the estimated number of nurses was detected based on the below stated equation:

$$s = \frac{X^2 N P (1-P)}{e^2 (N-1) + X^2 P (1-P)}$$ **(Krejcie & Morgan, 1970)**

Where, s=sample size, n=size of population (692), p**:** the probability population proportion (30% − 60%) or =50%=0.5, e= error proportion =0.05, x: level of confidence level at 95% (standard value of 1.96) $X^2 (degree\ of\ freedom = 3.841)$

s= $\frac{3.841 \times 692 \times 0.5\ (1\text{-}0.5)}{(0.05)^2 \times (962\text{-}1) + 3.841 \times 0.5\ (1\text{-}0.5)}$ =247.25 ≅**247 nurses**

## Tools for collection of data

The data relevant to this study was gathered through utilized two tools namely: organizational cynicism and quality of work life questionnaire.

**Tool I: Organizational cynicism questionnaire, this tool comprises two parts:**

**Part I: Personal identification data sheet:**

A researcher developed this part for the sake of collecting data regarding nurses which comprise item such as: name of hospital, age, gender, education level, name of department as well as experince years in the field of nursing, and experience years within the department.

**Part II: Organizational cynicism questionnaire**

This developed by Marzouk, (2020) carried out development of the questionnaire. It was purposed to measure perception toward organizational cynicism from nurses' perspective. It consists of 51 items divided into three main categorize namely: Firstly, organizational cynicism domain includes 19 items categorized into sub domain namely: Cognitive cynicism (seven items), behavioral cynicism (seven items), and affective cynicism (five items). Secondly, reasons of organizational cynicism dimension includes 14 items. Finally, mechanisms to reduce organizational cynicism dimension includes 18 items.

**Scoring and interpretation system:**

The scoring system relied on the three-point likert scale, in which the responses of participants to every sub-item were recorded on three degrees, which ranges from (Agree = 3), (Uncertain = 2), to (Disagree = 1). The items' scores were totaled and afterwards the total divided by the items' numbers yielding a mean score for the part. Afterwards, a conversion of these scores into a mean score was performed. In case the mean score was (2.32: 3.00) it is considered to be high score, moderate score if the mean score was (1.66: 2.32) and a lower if the mean score was (1.00: 1.66) (Marzouk, 2020).

**Tool II: Questionnaire of work life quality:**

Swamy, Swamy and Rashmi, developed this questionnaire (2015) in English language version, and was conveyed in Arabic language from El-Nahas, (2020). It was purposed to measure perception toward quality of work life from nurses' perspective. It comprises of 50 statements assessing nine components of work life quality as work environment (six items), organization culture (seven items), relation and cooperation (six items), training and development (five items), compensation and rewards (five items), facilities (five items), job security as well as job satisfaction (seven items), work autonomy (six items), and sufficiency of resources (three items).

**Scoring and interpretation system:**

Each participant's feedback to sub-items was recordedc on a Likert scale as three-point, ranges from (Agree = 3), (Uncertain = 2), to (Disagree = 1). The items' scores were totaled and afterwards the total divided by the items' numbers yielding a mean score for the part. A percentage scores was form in which the scores were converted. The total score was considered to be high score if the percent was 75% or more, moderate degree score in case the percent between 75%-60%, and a lower degree if less than 60% (El-Nahas, (2020).

**Operational Design:**

The phase of preparatory, reliability and validity, field work and pilot study are the components of the operational design.

**Preparatory phase:**

Reviewing recent national and international relevant literature, articles, periodicals, journals, books, the Egyptian Knowledge Bank collection, and the internet on a variety of topics pertaining to organisational cynicism and work-life quality marked the beginning of the preparatory phase. The index of organizational cynicism and quality of work life tools were revised, modified in addition to testing of the reliability and validity. At this point, the process of obtaining the initial approve of the nursing and medical directors of the chosen hospitals also began.

**Tools validity:**

The organizational cynicism tool was adopted from Marzook, (2020) and well validated. Also, the quality of work life tool was adopted from El-Nahas, (2020) and well validated.

**Tools reliability**

Calculation of the coefficient of Cronbach's alpha was carried out in order to assess the tool's internal consistency, the reliability of the organizational cynicism was (0.940), and the reliability of the work life quality was (0.952).

