

# Organizational Cynicism and Turnover Intention Among Nurses: Do Perceived Organizational Support Moderates the Relationship

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## Abstract

**Introduction:** Understanding work dynamics is imperative for organizational efficiency in the healthcare industry. Therefore, achieving such a feat is akin to knowing the interplay between organizational cynicism, organizational support and turnover among nurses in the healthcare sector in Nigeria.

**Aim:** This present study aimed to examine the moderating role of perceived organizational support on the association between organizational cynicism (cognitive, affective, and behavioral dimensions) and turnover intention among Nigerian nurses.

**Methods:** The study is a descriptive cross-sectional survey research conducted on a sample of 515 nurses, aged between 29–55 years, with mean age = 34.3 and SD = 9.4 drawn across different government-owned hospitals from the southeast geographical region of Nigeria through snowball sampling method. Three instruments, the Turnover Intention Scale, Organizational Cynicism Scale and Survey of Perceived Organizational Support Scale were used for data collection, while the Hayes PROCESS Macro for SPSS version 23 was used for data analysis.

**Results:** The results showed that organizational cynicism dimensions were positively associated with turnover intention among nurses, whereas organizational support negatively associated with turnover intention of Nigerian nurses. In addition, perceived organizational support moderated the association between organizational cynicism (affective and behavioral dimensions) and turnover intention among nurses. The study evidenced a strong association between organizational cynicism and turnover intention among nurses in their work setting. The study observed that organizational cynicism is a recipe for nurses' turnover intention and that organizational support decreased the extent to which nurses experience turnover intention.

**Conclusion:** The results showed that organizational cynicism dimensions positively associated with turnover intention among nurses in Nigeria. In addition, the association between organizational cynicism (affective and behavioral) dimensions were moderated by perceived organizational support. The study suggests that perceived organizational support mitigates the positive relationship between organizational cynicism and turnover intention. The result provided further evidence of how perceived organizational support can influence motivation and morale in the workplace.

## Keywords

Moderating, nursing workforce, organizational cynicism, organizational support, turnover intention

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## Introduction

Turnover intention has remained one of the most severe dilemmas toward organizational efficiency in contemporary times. Turnover intention refers to employees' conscious and deliberate intention to seek alternative job opportunities in another organization (Alev & Bozbayindir, 2021). It may

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be voluntary or involuntary (Dess & Shaw, 2001; Ike et al., 2020). It connotes the attitudinal, decisional and behavioral tendencies and processes proceeding with the turnover (Sagar et al., 1998). This portrays a cognitive and behavioral manifestation of quitting (Elangovan, 2001). Corollary, turnover intention, which is a forerunner to actual turnover, always refers to a worker's tendency or desire to leave their current position and reflects the likelihood that a person will change jobs within a specific time or period (Dewanto & Wardhani, 2018). It captures how the individual views and assesses available employment options (Hu et al., 2022). Although not definitive, job-hunting behavior is frequently related to it.

The turnover intention has some detrimental effects on organizational functioning. From an organizational standpoint, nurses' intentions to leave, which precede actual turnover, result in monetary and intangible costs. The intangible cost, which may be even more significant than the tangible cost, includes the effects of turnover on organizational culture, employee morale, and social capital (Adebayo & Ogunsina, 2021; Yemi-Sofumade, 2014). The tangible cost includes recruitment, selection, training, and time (Takase, 2020). Overall, turnover intention harms the organization's overall functioning and exposes it to the ongoing risk of training and recruiting, affecting high-quality health-care delivery (Hayes et al., 2022). These have invariably affected the health-care service delivery in terms of uneven distribution of nurse personnel in primary and other health care needs and the general quality and quantity of nurses, thus resulting in uncertainty in actualizing Sustainable Development Goals (SDGs) (WHO, 2017).

