

The Impact of Organizational Cynicism on Organizational Commitment: An Applied Study on Teaching Hospitals in Egypt

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Abstract

This research examines the effects of organizational cynicism on organizational commitment. Drawing on the literature review, there are some studies regarding organizational cynicism. In Egypt, limited research has been conducted, but the present study attempts to find out whether there is a relationship between organizational cynicism and organizational commitment. This study was conducted at Teaching Hospitals in Egypt from 2012/9 through 2013/2. It is the first empirical work so far in the field of organizational cynicism and its effect on organizational commitment at Teaching Hospitals in Egypt. This survey-type research is descriptive in terms of the data collection. The authors investigate the attitudes of employees in regards to organizational cynicism and organizational commitment. Ultimately, it elucidates the effect of organizational cynicism on organizational commitment. Three groups of employees at Teaching Hospitals in Egypt were examined. Three hundred and fifty seven questionnaires were distributed and 297 usable questionnaires were returned, a response rate of 83%. The findings revealed differences among the three groups of employees based upon their evaluative attitudes towards organizational cynicism and organizational commitment. The present study provides a number of recommendations for managers and practitioners to consider. Finally, the implications of this study are discussed.

Keywords: Organizational cynicism, organizational commitment, Egypt, hospitals, management.

1. INTRODUCTION

Organizational cynicism is an outcome of an employees' belief that organizations lack honesty. More specifically, expectations of morality, justice, and honesty are violated. Over the years, researchers have become more interested on issues relating to organizational cynicism. The concept of cynicism has become the subject of various disciplines in social sciences like philosophy, religion, political science, sociology, management and psychology (Ince & Turan, 2011).

It should be mentioned that studies regarding cynicism in Egypt are novel and in its rudimentary stages. Consequently, theoretical and empirical studies on this important topic are needed to better understand the short-term and long-term implications on organizations. For the purpose of this study, cynicism is defined as an employee having negative feelings such as anger, disappointment, and hopelessness. Ultimately, numerous problems emerge for both staff and organizations (Özler et al., 2010).

The importance of organizational cynicism in the Arab environments has not received its due share of interest. The relationship between organizational cynicism and organizational commitment has not been thoroughly investigated. Therefore, the current study is trying to examine the attitudes of employees toward organizational cynicism at Teaching Hospitals in Egypt and its effects on organizational commitment.

This elucidates the relationship between organizational cynicism and job attitudes (organizational commitment and job satisfaction), particularly in the Egyptian context.

This study is structured as follows: Section two presents a theoretical construct of organizational cynicism and job attitudes. Section three presents the research design. Section four explains the methodology. Empirical results and discussion are provided in section five. Section six handles the main conclusions and some recommendations for dealing with organizational cynicism at Teaching Hospitals in Egypt.

2. LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Hereunder is an overview of different contributions in literature regarding (1) organizational cynicism, and (2) organizational commitment.

2.1. Organizational Cynicism

Cynicism can be described as being negative and pessimistic about others. Employees who are cynical can influence the entire organization and can hinder the organization from reaching its goals. Cynical employees

believe that their colleagues are selfish and self-centered (Barefoot et al., 1989).

Some factors that influence cynicism are: dealing with stress, disagreement with organizational expectations, lack of social support and recognition, not having a voice in the decision-making process, unbalanced distribution of power, and lack of communication (Reichers et al., 1997). Cynics also believe that employees have low-levels of critical thinking capabilities and are not worthy of trust or loyalty (Abraham, 2000).

It should be mentioned that some researchers believe that cynicism is a personality trait or attitude rather than a lifestyle (Özgener et al., 2008).

As such, those who have obsessive disorders and certain personality traits such as unstable emotions can trigger organizational cynicism. Over time, cynics start dealing with organizational withdrawal behaviors. A classic example of withdrawal behavior is underscored in the movie "Office Space" where the main character (Peter Gibbons) clearly demonstrates withdrawal behaviors as a result of being cynical. A memorable scene is when Peter Gibbons has the following shocking dialogue with his occupational hypnotherapist:

Peter Gibbons: So I was sitting in my cubicle today, and I realized, ever since I started working, every single day of my life has been worse than the day before it. So that means that every single day that you see me, that's the worst day of my life.

Dr. Swanson: What about today? Is today the worst day of your life?

Peter Gibbons: Yeah.

Dr. Swanson: Wow, that's messed up.

This comical satire highlights the trials that many cynics face on a daily basis. For example, most employees dislike having a number of supervisors to report to, being micro-managed, and dealing with nepotism in the workplace. The two types of withdrawal behaviors are psychological withdrawal and physical withdrawal. Psychological withdrawal consists of actions that allow an individual to mentally depart from the work environment. Some examples of psychological withdrawal are: daydreaming, looking busy, moonlighting, and cyberloafing (Kaifi, 2013). Physical withdrawal, on the other hand, consists of actions that allow an individual to physically depart from the work environment. Some examples of physical withdrawal are: missing meetings, tardiness, and absenteeism.

To sum up, cynicism has become the norm in many organizations in the US and may also be the case in Egypt and other countries around the world. Some may argue that this is a direct result to job satisfaction levels decreasing over the last decade. One survey showed that just 49% of Americans are satisfied with their jobs, down from 58% a decade ago (Koretz, 2003).

Andersson (1996) defines organizational cynicism as general or specific attitudes of disappointment, insecurity, hopelessness, anger, mistrust of institutions or persons, group, ideology and social skills.

Organizational cynicism is the belief that an organization lacks honesty causing hard-hitting reputation and critical behaviors when it is combined with a strong negative emotional reaction (Abraham, 2000). It is an estimation based on an individual's work experience of the evaluator (Cole et al., 2006). It may refer to being unsatisfied with the organization.