**Pilot study:**

A number of 25 nurses had the pilot study conducted on them who presented 10% of the whole sample, 10 nurses in As-Salam hospital, 9 nurses in El-Zohour hospital, and 6 in El-Nasr hospital. Nurses who were chosen in a random manner once the study's tools were revised and modified. It was conducted tools to assure applicability, feasibility, objectivity and to evaluate the required time to complete collecting of the data. Consequently, the pilot's data was analyzed, and correspondingly any required adjustments were performed, and the responding time for the first tool was 15 minutes, the second tool was 10 minutes, and this process was conducted with two weeks. The study subjects did not include the nurses who participated in the pilot study.

**Field work:**

In terms of data collection, the field work included three hospitals and had taken 16 weeks, the data collection started from one September 2023 to the end of December 2023 and the researcher collected the data at four days on weekly basis in the morning shift from 10 to 2 pm and in the night shift from 9 to 11 pm, the field work was conducted in the following sequences:-

- Written permission was taken from the manager of hospitals and head nurses to conduct the study.

- To seek their participation and explain the study's goals, the researcher visited with the directors of nursing services.

- The researcher was interviewing nurses in the units\departments, in order to explain the nature of the study and collect data after introducing herself to study subjects.

**Administrative design**

The director of the Egypt Health Care Authority Port-Said branch and the chosen study area received an official letter from the dean of the Port Said University Faculty of Nursing outlining the study's title and purpose in order to get their consent for collection of data in the study settings.

**Ethical considerations**

The Committee of Research Ethics of the Faculty of Nursing Port Said University NUR (1/9/2024) (41) granted the approval of the study. In addition to that, nurses who took part in the study gave agreement, following explanation of the objectives of the study in a simple and clear manner, and informed the studied nurses the information was utilized only for scientific research and was treated as confidential, and they have the right to call off their participation from the study at any time they wished to do so without any problem.

**Statistical Design:**

The researcher conducted coding of the data and subsequently transformed into a specially customized format. IBM SPSS software package version 23.0. (Armonk, NY: IBM Corp) was utilized to analyze the data so as to it is suitable for the computer feeding. Data were presented normally distributed by used one-sample Kolmogorov–Smirnov test in addition to execution of chi-square test for variables of categorical type, to bring

into comparison different groups. Bivariate Person correlation test was utilized to assess the inter-relationships amid quantitative variables, and the significance was considered.

## RESULTS

**Table (1):** reveals the personal information of the nurses who are included in the study  in the study environment. It was figured out that 47.8% of the studied nurses aged from 20 to less than 30 years old, 66.8% of them were female, 38.9% of them had technical educational level, 41.3% of them had less than 5 year of experience in nursing, 65.6% of the had less than 5 year of experience in department and 63.6% of them were married.

**Table (2):** Exhibit the organizational cynicism dimensions perception among nurses. As shown in the table, it was found that 66.4% of the studied nurses had high perception in terms of mechanism to reduce organizational cynicism, 61.5% and 49% of them had moderate perception regarding affective cynicism and reasons of organizational cynicism respectively. While 59.1% of them had low perception related to behavioral cynicism.

**Figure (1):** Revealed organizational cynicism perception among nurses as perceived by the studied nurses. As shown in the figure that 72.5% of the studied nurses had moderate level of perception in terms of organizational cynicism, while 21.5% of them had high perception and 6.1% of them had low level of perception of organizational cynicism.

**Table (3):** Revealed the quality of work life dimensions levels as perceived by studied nurses. It was found that almost half of the studied nurses 49.8% had low perception regarding compensation and rewards and facilities. Also, more than half of them (57.1% & 55.9%) had moderate perception regarding work environment and relation and cooperation. While lesser half of them (48.6%) had high perception regarding Adequacy of resources.

**Figure (2)**: Indicates the quality of work life levels as perceived by studied nurses. To explain that nearly half of the studied nurses 50.2% had moderate level of quality of

work life and about one quarters of them 25.5% had high level. While less than one quarters of them 24.3% had low level of quality of work life.

**Table (4):** Clarifies the correlation matrix between quality of work life dimensions and organizational cynicism dimensions. In accordance with the results, there was statistical significant negative correlation between total organizational cynicism and work environment, organization culture , relation and cooperation, training and development, rewards and compensation**,** facilities**,** job satisfaction and job security, work autonomy, adequacy of resources and mechanism to reduce organizational cynicism at (P=0.00). While a statistical significant positive correlation was evident between total organizational cynicism and organizational cynicism and reasons of organizational cynicism at (P=0.00). In addition to that, a high statistically significant negative correlation was evident between total quality of life, organizational cynicism domain and reasons of organizational cynicism at P=0.00. Whilst a statistical significant positive correlation was evident between total quality of life and mechanism to reduce organizational cynicism at (p=.002).

