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The Negative Impact of Organizational Cynicism on Physicians and Nurses

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Abstract

Despite the potentially severe consequences that could result, there is a paucity of research on organizational cynicism within US healthcare providers. In response, this study investigated the effect of cynicism on organizational commitment, job satisfaction, and interest in leaving the hospital for another job in a sample of 205 physicians and 842 nurses. Three types of cynicism were investigated: trait (dispositional), global (directed toward the hospital), and local (directed toward a specific unit or department). Findings indicate that all three types of cynicism were negatively related to affective organizational commitment and job satisfaction, but positively related to interest in leaving. In both nurse and physician samples, cynicism explained about half of the variance in job satisfaction and affective commitment, which is the type of commitment managers are most eager to promote. Cynicism accounted for about a quarter and a third of the variance in interest in leaving the hospital for nurses and physicians, respectively. Trait, global and local cynicism each accounted for unique variance in affective commitment, satisfaction, and interest in leaving, with global cynicism exerting the largest influence on each outcome. The implications for managers are that activities aimed at decreasing organizational cynicism are likely to increase affective organizational commitment, job satisfaction, and organizational tenure.

Keywords

commitment; job satisfaction; intent to leave; cynicism

Introduction

Cynicism is an attitude of scornful or jaded negativity that can become pervasive and extreme. Organizational cynicism (OCy) is defined as “an attitude resulting from a critical appraisal of the motives, actions, and values of one's employing organization.”¹ Targeted toward an employee's top management, organizational change efforts, or other entities in the workplace, OCy is conceptualized as a state as opposed to a personality trait.²⁻⁴

There is scant prior research on whether OCy negatively impacts individuals in healthcare settings. It is especially important to examine OCy in this context because of the potentially severe consequences that can result: in addition to outcomes such as employees leaving the institution or badmouthing the institution, OCy may lead to a low caliber work product

which, in a healthcare setting, could have implications for patient morbidity and mortality. To date, there are no reported studies that examine the extent to which U.S. nurses and physicians report OCy or its potential outcomes. Therefore, the purpose of this study was to investigate the effect of three types of cynicism (1) trait; 2) OCy directed toward the hospital, OCy global; and 3) OCy directed toward a specific unit or department, OCy local) on organizational commitment, job satisfaction, and organizational tenure.

Organizational cynicism is comprised of three primary components: a *belief* that the organization lacks integrity; negative *affect* toward the organization; and a tendency to disparage the organization and engage in critical *behaviors*.² People who are organizationally cynical *believe* that the practices of their organizations betray a lack of principles such as fairness, honesty and sincerity. The second criterion, *affect*, implies that cynicism is felt as well as thought; cynicism is both a cognitive and an emotional experience. Organizational cynics may experience distress, disgust, or even shame when they think about their organization. The final dimension of organization cynicism is *behavior*. The most common behavioral tendency for those with cynical attitudes is the expression of strong criticisms of the organization (ie, badmouthing).²

Organizational cynicism is therefore a learned response that is affected by workplace experiences.⁵ OCy has been found to be distinct from organizational commitment, trust, alienation, and job satisfaction.²

In other fields, limited empirical research indicates that fewer opportunities for autonomous behavior predict OCy, as do workplace hassles, psychological contract violations (the perception that the organization did not keep its promises) procedural injustice violations³ and badmouthing.⁶ The negative consequences of high OCy include low organizational commitment, fewer in-role behaviors (e.g., administering medications), and low employee empowerment/ involvement.⁷ A recent review of the empirical literature found that high OCy promotes decreased work motivation, increased labor grievances in unionized organizations, and decreased extra-role behaviors (e.g., answering your colleagues' call bells).³ In short, the quality of work suffers. Organizational cynicism has a strong relationship to job satisfaction: one study of customer service representatives found that cynicism—including OCy and trait cynicism—explained 65% of the variability in job satisfaction.⁸ If these negative consequences from OCy also occur in the healthcare setting, it is incumbent upon hospital leaders to seek ways to reduce cynicism levels in employees.

Organizational cynicism has largely been studied in manufacturing, business and industry organizations; however, two recent studies have examined OCy in nurses. English and Chalon (2011) studied 1,104 registered nurses in Western Australia and found that high OCy was associated with lower levels of work commitment.⁹ Leiter and Maslach (2009) studied the relationship between burnout and intent to turnover in a sample of 667 Canadian nurses. They operationalized burnout along three continuums: exhaustion-energy, cynicism-involvement and inefficacy-efficacy. They found that the cynicism dimension of burnout was the critical predictor of turnover intentions.¹⁰ No prior research has examined OCy in a sample of U.S. healthcare providers, or in a sample of physicians, or in relation to job satisfaction.