Organizational cynicism is defined as an attitude formed by faith, feelings and behavioral tendencies. It is a negative attitude including the three dimensions developed by a person to his organization, namely; cognitive, affective, and behavioral structure of the cynical construct. The cognitive dimension of organizational cynicism is the belief that organization's lack honesty and transparency. The affective dimension of organizational cynicism refers to the emotional and sentimental reactions to the organization. The behavioral dimension of organizational cynicism refers to negative tendencies (Dean et al., 1998, Stanley et al., 2005).

2.2. Organizational Commitment

Mowday et al. (1982) conceive commitment as an attitude reflecting the nature and quality of the linkage between an employee and an organization. It is an individual's identification with a particular organization and its goals to maintain membership in order to attain these goals.

Organizational commitment has been defined as an employee's connection and loyalty to a particular organization (Porter et al., 1976; Mowday et al., 1979). It also refers to an employee's willingness to exert extra effort within the organization (Batemen & Strasser, 1984). It is a feeling of dedication, willingness to go the extra mile, and an intention to stay with the organization for a long period of time (Meyer & Allen, 1988; 1991). Organizational commitment means loyalty and intention to stay with the organization (Brewer, 1996). It is interested in the employee's willingness to leave their organization (Greenberg & Baron, 2003). It reflects the work attitudes of employees toward the organizations in which they work (Silverthorne, 2004).

Organizational commitment is an individual's willingness to dedicate efforts and loyalty to an organization (Jalonen, et al., 2006; Wagner, 2007). It is described as a key factor in the relationship between individuals and organizations (Sharma & Bajpai, 2010).

The three components conceptualization of organizational commitment indicated by Meyer and Allen (1991) are as follows:

- Affective commitment refers to an employee's continuing to work for an organization thanks to emotional attachment to, involvement in, and identification with that organization (Rashid et al., 2003),
- Continuance commitment refers to the commitment based on the costs that are associated with leaving a specific organization (Lee et al., 2001; Greenberg & Baron, 2003).
- Normative commitment relates to feeling obligated to remain with an organization, i.e. an employee with a strong sense of normative commitment will feel obligated to stay in the organization because the organization invested a lot of time to train the employee (Ayeni & Phopoola, 2007, Omar, et al. 2008).

Meyer & Allen (1991) believe that employees can experience all three forms of commitment and that the psychological states reflecting the three components of organizational commitment will develop as the function of quite different antecedents. They will also have different implications for work behavior. Most managers would agree that it is very difficult to find employees who have both high levels of task performance and organizational commitment.

Griffeth, et al., (1999) developed a model recognizing the four types of employees: stars, citizens, lone wolves, and apathetics in an organization. According to Kaifi (2013), stars possess high organizational commitment levels and also high task performance levels. Citizens possess high organizational commitment levels and low task performance levels. Lone wolves possess low levels of organizational commitment levels but high levels of task performance levels. Apathetics possess low levels of organizational commitment and task performance.

Raju & Srivastava (1994) believe that organizational commitment can be described as the factor that promotes the attachment of the individual to the organization. To put it differently, higher levels of performance and effectiveness at both the individual and the organizational level will be the outcome of the high levels of effort exerted by employees with high levels of organizational commitment.

Organizational commitment is beneficial for the organization as it reduces the absenteeism rate and turnover ratio, let alone enhancing the organization's productivity (Jernigan et al., 2002). Freund & Carmeli (2003) state that the employee who is highly committed to the organization contributes to the organization performance (Joiner & Bakalis, 2006).

3. RESEARCH QUESTIONS AND HYPOTHESES

The objective of this study is to analyze organizational cynicism and its relation with job attitudes at Teaching Hospitals in Egypt. The research process includes both questions and hypotheses. The hypotheses attempt to answer the research questions.

In light of the above-mentioned discussion, this research aims at answering the following questions:

Question 1: Are there fundamental variations among the employees at Teaching Hospitals in Egypt towards organizational cynicism?

Question 2: Are there fundamental differences among the employees at Teaching Hospitals in Egypt towards organizational commitment?

Question 3: What is the effect of organizational cynicism on organizational commitment at Teaching Hospitals in Egypt?

From the above-mentioned research questions, this study attempts to test the following hypotheses:

Hypothesis 1: There is no significant discrimination among the employees at Teaching Hospitals in Egypt towards organizational cynicism.

Hypothesis 2: There is no significant differences among the employees at Teaching Hospitals in Egypt towards organizational commitment.

Hypothesis 3: There is no statistically significant relationship between organizational cynicism and organizational commitment at Teaching Hospitals in Egypt.

4. RESEARCH METHOD

A survey was created and used for the research design of this study. Quantitative studies that are carried out by using the survey method allow researchers to collect data directly from the subject under review. Responses

are then analyzed and hypotheses are tested for accuracy and correlations.

4.1. Research Population

The research study is interested in investigating the effects of organizational cynicism on job attitudes at Teaching Hospitals in Egypt. This sector includes nine Hospitals. They are Ahmed Maher, El-Matrya, El-Galaa, El-Sahel, Benha, Shebin El-Kom, Damnhour. The researcher excludes Hospitals in Sohag and Aswan. This explains why the population of this study includes 5,135 employees.

The researcher has drawn on the random sampling method for gathering the primary data needed for the study because it was difficult to have access to all of the items of the research population, due to time limitations. The researcher has drawn on the stratified random sample while selecting items from the different categories of employees. Sampling size has been decided according to the following equation (Edris, 2004):

$$n = \frac{N \times (Z)^2 \times P(1-P)}{Ne^2 + (Z)^2 \times P(1-P)}$$

(n) refers to sampling size, (N) refers to size of the research population, (Z) refers to permissible error limits, 1.96 at 95% of confidence, (P) refers to number of items at the feature under study, 50%, (e) refers to permissible sample error while evaluating proportion, 50%. Using the above-mentioned equation, sample size is = 357 items.