**Figure (3):** Demonstrates correlation between total score of organizational cynicism and total score of quality of work life. As observed in the figure, the scatter plots that look are trying to form a line to strongly association between organizational cynicism and work life quality (R Sq linear = 0.145). This indicates that higher levels of organizational cynicism are associated with a lesser quality of work life.

**Table (1):** Personal characteristics of the studied nurses in the study settings.

| Personal Characteristics | Study Settings | | | | | | Total N=247 | |
|---|---|---|---|---|---|---|---|---|
| | El-Zohour (N=79 ) | | El-Nasr (N= 63 ) | | As-Sallam (N= 105 ) | | No | % |
| | No | % | No | % | No | % | | |
| **Age groups** | | | | | | | | |
| 20 : < 30 years | 32 | 13.0% | 45 | 18.2% | 41 | 16.6% | 118 | 47.8% |
| 30 : < 40 years | 29 | 11.7% | 16 | 6.5% | 41 | 16.6% | 86 | 34.8% |
| ≥ 40 years | 18 | 7.3% | 2 | .8% | 23 | 9.3% | 43 | 17.4% |
| **Mean ± SD/ Range** | 31.97± 6.89 / 29 | | | | | | | |
| **Gender** | | | | | | | | |
| Female | 54 | 21.9% | 42 | 17.0% | 69 | 27.9% | 165 | 66.8% |
| Male | 25 | 10.1% | 21 | 8.5% | 36 | 14.6% | 82 | 33.2% |
| **Educational level** | | | | | | | | |
| Nursing school diploma | 31 | 12.6% | 1 | .4% | 26 | 10.5% | 58 | 23.5% |
| Nursing technical institute | 25 | 10.1% | 26 | 10.5% | 37 | 15.0% | 88 | 35.6% |
| Bachelor of nursing | 21 | 8.5% | 34 | 13.8% | 41 | 16.6% | 96 | 38.9% |
| Master degree in nursing | 2 | .8% | 2 | .8% | 1 | .4% | 5 | 2.0% |
| **Years of experience in nursing** | | | | | | | | |
| < 5 years | 27 | 10.9% | 45 | 18.2% | 30 | 12.1% | 102 | 41.3% |
| 5 : 10 years | 12 | 4.9% | 10 | 4.0% | 30 | 12.1% | 52 | 21.1% |
| 10 : < 15 years | 8 | 3.2% | 5 | 2.0% | 13 | 5.3% | 26 | 10.5% |
| ≥15 years | 32 | 13.0% | 3 | 1.2% | 32 | 13.0% | 67 | 27.1% |
| **Mean ± SD/ Range** | 10.26 ± 8.42/ 35 | | | | | | | |
| **Years of experience in department** | | | | | | | | |
| < 5 years | 39 | 15.8% | 52 | 21.1% | 71 | 28.7% | 162 | 65.6% |
| 5 : < 10 years | 17 | 6.9% | 9 | 3.6% | 14 | 5.7% | 40 | 16.2% |
| 10 : < 15 years | 17 | 10.2 | 1 | 8.2 | 14 | 5.7% | 32 | 13.0% |
| ≥15 years | 6 | 2.4% | 1 | .4% | 6 | 2.4% | 13 | 5.3% |
| **Mean ± SD/ Range** | 5.19±3.94/ 22 | | | | | | | |
| **Marital status** | | | | | | | | |
| Single | 17 | 6.9% | 23 | 9.3% | 41 | 16.6% | 81 | 32.8% |
| Married | 61 | 24.7% | 36 | 14.6% | 60 | 24.3% | 157 | 63.6% |
| Divorced | 1 | .4% | 4 | 1.6% | 4 | 1.6% | 9 | 3.6% |