The present study examined two types of OCy: OCy-global, and OCy-local. Given the paucity of research on OCy in healthcare settings, it is important to examine how respondents operationalize this construct. For example, do rates of OCy differ between local units or departments (OCy-local) and the broader organization (OCy-global)? Could a person be cynical at one level but not the other; for example, could an employee be cynical about the organization as a whole, but not cynical about the individual unit? This led to evaluation of OCy on a local scale ("My unit or department," OCy-L) as well as on a global scale ("My organization," OCy-G).

To comprehensively examine cynicism in the healthcare setting, also measured was trait cynicism in addition to local and global OCy. Unlike OCy, trait cynicism is not conceptualized as a malleable attitudinal state, but a stable personality trait.² A person with high trait cynicism would exhibit scornful or jaded negativity across many aspects of the life rather than just in response to an organizational initiative or management. The analyses investigated whether global and local OCy explain significant variance in organizational commitment, satisfaction, and desire to leave the organization above and beyond trait cynicism.

Organizational Commitment

Previous research has linked OCy and organizational commitment –as one goes up, the other tends to go down.⁹ Organizational Commitment (OCo) refers to employees' attachment to the organization and is conceived of as a multifaceted psychological state. The most widely accepted theory of commitment is a three-component model consisting of three dimensions: affective, continuance, and normative.¹¹ Affective commitment refers to the employee's emotional attachment to the organization. Continuance commitment reflects the costs that employees perceive with leaving the organization ("golden handcuffs"). Normative commitment refers to an employee's felt obligation to stay with the organization.¹² The three components of commitment manifest differently. For example, employees high in affective commitment probably speak positively about the organization and express interest in continuing to work there. People with continuance commitment would be more likely to express feelings of frustration and dissatisfaction because they cannot change jobs, perhaps because they are location bound, sole breadwinners, or unable to sacrifice accumulated benefits or seniority. Normative commitment would involve a sense of needing to stay at a particular location out of obligation, perhaps as payback for promotions, tuition reimbursement, or perhaps due to a sense of being the only person competent to fill a particular role. Although related, these three dimensions have been found to be empirically distinguishable.¹¹ Therefore, an employee may have varying degrees of each type of commitment to an organization over time and circumstances.

Affective, continuance and normative commitment are all related to employee retention;¹² each form of commitment is negatively correlated with voluntary employee turnover.^{13,14} However, "employees with strong affective commitment remain because they *want* to, those with strong continuance commitment because they *need* to, and those with strong normative commitment because they feel they *ought* to do so."¹⁵ Affective commitment is positively related to job satisfaction.¹⁶

Research Questions

There were two primary research questions: 1) What is the level of cynicism (trait, OCy-local, OCy-global) in a sample of healthcare providers (nurses and physicians) employed at a large academic medical center? 2) Does cynicism (trait, local, global) predict organizational commitment, job satisfaction and interest in leaving the institution?

METHOD

Participants

The total pool of potential participants included all physicians (n = 751) and nurses (n = 2,096) employed at a large academic medical center. Of the 2,847 physicians and nurses who were invited to participate in the study, 1,047 completed the survey (response rate 37%). The sample was 80% nurses (n=842; 40% response rate) and 20% physicians (n=205; 27% response rate).

The nurse-respondents were mostly females (94%) between the age of 25 and 55 (80%) with bachelor's degrees (61%) and work history of 4 years or more with the institution (67%). More than half of the physician-respondents were male (58%) between the ages of 36 and 55 (63%) with a MD degree (versus a DO degree) (96%) and work history of 4 years or more with the institution (68%). Participant characteristics for physicians and nurses are detailed in Table 1.

Procedure

Prior to initiating data collection, the investigators posted fliers and visited departmental meetings to promote the study. Recruitment was also enhanced by use of intranet listservs and newsletters. A modest incentive for completing the study was offered.

A secure, web-based application designed to support data capture for research studies was used to collect data over a one-week period. During this time, study participants were able to log onto the survey site and complete the questionnaires, which were pilot tested and took approximately 10 minutes to complete. A generic reminder email was sent to all eligible participants halfway through data collection.

Measures

The self-administered online surveys were comprised of the following scales:

- *Organizational Cynicism (OCy)*. The OCy scale was comprised of seven likert-type items on a 5-point scale. The OCy scale has been shown to be reliable and valid.⁶ Five of the items were reverse-coded to avoid response-set bias. An OCy-Global (OCy-G; "Overall I expect more successes than disappointments in working with [institution]") and an OCy-Local (OCy-L; "Overall I expect more successes than disappointments in working with my unit/department") scale were used to differentiate participants' attitudes about local culture versus institutional culture.
- *Trait Cynicism (TC)*. The TC scale was comprised of eleven items on a 5-point Likert scale. The TC scale has been shown to be reliable and valid in previous

research.¹⁷ A representative statement is, “When someone does me a favor, I know they will expect one in return.”