It is important to mention that the relative distribution of the sample is in proportion of the number of employees in the research population. Distribution of the sample size in all categories of the population is presented in table (1).

Table (1) Distribution of the Sample Size on the Population

Job Category	Number	Percentage	Size of Sample
Physicians	1926	37.50%	357 X 37.50% = 134
Nurses	2714	52.86%	357 X 52.86% = 189
Administrative Staff	495	9.64%	357 X 9.64% = 34
Total	5135	100%	357 X 100% = 357

Source: Personnel Department at Teaching Hospitals in Egypt, 2013

Finally, it should be mentioned that categories have been chosen randomly using the lists of employees at the Staff Affairs Department, Teaching Hospitals in Egypt.

Regarding the features of the sample units, Table (2) illustrates the characteristics of sample units.

Table (2) Characteristics of Items of the Sample

Variables		Number	Percentage
1- Job Title	Physicians	84	28.3%
	Nurses	183	61.6%
	Administrative Staff	30	10.1%
	Total	297	100%
2- Sex	Male	119	40.1%
	Female	178	59.9%
	Total	297	100%
4- Marital Status	Single	142	47.8%
	Married	155	52.2%
	Total	297	100%
5- Age	Under 30	171	57.6%
	From 30 to 45	105	35.4%
	Above 45	21	7.1%
	Total	297	100%
6- Educational Level	Secondary school	160	53.9%
	University	102	34.3%
	Post Graduate	35	11.8%
	Total	297	100%
6- Period of Experience	Less than 5 years	124	41.8%
	From 5 to 10	98	33.0%
	More than 10	75	25.3%
	Total	297	100%

4.2. Method of Data Collection

This study utilized the questionnaire method for collecting primary data. The questionnaire is used to recognize organizational cynicism and organizational commitment at Teaching Hospitals in Egypt.

The questionnaire included three pages not including the introductory page addressing and explaining the aims of the study to the potential participants. The remaining pages include guided and direct questions. This strategy reduces the probabilities of bias in data collection necessary for the problem of the study.

The questionnaire was piloted by a limited group of employees (25 items only). This necessitated some amendments in the questionnaire. The data of the questionnaire of the various categories of employees have been collected by contacting informants in informal interviews to explain the nature and aims of the questionnaire and to seek their cooperation. The researchers also handed each informant a list of questions and gave them enough time to answer the questions. All completed lists were retrieved through personal contact.

The questionnaire included three types of questions. The first question is related to recognizing organizational cynicism, the second question detects organizational commitment, and the third question is related to the demographic variables of employees at Teaching Hospitals in Egypt. Data collection took approximately two months. Survey responses were 83%, 297 completed surveys out of the 357 distributed.

4.3. Research Variables and Method of Measuring

4.3.1. Organizational Cynicism

In this study, the independent variable is organizational cynicism. The researchers utilize the scale of Dean et al., (1998), Brandes, et al., (1999) and Kalağan (2009) for measuring organizational cynicism. Organizational Cynicism Scale (OCS) is comprised of the three dimensions of affect, cognition, and behavior. The affect items reflect negative emotions such as distress-anguish, anger-rage, and disgust-revulsion. Belief items reflect cognitive evaluations that employees have about the integrity and sincerity of their employing organization. Behavioral items reflect critical and disparaging behaviors associated with organizational cynicism. OCS consists of 13 statements. There are five statements in cognitive dimension, four statements in emotional dimension and four statements in behavioral dimension. Organizational cynicism has been measured by the five-item scale of Likert of (Completely Agree) to (Completely Disagree) where each statement has five options.

4.3.2. Organizational Commitment

The present study handles organizational commitment as a dependent variable. Aspects of organizational commitment include affective, continuance, and normative commitment. The researcher has employed the measure developed by Allan and Meyer, 1990, modified by Meyer, et. al., 1993, to measure organizational commitment. This measure consists of 18 statements; six statements for each secondary measure. A Likert-type scale has been used for gauging levels of agreement and/or disagreement. It is composed of five degrees, (5) refers to full agreement, while (1) refers to full disagreement and neutral degrees are found in between. This measure is used in many studies like Meyer, et al, 1993 and Dunham, et al., 1994.

4.3.3. Method of Data Analysis and Testing Hypotheses

For purposes of the statistical analysis and hypotheses testing, the researcher has employed the following methods (1) the Alpha Correlation Coefficient (ACC), (2) Multiple Discriminant Analysis (MDA), (3) Multiple Regression Analysis (MRA), and (4) the statistical testing of hypotheses which includes Wilk's Lambda and chi-square that goes hand in hand with the MDA and F-test and T-test which go hand in hand with the MRA.

5. HYPOTHESES TESTING

The findings of analysis will be discussed and explained in the following manner: (1) evaluating reliability of scales, (2) organizational cynicism, (3) organizational commitment, and (4) the relationship between organizational cynicism and organizational commitment.

5.1. Evaluating Reliability Scales

The reliability of the scales of organizational cynicism, organizational commitment and job satisfaction were evaluated to minimize errors of measuring and maximizing constancy of the scales used.

ACC was used to evaluate the degree of internal consistency among the contents of the scale under testing. It was decided to exclude variables that had a correlation coefficient of less than 0.30 when the acceptable limits of ACC range from 0.60 to 0.80, in accordance with levels of reliability analysis in social sciences.