**Table (2):** Organizational cynicism dimensions perception among nurses (n=247).

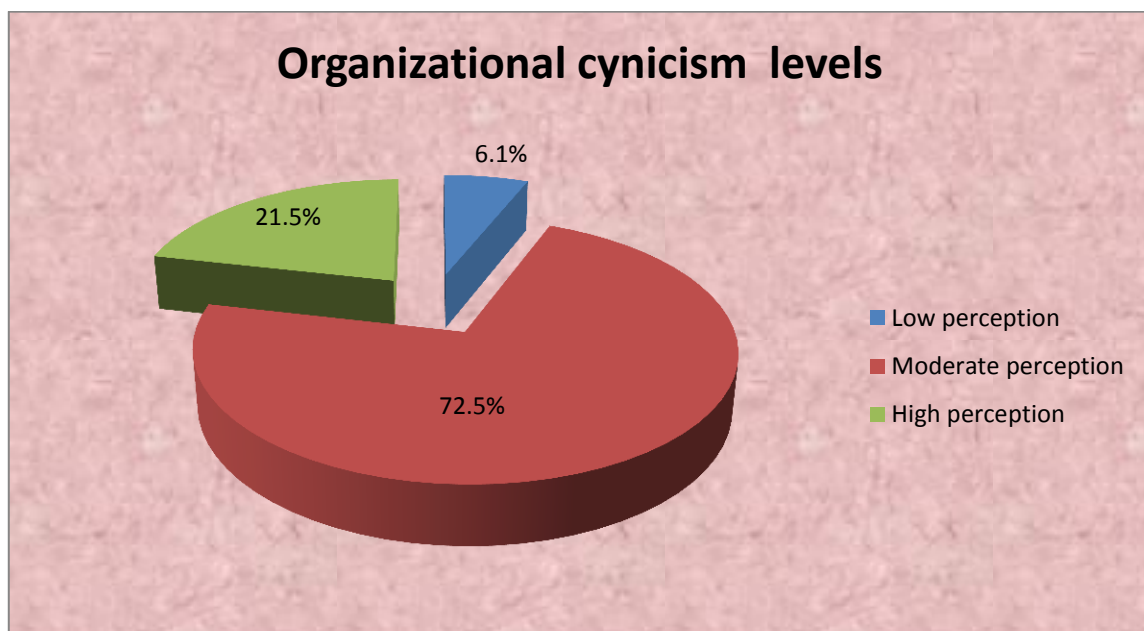| Organizational cynicism dimensions | Nurses' perception | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| | Low perception | | Moderate perception | | High Perception | |
| | No | % | No | % | No | % |
| **Organizational cynicism domains** | 96 | 38.9 | 117 | 47.4 | 34 | 13.8 |
| • Cognitive cynicism | 76 | 30.8 | 86 | 34.8 | 85 | 34.4 |
| • Behavioral cynicism | 146 | 59.1 | 73 | 29.6 | 28 | 11.3 |
| • Affective cynicism | 79 | 32.0 | 152 | 61.5 | 16 | 6.5 |
| **Reasons of organizational cynicism** | 70 | 28.3 | 121 | 49.0 | 56 | 22.7 |
| **Mechanism to reduce organizational cynicism** | 27 | 10.9 | 56 | 22.7 | 164 | 66.4 |
| **Total** | **15** | **6.1%** | **179** | **72.5%** | **53** | **21.5%** |



