Effect of Organizational Cynicism Behaviors on Nursing Staff Work Embeddedness

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Abstract

Background: Organizational cynicism is a critical cause for the nurses' negative attitudes toward their healthcare organization. Organizational cynicism is harmful viewpoint that has an impact on nurses' trustfulness and work embeddedness. **Aim:** Investigate the effect of organizational cynicism behaviors on nursing staff work embeddedness. **Subjects and Method: Design:** A descriptive correlational study design was used to conduct this study. **Setting:** The study was conducted at all intensive care units and inpatient departments of Samannoud General Hospital. **Subjects:** This study included 530 nurses. **Tools:** Tool I: Organizational Cynicism Behaviors Scale. Tool II: Work Embeddedness Scale. **Results:** About half (50.4%) of the nursing staff had moderate level of organizational cynicism behaviors. 24.4% and 57.5% of nursing staff had high and moderate levels of cognitive cynicism. A high percentage (69.4%) of the nursing staff had a low level of work embeddedness. More than half (56.4%) of the nursing staff had a high level of nurse community links dimension. **Conclusion:** There was a statistically significant negative correlation between organizational cynicism behaviors and work embeddedness among nursing staff. **Recommendations:** Hospital's administration should conduct constantly regular training programs for nursing staff in different healthcare units, to increase their awareness about organizational cynicism. Head nurses should allow staff nurses to participate in decision making processes, especially in issues related to them.

Keywords: Organizational Cynicism Behaviors, Nursing Staff, Work Embeddedness

Introduction

The health sector holds considerable importance due to its essential role it plays today and upgrades the quality of service it offers to a wide range of individuals in society **(Al-Shalaldeh & Al-Sarayreh, 2022)**. Nursing, as essential components of the healthcare structure encompass promoting healthiness, avoiding illness, and providing care for physically ill, psychologically ill, and disabled individuals of all ages, in all healthcare and other communal

settings **(Lewis et al., 2019)**. Nurses work with an extraordinary variety of professional, non-professional staff, patients, and patient's families. Staff nurses are deemed the pillar of healthcare organizations, and nursing administrators still face challenges with nurse retention. Inadequate organizational support might cause nurses to feel negatively toward their supervisors and healthcare organizations **(Otori, Mutiu, & Calvin, 2020)**.

Nurses who are experiencing negative emotions, frustration, and dissatisfaction can harm the quality of patient care. Organizational cynicism occurs among all nurses, supervisors, and administrators when they realize that their healthcare organization lacks honesty, ethics, and objectivity **(Butt & Yazdani, 2021)**. Organizational cynicism is defined as an attitude occurring from a critical judgment of one's employing organization's goals, behaviors, and morals; it is recognized as a condition rather than a personality characteristic. It is not just the feelings that "negative" nurses bring to the workplace, it is also how to foster those relationships and attitudes through work experience. **(Sheikh, Alvi, & Rehman, 2020)**.

Organizational cynicism is currently perceived as a three-dimensional just like cognitive cynicism, affective cynicism, and behavioral cynicism. Nurse cognitive cynicism is the nursing staff's faith that ideals such as validity, integrity, and authenticity have been conceded to improve the organization's objectives. Affective cynicism which signifies sentimental and emotional rejoinders to the understanding of the organization's deceit and incredibleness in its actions and activities. Behavioral cynicism refers to negative nursing staff behaviors toward the healthcare organization, which reduces its value and importance **(Alev & Bozbayindir, 2021; Li & Chen, 2019)**.

Organizational cynicism may have some negative effects on nursing staff and healthcare organizations, which may lead to lower self-esteem and output, higher absenteeism rates, conflict, counterproductive behaviors, intent to quit, dissatisfaction, a lack of access to human resources, and an exchange of attention among nursing staff **(Badran & Abou Zeid, 2021)**. Therefore, nurse managers play an important and vital role in determining the helpful or harmful organizational behaviors displayed by nursing staff and reducing organizational cynicism and its negative consequences for nurses and the healthcare organization as a whole **(Mohamed & Ali, 2020)**.

Organizational cynicism causes a decline in trust, organizational commitment, job satisfaction, and work engagement. It increases negative behaviors and attitudes and destroys relationships between nursing staff and the hospital which can affect work embeddedness. Cynicism is the defensive attitude of nursing staff toward unhealthy behavior, either by the top management or by the organization. Cynics criticize healthcare organizations as a whole **(Alola, Asongu, & Adewale, 2019)**.