- *Organizational Commitment* (OC_o). The Affective (OC_o-A), Continuance (OC_o-C) and Normative (OC_o-N) Commitment (OC_o-N) scales were developed by Allen and Meyer (1990) and have been widely used since the 1990s. The OC_o-A, OC_o-C and OC_o-N were answered via a 5-point Likert scale, and have 6, 7 and 6 items, respectively. The scales have been repeatedly found to be internally consistent.¹⁵ Four of the items were reverse-coded to avoid response-set bias. A representative OC_o-A item is, “I really feel as if this organization's problems are my own”; a representative OC_o-C item is “It would be very hard for me to leave my organization right now, even if I wanted to”; and a representative OC_o-N item is, “I would feel guilty if I left my organization now.” One item from OC_o-C was inadvertently omitted from the questionnaire, resulting in a 6-item OC_o-C scale (“One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice; another organization may not match the overall benefits I have here.”)
- *Job Satisfaction*. To evaluate job satisfaction, respondents were asked to respond to the following prompt: “How satisfied are you, currently, with your job? Circle the number that best represents your satisfaction, where 1 is extremely dissatisfied and 10 is extremely satisfied.”
- *Interest in leaving* was measured by asking respondents to answer a single question: “Would you like to leave your current position?”¹⁸ Response options were on a 5-point scale and ranged from ‘very interested’ (5) to ‘not at all interested’ (1).

RESULTS

Factor Analyses

Two exploratory factor analyses were conducted, one for OC_y and one for organizational commitment, both with oblique rotations, allowing for the interrelatedness among factors.^{19,20} Results indicated a two-component solution on the OC_y-G and OC_y-L scales, revealing that the scales, while interrelated, were independent. Factor 1 explained 55% of the variance, and contained all seven items from OC_y-G, and Factor 2 explained 9% of the variance and contained all seven items from OC_y-L, for a total percent variance explained of 64% (n=1013). There was a moderate correlation of .68 between the two components (n=1013).

A second exploratory factor analysis on the OC_o-A, OC_o-C and OC_o-N scales revealed three independent, but interrelated, factors. Factor 1 explained 33% of the variance, and contained all six items from OC_o-A; factor 2 explained 13% of the variance and contained all six items from OC_o-C; factor 3 explained 5% of the variance and contained all six items from OC_o-N, for a total percent variance explained of 51% (n=991).

Internal Consistency Reliability

The Cronbach reliability alpha coefficients for the cynicism scales were excellent: OCy-G was .88, OCy-L was .92 and TC was .85. The reliability for the commitment scales was also good: OCo-A was .85, OCo-C was .73 and OCo-N was .88. The cynicism scales (TC, OCy-G, OCy-L) and the commitment scales (OCo-A, OCo-C, OCo-N) were all normally distributed, as were the responses to the job satisfaction item and the interest in leaving item.

Descriptive Statistics and Correlations

Cynicism—The mean for the OCy-G scale was 2.71 (.69) for nurses (n=842) and 2.64 (.72) for physicians (n=205). The mean for OCy-L was 2.69 (.82) for nurses (n=842) and 2.46 (.91) for physicians (n=205). See Table 2 for the means and standard deviations of individual OCy-G and OCy-L items. The mean TC was 2.76 (.68) for nurses (n=842) and 2.63 (.63) for physicians (n=205). The boxplot in Figure 1 shows the spread of the three cynicism scales, including the median and 25th and 75th quartiles.

There was a strong positive correlation between OCy-G and OCy-L in both physicians ($r=.81$, $p<.001$) and nurses ($r=.70$, $p<.001$). There was also a moderate positive correlation between TC and OCy-G / OCy-L in physicians ($r=.32$, $p<.001$ / $r=.40$, $p<.001$) and nurses ($r=.35$, $p<.001$ / $r=.30$, $p<.001$).

Respondents who were one standard deviation above the mean on the OCy-G, OCy-L, and TC scales were evaluated. Of the total sample of 842 nurses, 20% (n=170) scored high on the OCy-G scale, 19% (n=164) scored high on the OCy-L scale, and 15% (n=128) scored high on the TC scale. Of the total sample of 205 physicians, 17% (n=34) scored high on the OCy-G scale, 16% (n=33) scored high on the OCy-L scale, and 15% (n=30) scored high on the TC scale. An individual respondent could score high on multiple cynicism scales, or on one, two, or none.