**Figure (1):** Organizational cynicism perception among nurses (n=247)

**Table (3):** Quality of work life dimensions levels as perceived by studied nurses (n=247).

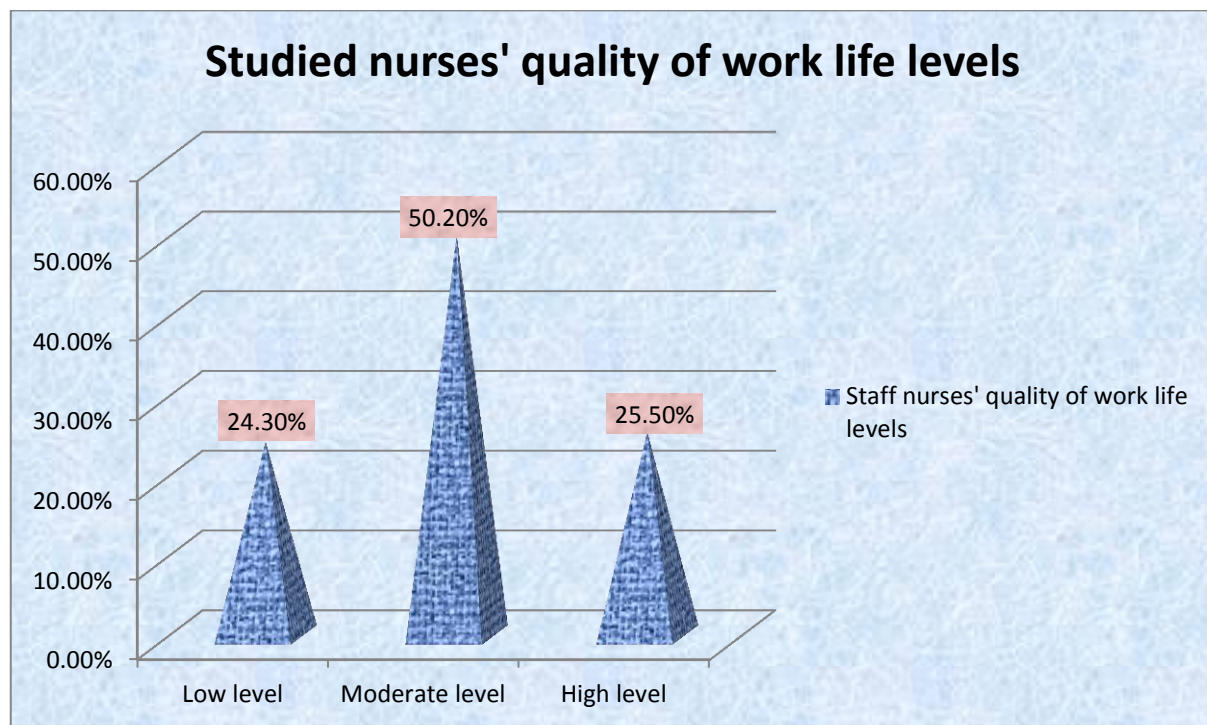| Quality of work life dimensions | Nurses' perception | | | | | |
|---|---|---|---|---|---|---|
| | Low perception | | Moderate perception | | High perception | |
| | No | % | No | % | No | % |
| Work environment | 17 | 6.9 | 141 | 57.1 | 89 | 36.0 |
| Organization culture | 41 | 16.6 | 132 | 53.4 | 74 | 30.0 |
| Relation and cooperation | 13 | 5.3 | 138 | 55.9 | 96 | 38.9 |
| Training and development | 43 | 17.4 | 116 | 47.0 | 88 | 35.6 |
| Compensation and rewards | 123 | 49.8 | 81 | 32.8 | 43 | 17.4 |
| Facilities | 122 | 49.4 | 96 | 38.9 | 29 | 11.7 |
| Job satisfaction and job security | 43 | 17.4 | 102 | 41.3 | 102 | 41.3 |
| Autonomy of work | 41 | 16.6 | 136 | 55.1 | 70 | 28.3 |
| Adequacy of resources | 36 | 14.6 | 91 | 36.8 | 120 | 48.6 |
| **Total** | **60** | **24.3%** | **124** | **50.2%** | **63** | **25.5%** |



**Figure (2)**: Quality of work life levels as perceived by studied nurses (n=247).

**Table (4):** Correlation matrix between total quality of work life dimensions and total organizational cynicism dimensions (n=247).

| Quality of work life dimensions | Sig | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1-Work environment | R | - | | | | | | | | | | | | | |
| | P | - | | | | | | | | | | | | | |
| 2-Organization culture | R | .735** | - | | | | | | | | | | | | |
| | P | .000 | - | | | | | | | | | | | | |
| 3-Relation and cooperation | R | .595** | .692** | - | | | | | | | | | | | |
| | P | .000 | .000 | - | | | | | | | | | | | |
| 4-Training and development | R | .560** | .548** | .667** | - | | | | | | | | | | |
| | P | .000 | .000 | .000 | - | | | | | | | | | | |
| 5-Compensation and rewards | R | .639** | .721** | 247 | .598** | - | | | | | | | | | |
| | P | .000 | .000 | .612** | .000 | - | | | | | | | | | |
| 6-Facilities | R | .595** | .676** | .000 | .517** | .784** | - | | | | | | | | |
| | P | .000 | .000 | 247 | .000 | .000 | - | | | | | | | | |
| 7-Job satisfaction & job security | R | .675** | .744** | .534** | .549** | .679** | .642** | - | | | | | | | |
| | P | .000 | .000 | .000 | .000 | .000 | .000 | - | | | | | | | |
| 8-Autonomy of work | R | .502** | .620** | .678** | .382** | .595** | .536** | .692** | - | | | | | | |
| | P | .000 | .000 | .000 | .000 | .000 | .000 | .000 | - | | | | | | |
| 9-Adequacy of resources | R | .565** | .633** | .515** | .342** | .579** | .542** | .662** | .579** | - | | | | | |
| | P | .000 | .000 | .000 | .000 | .000 | .000 | .000 | .000 | - | | | | | |
| 10-Organizational cynicism domain | R | -459** | -.498** | .533** | -.458** | -.439** | -.330** | -.481** | -.366** | -.545** | - | | | | |
| | P | .000 | .000 | .000 | .000 | .000 | .000 | .000 | .000 | .000 | - | | | | |
| 11-Reasons of organizational cynicism | R | -.412** | -.511** | -.485** | -.463** | -.479** | -.368** | -.501** | -.346** | -.537** | .785** | - | | | |
| | P | .000 | .000 | .000 | .000 | .000 | .000 | .000 | .000 | .000 | .000 | - | | | |
| 12-Mechanisim to reduce organizational cynicism | R | .235** | .227** | -.495** | -.100- | .101 | .190** | .201** | .169** | .232** | .043 | .076 | - | | |
| | P | .000 | .000 | .000 | .118 | .113 | .003 | .002 | .008 | .000 | .499 | .232 | - | | |
| 13-Total organizational cynicism | R | -.252** | -.314** | .168** | -.450** | -.341** | -.199** | -.317** | -.218** | -.344** | .799** | .805** | .581** | - | -.381** |
| | P | .000 | .000 | .008 | .000 | .000 | .002 | .000 | .001 | .000 | .000 | .000 | .000 | - | .000 |
| 14- Total quality of work life | R | | | | | | | | | | -.557** | -565** | .194** | -.381** | - |
| | P | | | | | | | | | | .000 | .000 | .002 | .000 | - |