ACC was applied on organizational cynicism scale in total manner for the entire scale and each variable of the scale separately. The results revealed that ACC for the scale as a whole represented about 0.82, which is an indication of a high degree of reliability. The extent of internal consistency among contents of organizational cynicism may be illustrated using ACC throughout Table (3). This reveals that the primary result of evaluating reliability reflects the fact that the scale under testing is reliable for measuring organizational cynicism at Teaching Hospitals in Egypt.

Table (3) Evaluation of the Internal Consistency Among Contents of Organizational Cynicism Using ACC, The Output of Reliability Analysis

The Dimension of Organizational Cynicism	Number of Statement	Alpha Correlation Coefficient
The Cognitive Dimension	5	0.648
The Affective Dimension	4	0.939
The Behavioral Dimension	4	0.627
Total Measurement	13	0.824

Also, ACC was applied on the scale of organizational commitment in a total manner for the entire scale and for each variable of the scale. ACC of the scale represented about 0.83 which is an indication of a high degree of reliability. The extent of internal consistency among contents of organizational commitment may be revealed using ACC throughout Table (4). This illustrates that the primary findings of reliability evaluation reflect the fact that the scale under testing is reliable for measuring organizational commitment at Teaching Hospitals in Egypt.

Table (4) Evaluation of the Internal Consistency Among Contents of Organizational Commitment Using ACC, The Output of Reliability Analysis

The Dimension of Organizational Commitment	Number of Statement	Alpha Correlation Coefficient
Affective Commitment	6	0.823
Continuance Commitment	6	0.698
Normative Commitment	6	0.810
Total Measurement	18	0.829

According to the above-mentioned results, two scales were defined: the first is for organizational cynicism (13 variables), where ACC represented about 0.82, and the second is for organizational commitment (18 variables), where ACC represented 0.83. These scales are reliable in the course of the later stages of analysis in the study.

5.2. Organizational Cynicism

This section discusses the results of statistical analysis for answering the first question of this study on the verification of the extent of differences and discrimination among the employees at Teaching Hospitals in terms of their evaluative attitudes towards organizational cynicism in these organizations, and testing the first hypothesis of the study which states:

Hypothesis1: There is no significant discrimination among the employees at Teaching Hospitals in Egypt towards organizational cynicism in these organizations.

The multiple discriminant analysis was applied on a model including three groups of employees, representing the types of Teaching Hospitals, as well as their evaluative attitudes towards organizational cynicism in these organizations. The discrimination analysis method was applied on three groups and enabled us to answer the previous questions as follows:

A. Discriminant Functions and Matrix on the Basis of Organizational Cynicism

The functions and matrix at Teaching Hospitals are represented in table (5). This table reveals the following findings:

1. Eigen values represent 1.459 in the discrimination function among employees and their evaluative attitudes towards organizational cynicism there.
2. There are differences among attitudes of employees towards organizational cynicism there (the percentage of differentiation which we could interpret in the model was 68% of discrimination analysis function).
3. There is a significant relationship between employees and their attitudes towards organizational cynicism there (multiple correlation coefficient represents 0.77 in the discrimination analysis function).
4. Wilks Lambda value represents 0.24 in the discrimination analysis function.
5. Results of discrimination analysis of the three groups revealed that the value of chi-square represents 410.59 in the discrimination analysis function.
6. The percentage of the accurate classification of employees according to their evaluative attitudes towards organizational cynicism is 87.2%, which implies the differences among employees towards organizational cynicism there. Also, there are about 12.8% of the employees who are similar in regard to their evaluative attitudes towards organizational cynicism at Teaching Hospitals (see table 5).

Table (5) Discriminant Functions and Matrix on the Basis of Organizational Cynicism

A- Discriminant Functions							
Dala	Eigen Values	The % of Differences	MCC	Wilks Lambada	Ch-Square	Degree of Sign	Level of Sign
1	1.459	68.0	0.770	0.241	410.59	24	0.000
2	0.688	32.0	0.638	0.592	151.03	11	0.000
B- Discriminant Matrix							
Groups	Number	Predict Member of Groups			Total		
Physicians	84	70 (83.3%)	14 (16.7%)	0 (0.0%)	84		
Nurses	183	15 (8.2%)	168 (91.8%)	0 (0.0%)	183		
Administrative Staff	30	2 (6.7%)	7 (23.3%)	21 (70%)	30		
Total	297				297		
The Percentage of the exact division						87.2%	

B. The Relative Importance of Organizational Cynicism

Using the discrimination analysis method we could define the relative importance of organizational cynicism and variables which show more discrimination among employees at Teaching Hospitals in Egypt. It included twelve variables relating to organizational cynicism as shown in Table (6).

Table (6) Discrimination Coefficients among the Employees on the Basis of Organizational Cynicism

The Factor Discriminating among Employees at Teaching Hospitals	Mean			F-Test	Level of Sig
	Group 1	Group 2	Group 3		
1. I believe that my hospital says one thing and does another.	3.50	4.01	2.27	48.64**	0.472
2. When I think about my organization, I feel a sense of anxiety.	3.25	3.21	4.30	18.18**	0.282
3. My hospital expects one thing of its employees, but rewards another.	3.33	3.89	3.90	6.32**	0.249
4. When I think about my hospital, I experience aggravation.	3.58	3.22	4.20	14.19**	0.249
5. We look at each other in a meaningful way with my colleagues when my institution and its employees are mentioned.	3.08	3.17	4.40	15.70**	0.249
6. When I think about my hospital, I experience tension.	3.42	3.30	4.30	12.26**	0.237
7. When I think about my hospital, I get angry.	3.00	3.22	4.10	15.50**	0.231
8. I criticize the practices and policies of my hospital to people outside the hospital.	3.17	2.98	3.90	9.67**	0.212
9. In my hospital I see very little resemblance between the events that are going to be done and the events which are done.	3.83	3.84	4.47	8.22**	0.187
10. My hospital's policies, goals, and practices seem to have little in common	2.50	2.99	2.23	9.39**	0.176
11. I talk with others about how work is being carried out in the hospital.	3.00	3.18	3.90	7.21**	0.157
12. If an application was said to be done in my hospital, I'd be more skeptical whether it would happen or not.	3.58	3.59	3.23	1.63	0.084