Organizational Commitment—There was a strong positive correlation between affective commitment and normative commitment in both physicians ($r=.56$, $p<.001$) and nurses ($r=.65$, $p<.001$). There was a weak positive correlation between continuance commitment and normative commitment in nurses ($r=.144$; $p<.001$); the relationship was nonsignificant in physicians ($r=1.08$; $p=.255$). There was a moderate negative correlation between affective commitment and continuance commitment in physicians ($r=-.33$, $p<.001$); the relationship was nonsignificant in nurses ($r=.017$; $p=.612$). Tables 3 and 4 show the means and correlations for each of the variables of interest for physicians and nurses.

Job Satisfaction and Interest in Leaving—Twenty-three percent (23%; n=173) of nurses and 16% of physicians (n=28) rated their job satisfaction as a five or below on a 10-point scale. Ten percent of nurse-respondents (10%, n=85) and 7% of physician-respondents (n=15) were very interested in leaving (rated a five on a 5-point scale).

There was a strong negative correlation between OCy and job satisfaction in both physicians (OCy-G $r=-.64$, $p<.001$; OCy-L $r=-.65$, $p<.001$) and nurses (OCy-G $r=-.64$, $p<.001$; OCy-L $r=-.63$, $p<.001$). There was a weak negative correlation between TC and job satisfaction in physicians ($r=-.27$, $p<.001$) and nurses ($r=-.27$, $p<.001$).

For both physicians ($r = -.69$, $p < .001$) and nurses ($r = -.62$, $p < .001$) there was a strong inverse relationship between job satisfaction and interest in leaving.

Impact of Cynicism on Commitment, Job Satisfaction and Interest in Leaving

Hypotheses were tested with hierarchical multiple regression using a four-part procedure. Step 1 controlled for sex and years at the institution. In steps 2, 3, and 4, addresses trait cynicism, OCy-global, and OCy-local, respectively.

Tables 5 through 14 display the correlations between variables, the unstandardized regression coefficients (B), the standardized coefficients (β), R^2 change, and adjusted R^2 after entry of all independent variables.

Affective and normative commitment were negatively related to trait, global, and local cynicism in doctors and nurses. Tables 5 and 6 show that controls, TC, OCy-G and OCy-L together explain 43% of the variance in OCo-A in nurses and 53% of the variance in OCo-A in physicians. For both doctors and nurses, global OCy contributed about 30% of the variance in OC-A beyond controls and trait cynicism, and local OCy added additional variance beyond global cynicism (1.8% for nurses and 3.7% for doctors).

Tables 7 and 8 show that TC, OCy-G and OCy-L together explain 34% of the variance in OCo-N in nurses and 24% of the variance in OCo-N in physicians. In contrast to affective and normative commitment, continuance commitment was positively related to trait cynicism for both doctors and nurses, but only positively related to global and local cynicism for doctors. Tables 9 and 10 show that TC, OCy-G and OCy-L together explain 23% of the variability in OCo-C in physicians, but that OCy-G and OCy-L did not significantly contribute to explaining the variability in OCo-C in nurses.

Cynicism was a significant negative predictor of interest in leaving in physicians and nurses. As the results in Tables 11 and 12 show, TC, OCy-L and OCy together explain 26% of the variability in interest in leaving in nurses and 39% of the variability in interest in leaving for physicians. Similar to the pattern of results for affective and normative commitment as well as satisfaction, all three types of cynicism accounted for unique variance in interest in leaving the hospital, but global cynicism exerted the largest influence (14% for nurses and 23% for physicians).

Finally, regression results revealed that cynicism negatively predicted job satisfaction in physicians and nurses. As the results in Tables 13 and 14 show, TC, OCy-G and OCy-L together explain 48% of the variability in job satisfaction in nurses and 50% of the variability in job satisfaction for physicians. For both nurses and physicians, trait, global, and local cynicism each accounted for unique variance in satisfaction, but global cynicism had the largest influence (34% for nurses and 37% for doctors).