Bivariate Person correlation test, Significance considered if $p < 0.05*$, highly considered if $p < 0.001**$
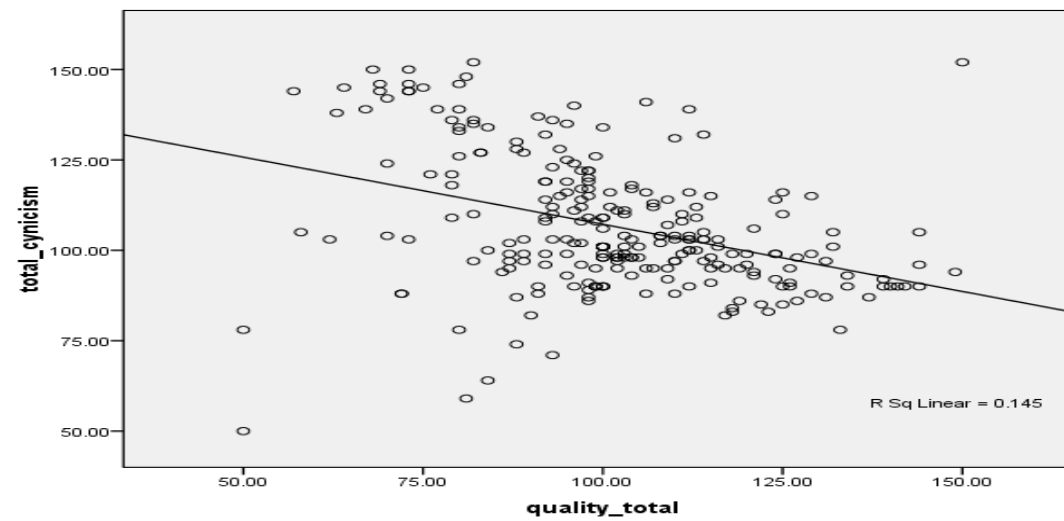
**Figure (3):** Correlation between total score of organizational cynicism and total score of quality of work life (n=247).

## DISCUSSION

Nursing is an indispensable profession that significantly contributes to the health and welfare of population's worldwide, serving as the foundation of the healthcare system. Nurses represent the largest segment of the workforce of healthcare, and their expertise is crucial for the efficient functioning of healthcare services. It is essential for healthcare organizations to address and mitigate adverse conditions, such as organizational cynicism, to enable nurses to deliver more effective and high-quality care within the healthcare framework (Mortazavi, 2022). Therefore, the current study aimed to put under examination the nurses' perception toward organizational cynicism and its relation to their quality of work life in Port-Said hospitals.