It is noted that the employees believe that their hospital says one thing and does another. This is the top factor discriminating among employees (discrimination coefficients represent 0.47). The following variable is "when the employees think about their hospital, they feel a sense of anxiety" (discrimination coefficients represent 0.28). Then comes one of the variables; "my hospital expects one thing of its employees, but rewards another" (discrimination coefficients represent 0.25), followed by another variable; "when I think about my hospital, I experience aggravation" (discrimination coefficients represent 0.25).

The following variables are "we look at each other in a meaningful way with my colleagues when my institution and its employees are mentioned" (discrimination coefficients represent 0.25), "when I think about my hospital, I experience tension" (discrimination coefficients represent 0.24), "when I think about my hospital, I get angry" (discrimination coefficients represent 0.23), "I criticize the practices and policies of my hospital to people outside the hospital" (discrimination coefficients represent 0.21), "in my hospital I see very little resemblance between the events that are going to be done and the events which are done" (discrimination coefficients represent 0.19), "my hospital's policies, goals, and practices seem to have little in common" (discrimination coefficients represent 0.18), and "I talk with others about how work is being carried out in the hospital" (discrimination coefficients represent 0.16) (See table 6).

C. Comparative Description of Employees on the Basis of Organizational Cynicism

Comparing the mean of the attitudes of employees towards organizational cynicism and variables that

have more ability to discriminate among them, we could comparatively describe these types, as in table (6).

As for physicians at Teaching Hospitals in Egypt, they tend to agree, for example, that "in my hospital, I see very little resemblance between the events that are going to be done and the events which are done" (with a mean of 3.83), "when I think about my hospital, I experience aggravation" (with a mean of 3.58), "if an application was said to be done in my hospital, I'd be more skeptical whether it would happen or not" (with a mean of 3.58), and "I believe that my hospital says one thing and does another" (with a mean of 3.50).

As for nurses at Teaching Hospitals in Egypt, they tend to agree, for example, that "my hospital says one thing and does another" (with a mean of 4.01), "my hospital expects one thing of its employees, but rewards another" (with a mean of 3.89), "in my hospital, I see very little resemblance between the events that are going to be done and the events which are done" (with a mean of 3.84), and "if an application was said to be done in my hospital, I'd be more skeptical whether it would happen or not" (with a mean of 3.59).

As for administrative staff at Teaching Hospitals in Egypt, they tend to agree to a high degree, for example, that "in my hospital, I see very little resemblance between the events that are going to be done and the events which are done" (with a mean of 4.47), "we look at each other in a meaningful way with my colleagues when my institution and its employees are mentioned" (with a mean of 4.40), "when I think about my hospital, I feel a sense of anxiety" (with a mean of 4.30), and "when I think about my hospital, I experience tension" (with a mean of 4.30) (See table 6).

Accordingly, it was decided to reject the null hypothesis and accept the alternative hypothesis as a whole. This is because it has been clear that there is statistically significant discrimination among employees at Teaching Hospitals in Egypt on the basis of evaluative attitudes of employees towards organizational cynicism in these organizations. This decision was based on the value of Wilks Lambda in the discrimination analysis, which amounts to 0.24 (see table 5). Besides, the value of chi-square calculated (410.59) in the free degree of (24) in the same discrimination analysis function exceeds its table counterpart (42.98) at the level of statistical significance of 0.01 (see table 5). On the other hand, it was decided to reject the same null hypothesis of twelve variables of organizational cynicism (13 variables) taken individually as there is fundamental discrimination among employees on the basis of each variable at a level of statistical significance of 0.01, according to the test of univariate F. (See table 6).

5.3. Organizational Commitment

This section handles results of the statistical analysis for answering the second question of this study on the verification of the extent of differences and discrimination among the employees at Teaching Hospitals in terms of their evaluative attitudes towards organizational commitment in these organizations and testing the second hypothesis of the study which states:

Hypothesis2: There is no significant discrimination among the employees at Teaching Hospitals in Egypt regarding organizational commitment of these organizations.

The multiple discriminant analysis was applied on a model including three groups of employees, along with their evaluative attitudes towards its organizational commitment. This technique enabled us to answer the previous question as follows:

A. Discriminant Functions and Matrix on the Basis of Organizational Commitment

The functions and matrix at Teaching Hospitals are represented in table (7). This table reveals the following findings:

1. Eigen values represent 1.603 in the discrimination function among employees and their evaluative attitudes towards organizational commitment there.
2. There are differences among attitudes of employees towards organizational commitment there (the percentage of differentiation which we could interpret in the model was 79.1% of discrimination analysis function).
3. There is a significant relationship between employees and their attitudes towards organizational commitment there (multiple correlation coefficient represents 0.78 in the discrimination analysis function).
4. Wilks Lambda value represents 0.27 in the discrimination analysis function.
5. Results of analysis of discrimination of the three groups revealed that the value of chi-square represents 376.096 in the discrimination analysis function.
6. The percentage of the accurate classification of employees according to their evaluative attitudes towards organizational commitment is 77.4%, which implies the differences among employees towards organizational

commitment there. Also, there are about 22.6% of the employees who are similar in regard to their evaluative attitudes towards organizational commitment at Teaching Hospitals in Egypt.