Work embeddedness is a set of influences and a motivational variable that assists healthcare organizations to keep nurses. Work embeddedness is concerned with how nurses remain at their enduring jobs or what encourages them to do so **(Gibbs, 2021)**. Its concept transferred the conventional approach of seeking causes to leave healthcare organizations with the intent to stay. Work embeddedness is perceived as a mixture of spiritual, personal as well as professional traits preserving nurses from departing their job **(Zhao et al., 2021)**.

Work embeddedness encompasses three dimensions: nurse fit, nurse links, and nurse sacrifice, which these dimensions related with the nurse community and their hospital work (organizational). The nurse community fit is defined as how compatible the nurses feel with the community they belong to. The hospital work (organizational) fit which is described as a nurse's impression of comfort or compatibility with the healthcare organization **(Ampofo & Karatepe, 2022)**.

The nurse community links, which mentions a nurse's social bonds to the area public. Hospital work links are termed as relations that prove between a nurse and organizations or other people because of workings for a hospital **(Reitz & Anderson, 2021)**. The nurse community sacrifice, which seems price nurses must pay to give up their community. Finally, hospital work sacrifice is described as the external loss of any perceptible or imperceptible compensation that may be lost while departure the healthcare organization **(Gibbs & Duke, 2021)**.

Work embeddedness is a stronger indicator of work results such as nurse attendance, retention, and performance than other acceptable inner motives such as job satisfaction and organizational obligation. Therefore, the nurse manager plays a vital and effective role in promoting and increasing work embeddedness among nurses to obtain distinguished and impressive results in patient care and nurses' satisfaction. Nurses will be embedded in their professions when supplies are refilled, and their expectations and emotional results are met **(Gibbs, 2021)**.

Significance of study

Organizational cynicism and work embeddedness are relatively new concepts in hospitality management fields. Organizational cynicism brings about negative results affecting nurses in terms of the quality of nurse work life and satisfaction and the overall healthcare organization **(Brown, Kraimer, & Bratton, 2020)**. This could be due to a lack of organizational system, which leads to a negative work atmosphere, such as the poor coworkers' relationships, a work environment that discourage nursing staff to advance innovative skills, and an organization that does not let all nurses to take part in work commissions, which results in nurses being dissatisfied and not embedded with their work **(Susomrith & Amankwaa, 2020)**.

Aim of the study

Investigate the effect of organizational cynicism behaviors on nursing staff work embeddedness.

Research questions:

1. What are the levels of organizational cynicism behaviors as perceived by nursing staff?
2. What are the levels of nursing staff work embeddedness?
3. What is the effect of organizational cynicism behaviors on work embeddedness as perceived by nursing staff?

Subjects and Method

Study design:

A descriptive correlational study design was used in this study.

Setting:

The study was conducted at Samannoud General Hospital affiliated to the Ministry of Health and Population. All Intensive Care Units (Neonates, Cardiac, Medical, and Pediatric intensive care units) and inpatient departments (Medical, Surgical, Orthopedic, and Pediatric) were included in the study. The hospital bed capacity was 185 beds.

Subjects:

The present study subjects consisted of all nursing staff (n= 530) in the previous mentioned settings Intensive Care Units (Neonates 100 nurses, Cardiac 70 nurses, Medical 70 nurses, and Pediatric 70 nurses) and inpatient departments (Medical 60 nurses, Surgical 60 nurses, Orthopedic 50 nurses, and Pediatric 50 nurses).

Tools of data collection:

To fulfill the purpose of this study, two tools were used to collect the needed data:

Tool I: Organizational Cynicism Behaviors Scale

This tool was developed by the investigator based on **Brandes, Dharwadkar, Dean, and James**

(1999); Dean, James, Brandes, and Dharwadkar (1998). It was used to assess organizational cynicism for nursing staff. It consisted of two parts:

Part I: Personal data of nursing staff. This part was developed by the investigator to collect data as: position, age, gender, marital status, level of education, department, years of experience, income/month, number of children, and participation in hospital committees.

Part II: Organizational cynicism behaviors questionnaire. It is comprised of three dimensions; cognitive, affective, and behavioral. It consisted of 23 items categorized into three dimensions as follows:

- **Cognitive dimension:** it included eight items.
- **Affective dimension:** it included seven items.
- **Behavioral dimension:** it included eight items.

Scoring system

Nursing staff responses according to organizational cynicism were measured by the five- points of Likert Scale ranging from (1) Strongly Disagree, (2) Disagree, (3) Uncertain, (4) Agree, and (5) Strongly Agree. The score of each dimension summed up and converted to percent score. The total scores were summed up and classified into levels according to cut-off points where:

- High level of organizational cynicism ≥70%.
- Moderate level of organizational cynicism 50 %-< 70%.
- Low level of organizational cynicism < 50%.