As regard to organizational cynicism dimensions levels as perceived by studied nurses the current study found that two thirds of the studied nurses had high perception regarding mechanism to reduce organizational cynicism, lesser half of them had moderate perception regarding reasons of organizational cynicism and organizational cynicism domain. While less than two fifth of them had low perception related to organizational cynicism domain. This may be due to the presence of many factors that can causes organizational cynicism and management efforts to handle those factors for better work environment. These results were compatible with Elsayed, Eid & Mahmoud, (2024), who studied effect of organizational cynicism management educational program on nurses' organizational commitment and job embeddedness, and showed that, majority of nurses had high organizational cynicism management attitude.

Furthermore, organizational cynicism dimensions perception among nurses in the current study revealed that two thirds of the studied nurses had high perception regarding mechanism to reduce organizational cynicism, less than two thirds of them had moderate perception regarding affective cynicism and less than half of them had moderate perception regarding reasons of organizational cynicism. While more than half of them had low perception relevant to behavioral cynicism. This may be attributed to efforts by nurses and supervisors to handle cynicism to avoid its poor consequences and effects on nurses' work life. These results were incongruent with

Abdallah, Ali, & Shawky, (2024), who revealed that one half of the studied nurses had high level of affective cynicism and less than half of them had high levels of cognitive and behavioral cynicism.

Regarding organizational cynicism perception among nurses, the current study demonstrated that less than three quarters of the studied nurses had moderate perception level of total organizational cynicism. This may be attributed to nurses' perception of a change in working methods within the hospital, increased tasks and workloads without financial or moral compensation, the hospital failed to meet colleagues' expectations and meet their needs, and control of individualism in work practices. These results were congruent with Mohamed, Abdeen & Attia, (2024), who studied relation between organizational cynicism and counterproductive work behavior amid nurses. It was revealed by the study that less than two fifth of studied nurses had a moderate perception level of organizational cynicism. Meanwhile, the current study was incongruent with Ali & Elsayed, (2022), who studied correlation between organizational cynicism and counterproductive work behaviors among nurses and exhibited that nursing staff possessed a high level of organizational cynicism.

According to quality of work life dimensions levels as perceived by studied nurses revealed that they had moderate levels of the quality of work life. Moreover, nearly half of them had low perception regarding compensation and rewards, and facilities. Also, more than half of them had moderate perception regarding work environment, relation and cooperation. While less than half of them had high perception regarding adequacy of resources. This may be due to absence of reward system and unfair compensation, in addition to, negative work environment and absence of teamwork. These results were supported by the study performed by Kassem & Ahmed, (2021), which entitled impact of work values and quality of work life on intention to stay among head nurses working at oncology center, and revealed that the lowest score perception was for salaries and incentives and the highest score was for psychological work environment. These results incongruent with the study performed by Alzoubi et al., (2024), which entitled assessment of the quality of nursing work life and its associated factors amid critical care nurses, and showed that the total scores of quality of nurses work life indicating low levels of quality of work life.

Regarding total quality of work life levels as perceived by studied nurses the current study indicated that approximately half of them had moderate level of work life quality and about one quarters of them had high level. While less than one quarters of them had low level of quality of work life. This might be due to nurses' workload and unable to attend to personal work due to the demands made by work. These results were congruent with the study carried out by Zandian, Sharghi, & Moghadam, (2020), who studied quality of work life and work-family conflict: a cross-sectional study among nurses in teaching hospitals, and reflected that nurses' levels of quality of work life were moderate. On the other hand these results were incongruent with Korkmaz & Torlak, (2024), who studied work alienation and quality of work life among nurses, and demonstrated that nurses' quality of work life score was high.

Regarding correlation between quality of work life dimensions and organizational cynicism dimensions the current study indicated a statistical significant negative correlation was evident between total organizational cynicism, quality of work life dimensions and mechanism to reduce organizational cynicism. While there was statistical significant positive correlation between total organizational cynicism and reasons of organizational cynicism. This may be because organizational cynicism create negative work environment that characterized by absence of team work and cooperation, lack of training programs and creating job insecurity which causes burnout and low levels of job satisfaction. These results were congruent with Mabrouk & Gab Allah, (2020), who studied relationship among organizational cynicism, perceived job insecurity and nurses' work role performance, and revealed that organizational cynicism and all of its' three dimensions had significant and positive relationship with job insecurity.

According to correlation between total score of organizational cynicism and total score of quality of work life the current study exhibited that there was negative statistically significant correlation between organizational cynicism and quality of work life. This means that the more organizational cynicism, the lower work life quality. This might be attributed to the fact that organizational cynicism causes counterproductive behaviors, stress, job insecurity, job dissatisfaction which affects nurses' performance and causes negative perception regarding work life. This result

was in the same line with supported by the study conducted by Mohammad, Abd El Rahman, Ali & Ali, (2022), which entitled effect of organizational cynicism on quality of work life and employee effectiveness among nursing staff and revealed that organizational cynicism was negatively correlated to quality of work life.