DISCUSSION

Findings indicated that trait, global, and local cynicism were negatively related to affective commitment and satisfaction, but positively related to interest in leaving. In both nurse and physician samples, cynicism explained about half of the variance in job satisfaction and

affective commitment, which is the type of commitment managers are most eager to promote. Cynicism accounted for about a quarter and a third of the variance in interest in leaving the hospital for nurses and physicians, respectively. Trait, global and local cynicism each accounted for unique variance in affective and normative commitment, satisfaction, and interest in leaving, with global cynicism exerting the largest influence on each outcome. Continuance commitment evidenced a different pattern from other outcomes as well as differences between physicians and nurses. Although all three types of cynicism explained a small amount of unique variance in the continuance commitment of doctors, only trait cynicism explained unique variance in the continuance commitment of nurses. The strong explanatory power of cynicism, OCy-global in particular, is surprising and impressive in light of the complexity of the dependent variables. These results support the idea that OCy is a powerfully negative force in healthcare organizations, and bolster prior research findings of a strong predictive relationship between OCy and job satisfaction.⁸

The difference in findings between physicians and nurses for continuance commitment makes sense given the context, since prior research has found that employees who believed their skills and education would *not* transfer easily to another organization had higher continuance commitment.²¹ Because nurses have transferable skills, it is logical that continuance commitment does not play a significant role in the models. Our findings mirror results from other work settings: outside of healthcare, several studies have shown that high OCy is related to low organizational commitment;^{7,9,22} one study found that cynicism predicts 45% of the variability in organizational commitment.⁸

The different types of cynicism also appear to be related: There was a strong positive correlation between global OCy and local OCy in both nurses and physicians, indicating that when a healthcare provider is cynical on one level they are very likely to be cynical on the other level as well. There was also a moderate positive correlation between trait cynicism and OCy-local/ OCy-global in our sample, indicating that sometimes—but not always—trait cynicism and OCy go hand-in-hand.

This is the first study to investigate OCy in a sample of healthcare providers from the United States, and we found that this behavior can be reliably measured in this setting. Because OCy local and global are states and not traits, addressing OCy deficiencies is a problem that organizations can address proactively. Thus, confirming the negative impact of OCy is especially valuable.

CONCLUSION

The authors believe that OCy may be the proverbial “canary in the coalmine” that can be used to predict commitment levels, satisfaction, and intent to turnover of health care workers. Although the overall means for the three cynicism scales were low (below neutral) about 20% of healthcare providers reported relatively high levels of cynicism, as measured by being more than one standard deviation above the mean. The attitudes and behaviors of this group can spread throughout our organization, potentially ‘infecting’ other coworkers: when OCy is seen as a norm, employees are more likely to pick up, take on and echo the badmouthing, criticism, and negative attitudes of close coworkers.⁶

What makes these findings exciting is that OCy is a problem that has a solution. OCy is an attitudinal state (not a trait) and can be affected—positively or negatively—by the behaviors of the employing organization. Research has shown that several characteristics of corporate environment fuel OCy. In particular, high executive compensation, poor organizational performance and harsh layoffs all predicted higher levels of OCy toward a fictitious company.²³ Researchers have identified several behaviors, activities and attitudes organizational leaders can employ to reduce organizational cynicism:

- Do not badmouth. When employees in highly respected positions badmouth the organization, a ripple effect can ensue, because the behavior is seen as acceptable and accepted—this then leads to more badmouthing and more cynicism.⁶
- Include employees in decision-making. Employees are more likely to be cynical about decisions when they were unable to participate—in a meaningful way—in making those decisions.²² This is particularly relevant to organizational change efforts; involving employees in the change process is one means to avert the development of OCy.
- Be transparent. Organizations should publicize changes, no matter how small and explain past failures rather than ignoring them.^{5,24}
- Act with integrity. Psychological contract violations—the perception that the organization failed to keep its promises—has been found to be a key determinant of OCy.²⁵
- Reduce your own cynicism. Leadership that is cynical—particularly about change initiatives—“reap what they sow”²⁶ in that their cynicism about organizational change breeds employee cynicism. It is clearly in the organization's best interests to attempt to proactively defuse leaders' cynical attitudes toward change through transformational leader behavior
- Invest in better working conditions, benefits and work hours.⁸

The study had several limitations. Because the data were correlational and collected at one point in time, causality cannot be inferred. Additionally, the evaluated physicians and nurses were at one large academic institution; results from a community hospital may differ dramatically. Finally, the investigators were made aware of contract negotiations that were occurring for nurses during the data collection phase, which may have influenced willingness to participate and response patterns.

Future studies should explore whether it is possible to use measures of OCy to assess sub-units within a larger organization including specific clinics, inpatient floors, or professions. The high prevalence of OCy in a particular unit might indicate the need for administrative attention, discussion, or negotiation. Future studies could also explore interventions to see if certain strategies can decrease OCy in healthcare providers, and could seek to identify aspects of employee attitudes and characteristics in the healthcare work setting that promote OCy. These individual characteristics and attitudes are important to consider because they have enormous potential to influence—perhaps for the worse—patient care outcomes.