Tool II: Work Embeddedness Scale

This tool was developed by investigator based on **Mitchell and Lee, (2001)** and recent literature, **(Aiken, Clarke, Sloane, Sochalski, & Silber 2002; Holtom & O'Neill, 2004)**. It was used to assess the work embeddedness for nursing staff. It consisted of three dimensions; nurse fit, nurse links, and nurse sacrifice. It consisted of 58 items categorized into three dimensions as follows:

- **Nurse fit:**
- **Nurse community fit:** it included eight items.
- **Hospital work fit:** it included fourteen items.
- **Nurse Links:**
- **Nurse community links:** it included eight items.
- **Hospital work links:** it included eight items.
- **Nurse Sacrifice:**
- **Nurse community sacrifice:** it included five items.
- **Hospital work sacrifice:** it included fifteen items.

Scoring system:

Nursing staff responses regarding their work embeddedness were measured by the five points of Likert Scale ranging from (1) Strongly Disagree, (2) Disagree, (3) Uncertain, (4) Agree and (5) Strongly Agree. The score of each dimension summed up and converted to percent score. The total scores were summed up and classified into levels according to cut-off points where:

- High level of nursing staff work embeddedness ≥75%.
- Moderate level of nursing staff work embeddedness 60 %-< 75%.
- Low level of nursing staff work embeddedness < 60%.

Method:

1. Official permission to conduct the study was obtained from the Dean of Tanta Faculty of Nursing to administrator of Samannoud Hospital and was submitted to the responsible authorities of the selected setting.

2. **Ethical considerations:**
- Approval from the Scientific Research Ethics' Committee at Faculty of Nursing was obtained with code 75/6/2022.
- The investigator introduced herself to the participants. A full explanation of the aim and method of the study was given to obtain their acceptance and cooperation as well as their informed consent.
- The right to abstain or terminate participation at any time was respected.
- The nature of the study was not causing any harm or pain for the entire subject.
- Assuring nurses about the privacy and confidentiality of collected data, they explain that it was used only for study purposes.

3. After reviewing the related literature and different studies in this field, the tools were developed by the investigator and translated into the Arabic language to collect data from nursing staff.

4. Tools were reviewed with the supervisors, then submitted to five experts in the area of specialty from the same department of administration in the Nursing Faculty of Tanta and Mansoura

University for testing the content and face validity.

- The face validity of the tools was calculated based on experts' opinions after calculating. The content validity index was 96.4% for tool (I) and 99% for the tool (II).

- A pilot study was carried out on 10% of subject (n=53) after the development of the tools. The aim of pilot study was to test the sequence of items, clarity, applicability, and relevance of questions.

- Reliability of the tools was tested using Cronbach's Alpha 52 which was 0.807 for tool (I), and 0.938 for tool (II).

5. Data collection phase: The data was collected from the subject at Samannoud Hospital by the investigator. The investigator met the nursing staff in small groups during their work to distribute the questionnaire.

6. The estimated time needed to complete the questionnaire items from the nursing staff was between 15-20 minutes.

7. The data was collected over a period of six months, from January 2023 until June 2023.

Results

Table (1): Represents the personal characteristics of nursing staff. As noticed in the table, the nursing staff's ages ranged between 20 up to 59 years old, with the mean age of 34.68 ± 9.40. The majority (88.9%) of the nursing staff were females. The majority (81.1%) of the total nursing staff were married. About one-third (32.3%) of the nursing staff had a Diploma Degree in nursing and 40.0% of them had a Technical Nursing Diploma Degree. Only 18.9% of nursing staff worked in the Neonates Intensive Care Unit. Around half (47.4%) of the nursing staff had <10 years of experience with the mean 13.10 ± 10.0. Also, 42.5% and 40.9% of the nursing staff had from 3 to 4 and 1 to 2 children respectively. High percent (76.6%) of the total nursing staff have not participated in hospital committees.

Figure (1): Represents levels of organizational cynicism behaviors as perceived by nursing staff. This figure shows that about half (50.4%) of the nursing staff had moderate level of organizational cynicism behaviors. Also, about one-third (36.0%) of the nursing staff had low level of organizational cynicism behaviors while 13.6% of them had high level of organizational cynicism behaviors.