Table (7) Discriminant Functions and Matrix on the Basis of Organizational Commitment

A- Discriminant Functions							
Dala	Eigen Values	The % of Differences	MCC	Wilks Lambada	Ch-Square	Degree of Sign	Level of Sign
1	1.603	79.1	0.785	0.270	376.096	30	0.000
2	0.424	20.9	0.546	0.702	101.534	14	0.000
B- Discriminant Matrix							
Groups	Number	Predict Member of Groups			Total		
Physicians	84	56 (66.7%)	21 (25.0%)	7 (8.3%)	84		
Nurses	183	38 (20.8%)	145 (79.2%)	0 (0.0%)	183		
Administrative Staff	30	1 (3.3%)	0 (0.0%)	29 (96.7%)	30		
Total	297				297		
The Percentage of the exact division					77.4%		

B. The Relative Importance of Organizational Commitment

Using the discrimination analysis method we could define the relative importance of organizational commitment and variables which show more discrimination among employees at Teaching Hospitals. It included fifteen variables relating to organizational commitment as shown in Table (8).

It is noted that the lack of work opportunities at other places is one of the most important reasons behind my remaining at this hospital. This is the top factor discriminating among employees (discrimination coefficients represent 0.38). The following variable is "I feel strong loyalty and belonging to the family of this hospital" (discrimination coefficients represent 0.28).

Then comes one of the variables; "if I do not have many things to do for my self at this hospital, I will think of working at another place" (discrimination coefficients represent 0.27), followed by another variable; "I have very few alternatives for work if I decide to leave this hospital" (discrimination coefficients represent 0.22).

Table (8) Discrimination Coefficients among the Employees on the Basis of Organizational Commitment

The Factor Discriminating among Employees at Teaching Hospitals	Mean			F-Test	Level of Sig
	Group 1	Group 2	Group 3		
1. Lack of work opportunities at other places is one of the most important reasons behind my remaining at this hospital.	2.75	2.91	4.67	40.961**	0.379
2. I feel strong loyalty and belonging to the family of this hospital.	3.83	3.25	4.13	16.31**	0.280
3. If I do not have many things to do for my self at this hospital, I will think of working at another place.	3.17	2.83	2.83	4.618**	0.270
4. I have very few alternatives for work if I decide to leave this hospital.	2.83	2.97	4.00	13.220**	0.218
5. I owe much to this hospital.	3.58	3.25	3.73	6.807**	0.189
6. I feel emotional relation to the hospital where I work.	3.67	3.24	3.97	9.006**	0.184
7. I feel the problems of the hospital are really mine.	3.33	3.46	2.77	6.342**	0.164
8. I feel I am a member of the family of this hospital.	3.58	3.30	3.50	2.169	0.157
9. My life will be highly confused if I decide to leave work at this hospital now.	3.33	3.05	3.30	2.220	0.147
10. This hospital deserves my full interest and loyalty.	3.50	3.45	4.00	4.664**	0.138
11. It is very difficult for me to leave work at the hospital, even if I want so.	3.67	3.63	3.07	4.705**	0.131
12. I will feel guilty if I leave work at the hospital.	3.00	2.79	3.27	2.727	0.101
13. I hope I will spend all my professional career at this hospital.	3.08	2.96	2.77	0.790	0.094
14. Continuing work at this hospital is due to my need for this for dire necessity.	3.42	3.51	3.27	0.915	0.060
15. I will not leave this hospital now as I feel I have duty towards its members.	3.33	3.45	3.20	0.903	0.058

The following variables are "I owe much to this hospital" (discrimination coefficients represent 0.19), "I feel emotional relation to the hospital where I work" (discrimination coefficients represent 0.18), "I feel the problems of the hospital are really mine" (discrimination coefficients represent 0.16), and "I feel I am a member of the family of this hospital" (discrimination coefficients represent 0.16).

Then comes on of the variables; "my life will be highly confused if I decide to leave work at this hospital now" (discrimination coefficients represent 0.15), followed by another variable; "this hospital deserves my full interest and loyalty" (discrimination coefficients represent 0.14), "it is very difficult for me to leave work at the hospital, even if I want so" (discrimination coefficients represent 0.13) and "I will feel guilty if I leave work at the hospital" (discrimination coefficients represent 0.10) (See table 8).

C. Comparative Description of Employees on the Basis of Organizational Commitment

Comparing the mean of the attitudes of employees towards organizational commitment and variables that have more ability to discriminate among them, we could comparatively describe these types, as in table (8).

As for physicians at Teaching Hospitals in Egypt, they tend to agree, for example, that "I feel strong loyalty and belonging to the family of this hospital" (with a mean of 3.83), "I feel emotional relation to the hospital where I work" (with a mean of 3.67), "it is very difficult for me to leave work at the hospital, even if I want so" (with a mean of 3.67), "I owe much to this hospital" (with a mean of 3.58), "I feel I am a member of the family of this hospital" (with a mean of 3.58), "this hospital deserves my full interest and loyalty" (with a mean of 3.50), and "continuing work at this hospital is due to my need for this for dire necessity" (with a mean of 3.42).

As for nurses at Teaching Hospitals in Egypt, they tend to agree, for example, that "it is very difficult for me to leave work at the hospital, even if I want so" (with a mean of 3.63), "continuing work at this hospital is due to my need for this for dire necessity" (with a mean of 3.51), "I feel the problems of the hospital are really mine"

(with a mean of 3.46), "this hospital deserves my full interest and loyalty" (with a mean of 3.45), "I will not leave this hospital now as I feel I have duty towards its members" (with a mean of 3.45), and "I feel I am a member of the family of this hospital" (with a mean of 3.30).