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Figure 1.
Distribution of Cynicism Data for Physicians and Nurses

Table 1

Participant Characteristics

Characteristic	Nurses % (n=842)	Physicians % (n=205)
GENDER		
Male	6.4 (54)	58.0 (119)
Female	93.5 (787)	41.0 (84)
AGE		
24 or under	7.5 (63)	0 (0)
25 – 35	32.3 (271)	15.1 (31)
36 – 45	21.8 (183)	31.7 (65)
46 – 55	25.9 (217)	31.2 (64)
56 or over	12.5 (105)	22.0 (45)
EDUCATION LEVEL		
Associates Degree	19 (159)	
Diploma	10.3 (86)	
Bachelors Degree	60.5 (506)	
Masters Degree	9.1 (76)	
Doctoral Degree	.4 (3)	
Other	.7 (6)	
YEARS AT CURRENT INSTITUTION		
0 – 3 years	28.5 (242)	29.8 (61)
4 – 11 years	37.9 (311)	40.0 (82)
11+ years	32.6 (267)	27.8 (57)

Table 2

Means and Standard Deviations for Organizational Cynicism-Global and Organizational Cynicism-Local

OC Items	OC-G Mean (SD)		OC-L Mean (SD)	
	Nurses	Phys.	Nurses	Phys.
Any effort to make things better [at my institution; in my primary unit/department] are likely to succeed.	2.46 (.81)	2.61 (.88)	2.64 (.94)	2.49 (1.03)
Management [at my institution; in my primary unit/department] is good at running improvement programs or changing things in our business.	2.76 (.92)	2.81 (.91)	2.72 (1.02)	2.49 (1.09)
Overall I expect more success than disappointments in working [at my institution; in my primary unit/department]	2.22 (.81)	2.23 (.88)	2.45 (.93)	2.29 (1.03)
[My institution; my primary unit/department] pulls its fair share of the weight in its relationships with its employees.	2.68 (.93)	2.52 (.90)	2.53 (1.01)	2.30 (1.04)
Suggestions on how to solve problems [at my institution; in my primary unit/department] won't produce much real change.	2.91 (.93)	2.88 (1.01)	2.83 (1.00)	2.58 (1.12)
[My institution; my primary unit/department] meets my expectations for quality of work life.	2.55 (.93)	2.28 (.93)	2.59 (1.01)	2.23 (.98)
[My institution; my primary unit/department] management is more interested in its goals and needs than in its employees' welfare.	3.37 (1.03)	3.13 (1.00)	3.07 (1.12)	2.84 (1.15)

Table 3

Correlations for Nurses on Key Study Variables

	Mean (SD)	OCy-G	OCy-L	TC	OCo-A	OCo-C	OCo-N	Job Satisfaction	Intent to Leave
OCy-G	2.71 (0.69)	—							
OCy-L	2.69 (0.82)	0.70 ^a	—						
TC	2.76 (0.68)	0.35 ^a	0.30 ^a	—					
OCo-A	3.37 (0.79)	-0.60 ^a	-0.53 ^a	-0.31 ^a	—				
OCo-C	3.04 (0.76)	0.09 ^a	0.08 ^b	0.17 ^a	0.02	—			
OCo-N	3.06 (0.92)	-0.56 ^a	-0.50 ^a	-0.29 ^a	0.65 ^a	0.14 ^a	—		
Job satisfaction	6.90 (1.82)	-0.64 ^a	-0.63 ^a	-0.27 ^a	0.58 ^a	-0.11 ^a	0.51 ^a	—	
Intent to leave	2.65 (1.35)	0.42 ^a	0.49 ^a	0.21 ^a	-0.46 ^a	0.04	-0.45 ^a	-0.62 ^a	—

Abbreviations: OCo-A, affective organization commitment; OCo-C, continuance organization commitment; OCo-N, normative organization commitment; OCy-G, organizational cynicism global; OCy-L, organizational cynicism local; TC, trait cynicism.

^aCorrelation is significant at .01 level.

^bCorrelation is significant at .05 level.

Table 4

Correlations for Physicians on Key Study Variables

	Mean (SD)	OCy-G	OCy-L	TC	OCo-A	OCo-C	OCo-N	Job Satisfaction	Intent to Leave
OCy-G	2.64 (0.72)	—							
OCy-L	2.46 (0.91)	0.81 ^b	—						
TC	2.63 (0.63)	0.32 ^a	0.40 ^a	—					
OCo-A	3.55 (0.91)	-0.65 ^a	-0.68 ^a	-0.41 ^a	—				
OCo-C	2.81 (0.83)	0.28 ^a	0.37 ^a	0.44 ^a	-0.33 ^a	—			
OCo-N	3.25 (0.87)	-0.47 ^a	-0.46 ^a	-0.17 ^b	0.57 ^a	-0.08	—		
Job satisfaction	7.46 (1.93)	-0.67 ^a	-0.70 ^a	-0.26 ^a	0.66 ^a	-0.29 ^a	0.46 ^a	—	
Intent to leave	2.18 (1.25)	0.55 ^a	0.60 ^a	0.27 ^a	-0.64 ^a	0.29 ^a	-0.45 ^a	-0.69 ^a	—

Abbreviations: OCo-A, affective organization commitment; OCo-C, continuance organization commitment; OCo-N, normative organization commitment; OCy-G, organizational cynicism global; OCy-L, organizational cynicism local; TC, trait cynicism.