Table (2): Illustrates levels of organizational cynicism behaviors dimensions as perceived by nursing staff. The total perception mean of nursing staff about organizational cynicism behaviors dimensions was 56.27 ± 12.50. The table shows that over half (57.1%) of staff nurses had moderate level of the cognitive dimension of organizational cynicism behaviors also, the majority 87.5% of head nurses had a moderate level. Both staff nurses and head nurses (41.2% and 50.0%) respectively had low levels of the affective dimension of organizational cynicism behaviors. More than one-third (42.1%) of staff nurses and two-thirds 62.5% of head nurses had low levels of the behavioral dimension of

organizational cynicism behaviors. Around half (50.4% and 50.0%) of staff nurses and head nurses respectively had moderate levels of all dimensions of organizational cynicism behaviors.

Figure (2): Represents nursing staff levels of work embeddedness. This figure shows that a high percent (69.4%) of the nursing staff had a low level of work embeddedness. One-quarter (24.2%) of the nursing staff had a moderate level of work embeddedness while 6.4% of them had a high level of work embeddedness.

Table (3): Represents nursing staff levels of work embeddedness. The mean of the total perception of nursing staff about work embeddedness dimensions is 55.37 ± 11.52. The table shows that over two-thirds (67.7% and 62.6%) of the nursing staff had a low level of nurse community fit and hospital work fit as organizational dimensions respectively of work embeddedness. Above half (56.4%) of the nursing staff had a high level of nurse community links dimension of work embeddedness and above forty 46.2% of them had a low level of hospital work links as organizational dimension. About half (54.9%) of the nursing staff had a low level of nurse community sacrifice dimension of work embeddedness while the majority (87.2%) of them had a low level of hospital work sacrifice as organizational dimension. High percent (69.4%) of them had a low level of overall work embeddedness.

Table (4): Illustrates correlation between organizational cynicism behaviors and work embeddedness in nursing staff. The table shows that there was a statistically significant negative correlation between organizational cynicism behaviors and work embeddedness among the nursing staff (r= -0.466[*]).

Table (1): Personal characteristics of nursing staff

Personal characteristics of nursing staff	Staff nurses (n = 522)		Head nurses (n = 8)		Total (n = 530)	
	No.	%	No.	%	No.	%
Age						
<30	214	41.0	0	0.0	214	40.4
30-<40	151	28.9	1	12.5	152	28.7
40-<50	119	22.8	5	62.5	124	23.4
≥50	38	7.3	2	25.0	40	7.5
Range	20.0 – 59.0		38.0 – 50.0		20.0 – 59.0	
Mean ± SD.	34.52 ± 9.38		44.75 ± 4.86		34.68 ± 9.40	
Sex						
Male	59	11.3	0	0.0	59	11.1
Female	463	88.7	8	100.0	471	88.9
Marital status						
Married	424	81.2	6	75.0	430	81.1
Unmarried	98	18.8	2	25.0	100	18.9
Level of education						
Diploma Degree in Nursing	171	32.8	0	0.0	171	32.3
Technical Nursing Diploma Degree	212	40.6	0	0.0	212	40.0
Bachelor of Nursing Sciences	122	23.4	5	62.5	127	24.0
Post-graduate Nursing	17	3.3	3	37.5	20	3.8
Department						
Neonates intensive care unit	99	19.0	1	12.5	100	18.9
Cardiac intensive care unit	69	13.2	1	12.5	70	13.2
Medical intensive care unit	69	13.2	1	12.5	70	13.2
Pediatric intensive care unit	69	13.2	1	12.5	70	13.2
Medical department	59	11.3	1	12.5	60	11.3
Surgical department	59	11.3	1	12.5	60	11.3
Orthopedic department	49	9.4	1	12.5	50	9.4
Pediatric department	49	9.4	1	12.5	50	9.4
Years of experience						
<10	251	48.1	0	0.0	251	47.4
10-<20	137	26.2	4	50.0	141	26.6
20-<30	95	18.2	3	37.5	98	18.5
≥30	39	7.5	1	12.5	40	7.5
Range	1.0 – 39.0		15.0 – 30.0		1.0 – 39.0	
Mean ± SD.	12.96 ± 9.98		22.25 ± 6.18		13.10 ± 10.0	
Income/month						
Mean ± SD.	3772.4±860.9		5093.6±525.4		3792.4±871.6	
No of children						
0	75	14.5	0	0.0	75	14.1
1-2	217	41.5	0	0.0	217	40.9
3-4	217	41.5	8	100.0	225	42.5
5+	13	2.5	0	0.0	13	2.5