## CONCLUSION

**In accordance with the results of the present study, a conclusion can be drawn which states that:**

Less than three quarters of the studied nurses had moderate perception level of total organizational cynicism, while more than one fifth of them had high perception and less than one tenth of them had low perception level of organizational cynicism. Additionally, the current study indicated that slightly more than half had moderate level of quality of work life and slightly more than one quarters of them had high level. While less than one quarters of them had low level of quality of work life.

## RECOMMENDATIONS

**In accordance with the results of the present study, the following recommendations were suggested:**

- Preparing programs and workshops to teach nursing personnel how to deal with work pressures to avoid cynicism.
- Hospital administrators must identify their nurses' needs and matching them with hospital goals and seek for achieving their nurses' goals.
- A detailed job description should be prepared to help nurses identify their responsibilities.
- Applying an effective retention and commitment strategies that help improve nurses sense of belonging to their organization.
- Nurses should be empowered and being able to make their own work decisions.
- Conducting periodic meetings by nursing supervisors to discuss the problems that the nursing personnel encounter in their work environment.

**Limitations of the study**

In terms of study limitations, certain limitations relevant to this study are evident. At first, nurses carried out measurement of the rating of attitude and knowledge toward institutional cynicism by themselves; therefore, it is important to consider that nurses might be inclined to respond in the way the researcher is expecting and/or what might positively reflect on them, which is the reason why nurse responses could be overvalued. Secondarily, this study was unable to include a randomization or control group, also, this problem might be impacted by individual bias. Many procedural remedies were used to look into this problem, including pilot testing with nurses who met the same inclusion requirements to improve the intelligibility of the scale items. In addition to that, the nurses' participation in observing how the educational program affected their abilities helped them get over their cynical concerns.

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# إدراك الممرضين تجاه التهكم المؤسسى وعلاقته بجودة حياتهم بالعمل فى مستشفيات بورسعيد

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## الخلاصة

يعتبر التمريض مهنة نبيلة تتميز بالعديد من مصادر الإجهاد ، مما يؤدي إلى تدهور جودة الحياة العملية. بالإضافة إلى ذلك ، تظهر مواقف سلبية تهكمية تؤثر سلبًا على الأداء الوظيفي. يمكن للمرضين الذين يعانون من التهكم التنظيمى التأثير على المنظمة بأكملها ويمكن أن يعيقوا المنظمة عن تحقيق أهدافها. إذا كان غالبية المرضين لديهم مستويات مرتفعة من التهكم المؤسسى داخل مستشفياتهم فهناك فرص لحدوث المزيد من النتائج السلبية في المستشفيات. وبالتالي، سيُظهر هؤلاء الممرضين التزامًا أقل تجاه المستشفيات ، مع احتمالية تركهم لعملهم نظرًا لأن المزيد من التوتر وعدم الشفافية وانعدام وجود بيئة عمل صحية يرتبطان بالتهكم المؤسسى. بالإضافة إلى ذلك ، فإن التهكم التنظيمي يؤدي إلى نتائج سلبية على جودة الحياة داخل العمل وعدم تحقيق الهدف المرجو. تم استخدام تصميم وصفى لاجراء الدراسة بمستشفيات الهيئة العامة للرعاية الصحية بمحافظة بورسعيد وهما : مستشفى السلام , مستشفى الزهور , مستشفى النصر التخصصى ؛ شملت الدراسة 247 من الممرضين العاملين فى مكان البحث. وقد اظهرت النتائج أن 72.5% من الممرضين الخاضعين للدراسة لديهم مستويات متوسطة من الادراك تجاه التهكم المؤسسى , بينما 50.2% منهم لديهم مستويات متوسطة من جودة الحياة العملية. وقد تلخصت الدراسة بوجود علاقة سلبية مرتفعة مابين التهكم المؤسسى وجودة الحياة العملية. وأوصت الدراسة بتطبيق برنامج تدريبى لكلا من الممرضين والمديرين للحد من ظاهرة التهكم المؤسسى ومدى تأثيره على جودة الحياة العملية .

*الكلمات المرشدة*: ادراك الممرضين , التهكم المؤسسى , جودة الحياة العملية