As for administrative staff at Teaching Hospitals in Egypt, they tend to agree to a high degree, for example, that "lack of work opportunities at other places is one of the most important reasons behind my remaining at this hospital" (with a mean 4.67), "I feel strong loyalty and belonging to the family of this hospital" (with a mean of 4.13), "I have very few alternatives for work if I decide to leave this hospital" (with a mean of 4.00), "this hospital deserves my full interest and loyalty" (with a mean of 4.00), "I feel emotional relation to the hospital where I work" (with a mean of 3.97), "I owe much to this hospital" (with a mean of 3.73), and "I feel I am a member of the family of this hospital" (with a mean of 3.50) (See table 8).

Accordingly, it was decided to reject the null hypothesis and accept the alternative hypothesis as a whole. This is because it has been clear that there is statistically significant discrimination among employees at Teaching Hospitals on the basis of evaluative attitudes of employees towards organizational commitment of these organizations. This decision was based on the value of Wilks Lambda in the discrimination analysis function, which amounts to 0.27 (see table 7). Besides the value of chi-square calculated (376.096) in the free degree of (30) in the same discrimination analysis function exceeds its table counterpart (50.89) at the level of statistical significance of 0.01 (see table 7). On the other hand, it was decided to reject the same null hypothesis of fifteen variables of organizational commitment (18 variables) taken individually as there is fundamental discrimination among employees on the basis of each variable at a level of statistical significance of 0.01, according to the test of univariate F (See table 8).

5.4. The Relationship Organizational Cynicism and Organizational Commitment

This section attempts to answer the fourth question in this study regarding the type and degree of the relationship between organizational cynicism and organizational commitment along with testing the fourth hypothesis which states that:

Hypothesis 3: There is no statistically significant relationship between organizational cynicism and organizational commitment at Teaching Hospitals in Egypt.

The MRA was employed to identify the type and strength of the relationship between organizational cynicism and organizational commitment at Teaching Hospitals in Egypt. Results shown in Table (9) reveal the following:

1. There is a statistically significant relationship between organizational cynicism and organizational commitment. It represents 49%, according to the multiple correlation coefficients.
2. Organizational cynicism may interpret about 247% according to the coefficient of determination (R-Square) of the total differentiation in the organizational commitment.
3. The results of MRA reveal that the variables of organizational cynicism providing more explanation of the difference in the level of organizational commitment include the behavioral dimension (0.72), the affective dimension (0.45) and finally the cognitive dimension (0.13), as shown in Table (9).

Table (9) The Relationship Between Organizational Cynicism and Organizational Commitment

The Variables of Knowledge Creation	Beta	R	R ²
The Cognitive Dimension	- 0.134*	- 0.018	0.0423
The Affective Dimension	- 0.449**	- 0.109	0.0119
The Behavioral Dimension	- 0.718 **	- 0.409	0.167
<ul style="list-style-type: none"> ▪ Multiple Correlation Coefficients ▪ Coefficient of Determination ▪ The Value of Calculated F` ▪ Degree of Freedom ▪ The Value of Indexed F ▪ Level of Significant 	0.497		
	0.247		
	32.035		
	3, 293		
	3.78		
	0.000		
* P < .05		** P < .01	

As a result of the above-mentioned facts, it was decided to reject the null hypothesis which states that there is no significant statistical relationship between organizational cynicism and organizational commitment at Teaching Hospitals in Egypt. Moreover, the alternative hypothesis has been accepted because the model of MRA

has shown that there was fundamental relationship at the level of statistical significance of 0.01 (according to F-test) between organizational cynicism and organizational commitment at the level of statistical significance level of 0.01, according to T-Test (See Table 11).

6. RESEARCH FINDINGS

The present study on analyzing the effects of organizational cynicism on job attitudes at Teaching Hospitals in Egypt reveals a set of results. The most importantly:

1. The researchers were able to determine that differences exist among the employees regarding their evaluative attitudes organizational cynicism, most importantly "the employees' belief that their organization says one thing and does another", "when the employees think about their organization, they feel a sense of anxiety", "my organization expects one thing of its employees, but rewards another", "when I think about my organization, I experience aggravation", "we look at each other in a meaningful way with my colleagues when my institution and its employees are mentioned", "when I think about my organization, I experience tension", "when I think about my organization, I get angry", "I criticize the practices and policies of my organization to people outside the organization", "in my hospital, I see very little resemblance between the events that are going to be done and the events which are done", "my hospital's policies, goals, and practices seem to have little in common", "I talk with others about how work is being carried out in the organization", and "if an application was said to be done in my organization, I'd be more skeptical whether it would happen or not".
2. The researcher was able to determine that differences exist among the employees regarding their evaluative attitudes towards organizational commitment, most importantly "the lack of work opportunities at other places is one of the most important reasons behind my remaining at this hospital", "I feel strong loyalty and belonging to the family of this hospital", "if I do not have many things to do for my self at this hospital, I will think of working at another place", "I have very few alternatives for work if I decide to leave this hospital", "I owe much to this hospital", "I feel emotional relation to the hospital where I work", "I feel the problems of the hospital are really mine", "I feel I am a member of the family of this hospital", "my life will be highly confused if I decide to leave work at this hospital now", "this hospital deserves my full interest and loyalty", "it is very difficult for me to leave work at the hospital, even if I want so", "I will feel guilty if I leave work at the hospital", "I hope I will spend all my professional career at this hospital", "continuing work at this hospital is due to my need for dire necessity", and "I will not leave this hospital now as I feel I have duty towards its members".
3. There is a statistically significant relationship between the dimensions of organizational cynicism (the cognitive dimension, the affective dimension and the behavioral dimension) and organizational commitment at Teaching Hospitals in Egypt.