Mean ± SD.	2.13 ± 1.30		3.13 ± 0.35		2.15 ± 1.29	
Participation in hospital committees						
No	406	77.8	0	0.0	406	76.6
Yes	116	22.2	8	100.0	124	23.4
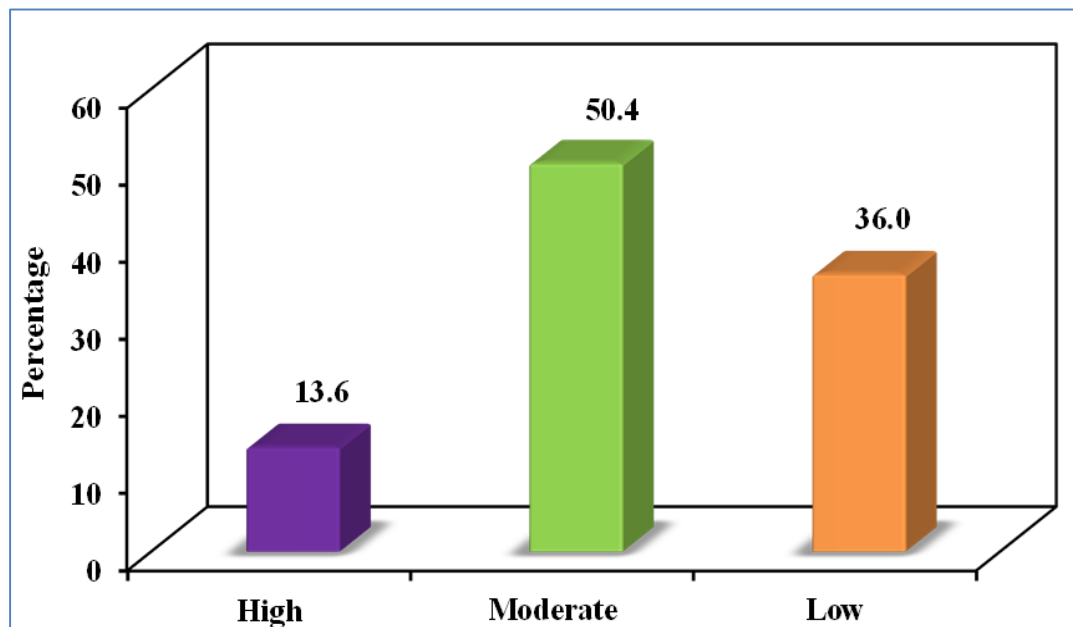
Overall organizational cynicism behaviors

Figure 1: Levels of organizational cynicism behaviors as perceived by nursing staff (n= 530).

Table (2): Levels of organizational cynicism behaviors dimensions as perceived by nursing staff

| Organizational cynicism behaviors	Staff nurses (n = 522)		Head nurses (n = 8)		Total (n = 530)		Test of Sig.	P
	No.	%	No.	%	No.	%		
Cognitive Dimension								
High	129	24.7	0	0.0	129	24.4	χ^2= 2.897	^{MC}p=0.183
Moderate	298	57.1	7	87.5	305	57.5		
Low	95	18.2	1	12.5	96	18.1		
% Score Mean ± SD.	61.16 ± 12.52		68.75 ± 8.91		61.14 ± 12.47		t=0.313	0.754
Affective Dimension								
High	127	24.3	1	12.5	128	24.2	χ^2=0.569	^{MC}p=0.819
Moderate	180	34.5	3	37.5	183	34.5		
Low	215	41.2	4	50.0	219	41.3		
% Score Mean ± SD.	53.15 ± 19.38		45.98 ± 24.78		53.05 ± 19.46		t=1.034	0.301
Behavioral Dimension								
High	96	18.4	0	0.0	96	18.1	χ^2=1.804	^{MC}p= 0.413
Moderate	206	39.5	3	37.5	209	39.4		
Low	220	42.1	5	62.5	225	42.5		
% Score Mean ± SD.	54.28 ± 16.70		50.39 ± 12.99		54.22 ± 16.65		t=0.655	0.512
Overall Organizational cynicism behaviors								
High	72	13.8	0	0.0	72	13.6	χ^2=1.053	^{MC}p=0.615
Moderate	263	50.4	4	50.0	267	50.4		
Low	187	35.8	4	50.0	191	36.0		
% Score Mean ± SD.	56.33 ± 12.51		52.31 ± 11.97		56.27 ± 12.50		t=0.902	0.367
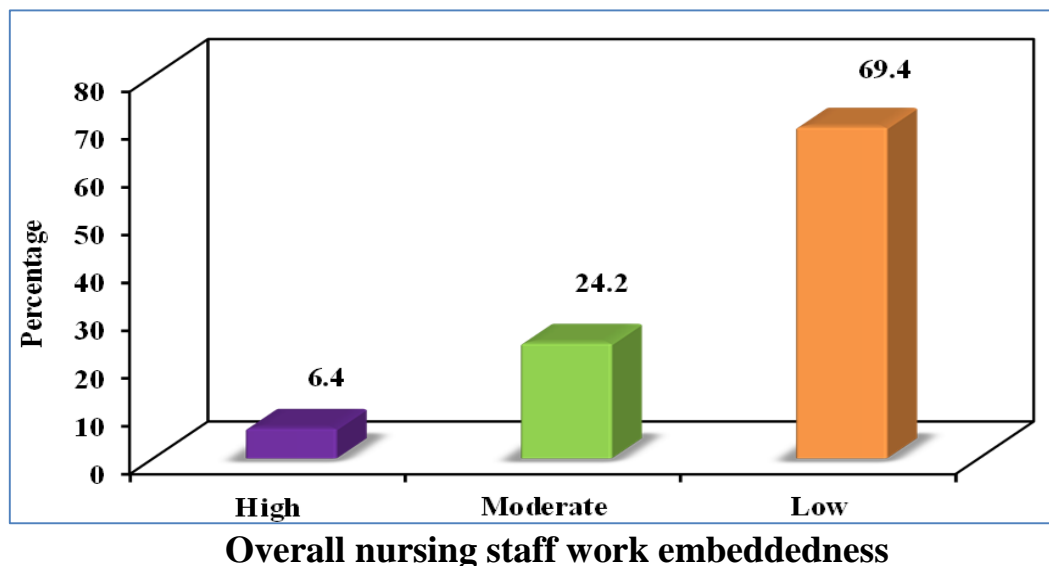
Figure2: Nursing staff levels of work embeddedness (n=530)