^aCorrelation is significant at .01 level.

^bCorrelation is significant at .05 level.

Table 5
Summary of Multiple Regression for Variables Predicting Affective Organizational Commitment in Nurses (n=842)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	-.34	.11	-.11**	-.27	.11	-.09*	-.11	.09	-.04	-.13	.09	-.04
Years at Institution	.01	.00	.13***	.01	.00	.13***	.02	.00	.19***	.02	.00	.19***
Trait Cynicism	-	-	-	-.35	.04	-.30***	-.11	.03	-.09**	-.10	.03	-.08**
Global Cynicism	-	-	-	-	-	-	-.66	.03	-.59***	-.52	.04	-.46***
Local Cynicism	-	-	-	-	-	-	-	-	-	-.18	.04	-.19***
R ² change						.089***			.294***			.018***
Adjusted R ²			.027***			.115***			.410***			.427***

Note.

* Significant at .05 level

** Significant at .01 level

*** Significant at .001 level

Table 6
Summary of Multiple Regression for Variables Predicting Affective Organizational Commitment in Physicians (n=205)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	-.18	.13	-.01	-.08	.12	-.05	.08	.10	.04	.07	.09	.04
Years at Institution	.02	.01	.19**	.02	.01	.14*	.02	.01	.16**	.02	.01	.14**
Trait Cynicism	-	-	-	-.58	.09	-.40***	-.32	.08	-.25***	-.22	.08	-.17***
Global Cynicism	-	-	-	-	-	-	-.74	.07	-.59***	-.42	.11	-.33***
Local Cynicism	-	-	-	-	-	-	-	-	-	-.34	.09	-.34***
R ² change						.155***			.308***			.037***
Adjusted R ²			.031*			.184***			.494***			.530***

Note.

* Significant at .05 level

** Significant at .01 level

*** Significant at .001 level

Table 7

Summary of Multiple Regression for Variables Predicting Continuance Organizational Commitment in Nurses (n=842)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	-.01	.11	-.03	-.14	.11	-.04	-.14	.11	-.05	-.14	.11	-.04
Years at Institution	.01	.00	.16***	.01	.00	.16***	.01	.00	.16***	.01	.00	.16***
Trait Cynicism	-	-	-	.18	.04	.17***	.18	.04	.16***	.18	.04	.16***
Global Cynicism	-	-	-	-	-	-	.03	.04	.02	.00	.06	.00
Local Cynicism	-	-	-	-	-	-	-	-	-	.03	.05	.04
R ² change						.028***			.000			.001
Adjusted R ²			.026***			.053***			.052			.051

Note.

* Significant at .05 level

** Significant at .01 level

*** Significant at .001 level

Table 8
Summary of Multiple Regression for Variables Predicting Continuance Organizational Commitment in Physicians (n=205)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	-.08	.12	-.05	-.18	.11	-.11	-.22	.11	-.13*	-.22	.11	-.13*
Years at Institution	-.01	.01	-.09	.00	.01	-.03	.00	.01	-.04	.00	.01	-.02
Trait Cynicism	-	-	-	.58	.09	.44***	.50	.09	.38***	.46	.09	.35***
Global Cynicism	-	-	-	-	-	-	.20	.08	.18**	-.01	.12	-.01
Local Cynicism	-	-	-	-	-	-	-	-	-	.22	.10	.25*
R ² change						.187***			.028**			.020*
Adjusted R ²			.001			.185***			.209**			.225*

Note.

* Significant at .05 level

** Significant at .01 level

*** Significant at .001 level

Table 9

Summary of Multiple Regression for Variables Predicting Normative Organizational Commitment in Nurses (n=842)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	-.49	.13	***	-.43	.13	***	-.25	.11	***	-.27	.11	***
Years at Institution	.00	.00	-.04	.00	.00	-.04	.00	.00	.02	.00	.00	.02
Trait Cynicism	-	-	-	-.30	.05	***	-.04	.04	-.03	-.03	.04	-.02
Global Cynicism	-	-	-	-	-	-	-.73	.04	***	-.54	.06	***
Local Cynicism	-	-	-	-	-	-	-	-	-	-.28	.05	***
R ² change						***			***			***
Adjusted R ²			***			.049			.255			.020
			.015			.063			.318			.338

Note.