7. RECOMMENDATIONS

Drawing on the previous findings, the researcher has concluded a host of recommendations which may be summed up as follows:

7.1: Recommendations relating to Organizational Cynicism

1. Managers in organizations need to play a more active and vital role in preventing cynicism. Administrators must adopt an open-door policy. This will provide employees the opportunity to freely express their views to managers and administrators without being reprimanded.
2. By learning more about the causes of cynicism, managers can address certain issues that have a tendency to trigger such unwanted behaviors. Having weekly conversations with each employee (i.e., one-on-one) can be a great time and venue for such conversations to take place.
3. Managers need to be more understanding when dealing with all employees. Thus, emotional intelligence trainings for all managers can be effective. "For success in the modern workforce, which is mostly practiced in an increasingly stressful and emotionally taxing environment characterized by high competition, constant transformation and looming uncertainty, emotional intelligence skills provide an advantage" (Kaifi & Noori, 2010).
4. Management can influence the level of cynicism by ensuring that all successful changes are clearly publicized. No matter how small the change, if it is in the direction intended by management, it should be communicated.
5. Organizations must learn to manage values with care to avoid disillusionment and organizational cynicism among employees and recruit people who have lower general cynicism.
6. There are indications of unethical tendencies being less among managers in middle and senior management positions. The role of organizational culture in improving ethicality warrants added attention. Future work

might incorporate other research methodologies in measuring organizational cynicism and ethical behavior to further our understanding of this causation.

7.2- Recommendations Relating to Organizational Commitment

1. Decision-makers and officers-in-charge in regard to health service at the governmental sector in Egypt in general and Teaching hospitals in particular may make use of the findings of the present study so as to provide the suitable organizational environment that allows the creation of positive work conditions among all employees at the various administrative levels at Teaching hospitals. This will motivate them both materially and morally to promote positive effective behavioral attitudes that influence the process of organizational commitment of employees in the different units and administrative departments at Teaching hospitals.
2. It is necessary that those in charge of Teaching hospitals make use of the high level of organizational commitment among some employees at Teaching hospitals and that they investigate reasons behind the decline of the levels of organizational commitment among some other employees so as to avoid them. Attention should be paid to planning and implementing a host of training programs that can raise the standard of organizational commitment of employees as this may contribute into the upgrading of the level of services provided by employees at Teaching hospitals.
3. Officers-in-charge of Teaching hospitals should realize the necessity of intensifying dependence on organizational and administrative ways that raise the standard of employees' belonging to the Teaching hospitals through increasing material and moral incentives that they get. Furthermore, it is necessary to have access to all different attitudes to recognize their problems, desires, and needs.
4. Those in charge of Teaching hospitals should pay full attention to realize optimal exploitation of work-time so as to realize the so-called exchange of interests or symbiosis among individuals at their hospital and to align the goals of each of them with the goals of the hospital. This will raise the standard of organizational commitment of employees.
5. The Personnel Department at Teaching hospitals should conduct periodic questionnaires so as to recognize the standard of organizational commitment and reasons behind it. Findings of this questionnaire should be the basis of a program aiming at raising the level of employees' organizational commitment.
6. The suitable psychological and material atmosphere in the work environment should be provided by eliminating monotony and routine tasks that negatively affect the psychology of employees and their morale. This will raise their motivation as the study of Meyer et al, 2004 has proved the relationship between motivation and organizational commitment.
7. Instructional meetings between administrative leaders and employees should be intensified. Consequently, employees should have the opportunity to express their viewpoints and opinions and to discuss them with both objectivity and transparency as this leads to elevating their motivation and organizational commitment.
8. Administrative leaders and employees at Teaching hospitals should imbibe the concept of organizational commitment and its various components (affective, continuance, and normative) by training on progressive and varied experiences in the field of organizational commitment while deepening belief in the mission of the hospital, along with appreciation of its importance and role in providing health security for employees. Moreover, awareness of the importance of organizational commitment and its role in realizing the goals of Teaching hospitals should be raised while learning the experiences of foreign countries in this respect.

8. SUGGESTIONS FOR FUTURE RESEARCH

It will be useful to investigate the relationship between organizational cynicism and organizational commitment at larger organizations. A comparative analysis between private and public hospitals may be made. This subject may be applied in different fields other than the health sector (e.g., military, security, and education organizations, and etc.).

9. CONCLUSION AND IMPLICATIONS

For individual managers, the practical implications begin with the recognition that employee cynicism is an important attitude with significant consequences. Within the scope of the study, the concepts of organizational cynicism and job attitudes are generated by trying to point out the levels of organizational cynicism among the Teaching Hospitals in Egypt. It has been concluded that there are differences among the employees regarding their evaluative attitudes towards organizational cynicism and job attitudes. However the cognitive, affective, and behavioral dimensions of organizational cynicism have a significant effect on job attitudes.

Since organizational cynicism is associated with many other concepts such as job satisfaction and organizational commitment, managers should deepen the perception of organizational justice that can be realized

without spending much effort and resources. In organizations with a high sense of justice, motivation and internal loyalty, employees are more likely to be more loyal to their work and organizations.

Organizational trainings should become the norm in many organizations where managers discuss specific attitudes that affect the organization's culture while emphasizing both the short-term and long-term implications of organizational cynicism. In order for an organization to be competitive, it becomes imperative for its human resources to focus on creativity, innovativeness, unity, and efficacy. Thus, distractions of organizational cynicism can be disastrous for an organization and the culprits should be reprimanded.

Quarterly surveys should also be used to gauge how employees are feeling so managers can create a healthier environment for all employees. Needless to say, stress can be the root cause of organizational cynicism and stress can come in many different forms and from many different internal and external factors. Future researchers should consider investigating the relationship between stress and organizational cynicism.

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