Table3: Levels of work embeddedness dimensions as perceived by nursing staff

Work embeddedness	Staff nurses (n = 522)		Head nurses (n = 8)		Total (n = 530)		Test of Sig.	p
	No.	%	No.	%	No.	%		
Nurse Community Fit								
High	76	14.6	1	12.5	77	14.5	χ^2=0.639	MCp= 0.853
Moderate	92	17.6	2	25.0	94	17.7		
Low	354	67.8	5	62.5	359	67.7		
% Score Mean ± SD.	55.05 ± 16.21		55.86 ± 14.41		55.06 ± 16.17		t=0.141	0.888
Hospital Work Fit (Organizational)								
High	80	15.3	2	25.0	82	15.5	χ^2=1.224	MCp= 0.599
Moderate	114	21.8	2	25.0	116	21.9		
Low	328	62.8	4	50.0	332	62.6		
% Score Mean ± SD.	56.07 ± 16.10		60.04 ± 17.21		56.13 ± 16.10		t=0.693	0.488
Nurse Community Links								
High	294	56.3	5	62.5	299	56.4	χ^2=1.123	MCp= 0.620
Moderate	148	28.4	3	37.5	151	28.5		
Low	80	15.3	0	0.0	80	15.1		
% Score Mean ± SD.	74.89 ± 13.26		78.91 ± 11.66		74.95 ± 13.24		t=0.852	0.394

Hospital Work Links (Organizational)								
High	102	19.5	7	87.5	109	20.6	χ^2=16.126*	MCp= <0.001*
Moderate	175	33.5	1	12.5	176	33.2		
Low	245	46.9	0	0.0	245	46.2		
% Score Mean ± SD.	62.36 ± 15.08		82.81 ± 6.68		62.67 ± 15.20		t=3.826*	<0.001*
Nurse Community Sacrifice								
High	59	11.3	1	12.5	60	11.3	χ^2=3.435	MCp= 0.152
Moderate	174	33.3	5	62.5	179	33.8		
Low	289	55.4	2	25.0	291	54.9		
% Score Mean ± SD.	55.03 ± 16.39		60.63 ± 8.63		55.11 ± 16.31		t=1.785	0.113
Hospital Work Sacrifice (Organizational)								
High	7	1.3	0	0.0	7	1.3	χ^2=0.895	MCp= 1.000
Moderate	60	11.5	1	12.5	61	11.5		
Low	455	87.2	7	87.5	462	87.2		
% Score Mean ± SD.	40.62 ± 16.62		37.50 ± 16.93		40.57 ± 16.61		t=0.527	0.599
Overall Work Embeddedness								
High	33	6.3	1	12.5	34	6.4	χ^2=1.268	MCp= 0.539
Moderate	126	24.1	2	25.0	128	24.2		
Low	363	69.5	5	62.5	368	69.4		
% Score Mean ± SD.	55.31 ± 11.53		59.48 ± 11.18		55.37 ± 11.52		t=1.016	0.310

Table 4: Correlation between organizational cynicism behaviors and work embeddedness in nursing staff

		Organizational cynicism behaviors		
		Total (n = 530)	**Nurse (n = 522)**	**Head nurse (n = 8)**
Overall work embeddedness	**r**	-0.466*	-0.461*	-0.806*
	p	<0.001*	<0.001*	0.016*

Discussion

Organizational cynicism is the nurses' response to unfavorable circumstances in healthcare organizations and a sense of discontent with their profession. Organizational cynicism has a detrimental impact on nurses and healthcare organizations as a whole (**Abd-Elrhaman, Helal, & Elnady, 2022**).