*** Significant at .01 level

* Significant at .05 level

*** Significant at .001 level

Table 10
Summary of Multiple Regression for Variables Predicting Normative Organizational Commitment in Physicians (n=205)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	-.16	.13	-.09	-.11	.13	-.06	.01	.11	.01	.00	.11	.00
Years at Institution	.00	.01	-.03	-.01	.01	-.05	.00	.01	-.03	-.01	.01	-.05
Trait Cynicism	-	-	-	-.26	.10	-.19**	-.07	.09	-.05	-.01	.09	-.01
Global Cynicism	-	-	-	-	-	-	-.60	.08	-.47***	-.32	.13	-.27*
Local Cynicism	-	-	-	-	-	-	-	-	-	-.25	.11	-.26*
R ² change						.035**			.192***			.022*
Adjusted R ²			-.001			.029**			.219***			.237*

Note.

* Significant at .05 level

** Significant at .01 level

*** Significant at .001 level

Table 11
Summary of Multiple Regression for Variables Predicting Interested in Leaving in Nurses (n=842)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	.31	.20	.06	.23	.19	.04	.03	.18	.01	.08	.17	.01
Years at Institution	-.01	.01	-.06	-.01	.01	-.06	-.02	.01	*** -.10	-.02	.00	*** -.10
Trait Cynicism	-	-	-	.39	.07	.20	.11	.07	.05	.06	.06	.03
Global Cynicism	-	-	-	-	-	-	.79	.07	*** .41	.27	.09	*** .14
Local Cynicism	-	-	-	-	-	-	-	-	-	.64	.07	*** .39
R ² change						*** .038			*** .143			*** .075
Adjusted R ²			.005			*** .042			*** .184			*** .259

Note.

* Significant at .05 level

** Significant at .01 level

*** Significant at .001 level

Table 12
Summary of Multiple Regression for Variables Predicting Interest in Leaving in Physicians (n=205)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	.51	.18	.20**	.43	.17	.17*	.24	.15	.09	.25	.15	.10
Years at Institution	-.02	.01	-.11	-.01	.01	-.07	-.01	.01	-.09	-.01	.01	-.07
Trait Cynicism	-	-	-	.53	.14	.27***	.23	.12	.12	.10	.12	.05
Global Cynicism	-	-	-	-	-	-	.88	.11	.51***	.30	.17	.17
Local Cynicism	-	-	-	-	-	-	-	-	-	.60	.14	.44***
R ² change						.070***			.229***			.061***
Adjusted R ²			.038**			.103***			.333***			.392***

Note.

* Significant at .05 level

** Significant at .01 level

*** Significant at .001 level

Table 13
Summary of Multiple Regression for Variables Predicting Job Satisfaction in Nurses (n=842)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	-.70	.28	-.09*	-.54	.28	-.07*	-.05	.22	-.01	-.11	.21	-.02
Years at Institution	.01	.01	.05	.01	.01	.04	.02	.01	.09***	.02	.01	.09***
Trait Cynicism	-	-	-	-.71	.10	-.26***	-.13	.08	-.05	-.07	.08	-.03
Global Cynicism	-	-	-	-	-	-	-1.66	.08	-.63***	-1.01	.10	-.38***
Local Cynicism	-	-	-	-	-	-	-	-	-	-.79	.08	-.36***
R ² change						.069***			.336***			.065***
Adjusted R ²			.008*			.076***			.413***			.478***

Note.

** Significant at .01 level

* Significant at .05 level

*** Significant at .001 level

Table 14
Summary of Multiple Regression for Variables Predicting Job Satisfaction in Physicians (n=205)

	Step 1			Step 2			Step 3			Step 4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Sex	-.58	.30	-.15	-.45	.29	-.16	.00	.23	.00	-.01	.22	.00
Years at Institution	.03	.02	.13	.02	.02	.09	.02	.01	.10	.02	.01	.07
Trait Cynicism	-	-	-	-.70	.24	-.22**	-.20	.19	-.06	-.04	.18	-.01
Global Cynicism	-	-	-	-	-	-	-1.72	.16	-.64**	-.82	.25	-.31***
Local Cynicism	-	-	-	-	-	-	-	-	-	-.92	.20	-.43***
R ² change						.046**			.372***			.062***
Adjusted R ²			.025*			.066**			.441***			.502***

Note.

* Significant at .05 level

** Significant at .01 level

*** Significant at .001 level