Regarding organizational cynicism behaviors of nursing staff

The present study results revealed that about half of the nursing staff had a moderate level of organizational cynicism behavior. This may be due to cynical nurses losing confidence in anyone associated with their hospital, whether other nurses, their supervisors, or even the hospital administration. Therefore, they disregard the management's decisions and promises seriously because their management is not taking real action. They do not find any encouragement or incentive from their supervisors to continue working hard. Cynical nurses always feel not appreciated and not valued by their supervisors, which negatively affects their attitudes and behaviors in the hospital. They consistently believe that their healthcare organization is devoid of justice, integrity, honesty, and fairness.

This result goes in the same line with **El-Liethiey and Atalla, (2021)** who found that the nurses perceived moderate level of organizational cynicism. They reported that lack of job security and stressful work environment where the nurses suffer from intense workload, and inadequate supervision and guidance by head nurses lead to an increase in the rate of organizational cynicism among nurses.

This result was confirmed by **Ali and Elsayed, (2022)** who revealed that nurses with negative working environment create high levels of organizational cynicism among nurses which leads to high burnout levels, organizational losses and decline. Also, **Tutar et al., (2021)** found that cynicism leans to ascent suspicion about the good and genuineness of acts and human reasons. Nurses with high perception of the workplace impolite are assumed to adopt a dire and damaging attitude towards the healthcare organization.

While this finding was incongruent with **Elhanafy and Ebrahim, (2022)** who found that more than two thirds of the nurses had a low level of cynicism due to the differences in personal characteristics and the way of thinking among the nurses. Also, **Abd-Elrhaman et al., (2022)** revealed that a low perceived organizational cynicism level among the staff nurses because of a slight deficiency in justice and genuineness in organizational practices among them.

The current study showed that the highest mean percent score of organizational cynicism as perceived by the nursing staff was related to cognitive cynicism. This result may be due to the nurses' faith in dishonesty, and distrust in the hospital management and its decisions. Also, the majority of nurses' absence from decision-

making processes and various hospital committees. The hospital administration or head nurses don't appreciate the nurses' efforts or performance. While the lowest mean percent score of organizational cynicism perceived by the nursing staff was affective cynicism. These results can be defensible by cynical nurses who have difficulty relying on other nurses or supervisors within the healthcare organization. Nurses feel that there is no interest in their well-being during their shifts or work. They find it not easy to trust or befriend others. They always feel frustrated, stressed, or upset during work or talk about hospital.

The findings of the present study are in the same line with **Abd-Elrhaman et al., (2022)** who revealed that the highest mean score of organizational cynicism was connected to cognitive cynicism. They said that this result can be defendable by the nurses assurance that their hospital claims one way but speaks a different way. While the present study was incongruent with **Abd El-Monem, Zaki, and Hasanin, (2023)** who found that the majority of the nurses had responses high to affective dimension of organizational cynicism while the cognitive dimension had the lowest level.

Regarding work embeddedness of nursing staff

The present study findings revealed that a high percent of the nursing staff had a low level of work embeddedness. This result may be due to the nurses are unable to form a close relationship with others because they are incompatible with the hospital's cultures and values. They struggle to communicate with others. Also, the majority of them don't participate in hospital committees. They feel disconnected from their healthcare organization, and they feel unfairly treated by healthcare managers. This reduces the ability of nurses to identify with the healthcare organization which makes them more frustrated and resist changes.

The findings of the present study were supported by **Abd Elhamed and Saber, (2022)** who found that nurses have a low level of total work embeddedness. They said that the result may be due to the deficiency of satisfactory incentives, incomes, dearth of a career ladder in nursing, as well as a lack of community support for nurses. Also, when nurses' loyalty decreases in healthcare organizations where nurses are not valued, this helps in decreasing the intent to stay and work embeddedness among nursing staff. Also, when there is no nurses' advocacy and when nurses' interests are not fortified, knowledge is not shared liberally; their satisfaction and work embeddedness decreased.

Additionally, **Cheng, (2024)** revealed that a high percentage of nurses had a low level of overall work embeddedness. Nurses did not view leaving their hospital as a significant problem because they had little experience, did not get administrative positions, did not participate in hospital committee services, and their jobs do not use their talents and capacities well. **Abd-Elrhaman et al., (2020)** found that the majority of the staff nurses were not embedded in

their jobs because of the decreased self-efficacy level and their commitment to their healthcare organizations.

On the other hand, the result of the current study was contradicted by **Elsayed et al., (2023)** who revealed that about two-thirds of nurses reported that they were embedded in their work. They said that this result may be due to the staff nurses who had provided sufficient reinforce from the nurse supervisor who were improving embedded in their professions. Nurse managers and nurses are also inspired to overcome challenges in direct communication with nurses by motivating and supporting the positive attitudes of nurses toward their profession. **Elsayed and Abdel-Ghani, (2022)** indicated that a high percentage of the nurses had a high level of work embeddedness could be associated to servant leaders who enable staff nurses, help them strengthen and achieve, and supply emotional recovery for them.

The present study showed that the highest mean percent of work embeddedness as perceived by the nursing staff was correlated to nursing community links dimension, while the lowest mean percent was related to hospital work sacrifice dimension (organizational).

This may be due to they are considering the family is significant. Their family and close friends live nearby in their community. They have sturdy social networks in their surroundings. They always want to strengthen their relationships with their family members to be more attached to them in formal or informal relations. Also, the nursing staff wouldn't sacrifice a lot if they left their hospital as they believe that job's profits aren't good, and the promotional opportunities aren't available. They perceived that the recompenses aren't adequate, and the bonus program isn't good. They don't perceive any competitive salary for performance level. The hospital doesn't provide good retirement benefits for retirees. Nurses don't have a lot of autonomy in this hospital to choose how to follow goals. If they left the hospital, they wouldn't forgo many benefits.

This result was confirmed by **Susomrith and Amankwaa, (2020)** who revealed that majority of the nursing staff have fixed and substantial links and relationships with their community, relatives, and groups. On the opposite, **Noor and Zainuddin, (2019)** revealed that nursing staff had a low level of nurse community links dimension. They have weak social connections and networks.

Regarding correlation between organizational cynicism behaviors and work embeddedness among nursing staff

The present study results revealed that there was a statistically significant negative correlation between organizational cynicism behaviors and work embeddedness among nursing staff at Sammanoud hospital. This result may be interpreted as cynical nurses who always have pessimistic beliefs toward their healthcare organizations which make them feel shame,

inequality, worry, hopelessness, less pleased with their job, and less embedded in their work.

This result goes in the same line with **Cheng, (2024)** found that organizational cynicism has a negative impact on work embeddedness. High responses toward organizational cynicism from their nurses might lead to lack of societal support and appreciation in the healthcare organization, and unhinged distribution of authority in the healthcare organization, as well as lack of communication and work embeddedness. Also, **Elsayed et al., (2024)** found that majority of the nurses had high organizational cynicism level and majority of nurses had low job embeddedness due to nurses had inadequate knowledge regarding organizational cynicism and work embeddedness.

Conclusion

Based on the current study findings, it can be concluded that: Half of the nursing staff had a moderate level of organizational cynicism behavior. The majority of nursing staff had the highest and moderate levels of cognitive dimension of organizational cynicism behavior. On the contrary, a high percent of the nursing staff had a low level of work embeddedness. More than half of the nursing staff had the highest level of nurse community links dimension of work embeddedness. Also, there was a statistically significant negative relation between organizational cynicism behaviors and work embeddedness among nursing staff. There was a statistically significant

negative correlation between all dimensions of organizational cynicism and all dimensions of work embeddedness of nursing staff.

Recommendations

In the light of the findings obtained from the present study, the following recommendations are suggested:

For the hospital's administration:
1. Be dedicated to promoting a culture of trust at all levels within the healthcare organization by developing an impression of trust and approving the fair practices.
2. Give interest in work embeddedness as an actual approach to improve relationships between nurses and each other.

For head nurses:
1. Provide specific techniques or approaches for nurses on stress management and how to deal with stressful situations in the hospital.
2. Conduct activities that improve the nurse's performance and award them cheer, recognition, and enforcement.

For staff nurse:
1. Avoid criticizing their colleagues, supervisors as well as the hospital's decisions.
2. Make an attempt to boost their self-confidence, and practical abilities to make independent decisions.

For further research:
1. Conduct educational programs about organizational cynicism and its effect on nurses' performance and patient outcomes.

2. Job embeddedness factors as a predicator of turnover intention among nurses.

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