In Nigeria, nurses constitute more than 50% of the workforce in the entire health sector (Nnadozie et al., 2022) because of their array or broad range of health services. However, the rate at which nurses engage in the turnover intention process has become a source of worry to providers of health (Boateng et al., 2022; Hu et al., 2022) and has posed a severe challenge due to a systemic workforce decline witnessed, especially among the nurses (Oleribe et al., 2016). According to Nnadozie et al. (2022), more than 20% of Nigeria's nursing workforce has left the country's shores in the last couple of years to other Western countries in search of better work environments and remunerations.

Turnover intention in the Nigerian healthcare sector has several implications, affecting the workforce and the overall healthcare system (Ojewole & Ajibade, 2020). Some of the implications include staff shortages, reduced productivity, impact on patient care, increased workload, poor quality of service, financial costs, loss of institutional knowledge, difficulty in implementing long-term initiatives, and unfavorable organizational culture (Oleribe et al., 2016). These retrogressive practices and policies in human resource management (Guchait & Cho, 2013) lead to turnover intention (Yeager & Wisniewski, 2017). These implications strain the existing workforce, affecting the quality and

continuity of patient care (Talat et al., 2020). Thus, addressing turnover intention in the healthcare sector in Nigeria requires a multifaceted approach, including strategies to improve workplace conditions, enhance job satisfaction, provide professional development opportunities, and address specific concerns that contribute to turnover. This could lead to a more stable and effective healthcare workforce, benefiting healthcare professionals (e.g., nurses) and patients.

However, understanding why nurses intend to leave their jobs is pertinent because of their great importance to the healthcare sector (Abugre & Acquaah, 2022; Guchait & Cho, 2013; Oleribe et al., 2016). Hence, the most hazardous phenomenon in the nursing profession is turnover intention and actual turnover. This is pertinent because nurses are the largest group of healthcare workers who play a significant role in the healthcare system because of their specialized skills, vital support and healthcare service delivery (Bolina et al., 2020).

Nurses are pivotal in meeting health and health-related Sustainable Development Goals (SDGs) (Tangcharoensathien et al., 2018). Strafford (2021) states that nurses are significant pillars in any country's healthcare system. This is because of their relative synergy with other health professionals in health-care delivery. Notably, healthcare is one of the highest assets in a country, with just a few points behind banking (13.3%) (Blomme et al., 2021). This is pertinent because healthcare plays a crucial role in achieving Sustainable Development Goals (SDGs), as good health is both a fundamental human right and a key driver of sustainable development.

The connection between healthcare, nurses' turnover intention, and the attainment of SDGs can be envisaged in Goal 3 of SDGs goals (Good Health and Wellbeing) (Okedo & Nwankwo, 2022). This is pertinent because the goal centres on providing essential services in healthcare via accessibility to quality healthcare. Nonetheless, nurse turnover intention can affect the attainment of the SDGs through uncertainty in health workforce stability, reduced quality healthcare, less experienced and knowledgeable workforce, disruption of training programs and development of skilled healthcare, cost in recruiting, training and onboarding of new nursing staff and hindrance in effective public health interventions.

According to Tinehealth (2017), factors like work overload, a demanding schedule, a lack of rewards or recognition for accomplishments, a lack of value or respect for contributions and job performance, a lack of opportunities for promotion, career development, or advancement, an unfavorable work environment and culture, and management insensitivity are the leading causes of nurses' intention to leave their positions. Given that the average cost of nurses' turnover intention and actual turnover ranges from \$37,700 to \$58,400, and hospitals might suffer annual losses of up to \$5.2 million to \$8.1 million; as a result, Dewanto and Wardhani (2018) claimed that nurses' turnover intention impairs the

holistic functioning of the hospitals. Given this, Reynolds (2020) hypothesized that nurses' intentions to leave the profession are expensive and significantly affect hospitals' profit margins and human resources. Thus, in today's increasingly complex and rapidly changing work environment, organizations have become increasingly dependent on their highly competent personnel to cope with unlimited competition and issues of quitting (Blomme et al., 2021). This is pertinent since retention of talents in organizational settings is becoming more critical in a world where organizational intellectual abilities have become a key source of maintaining advantage due to employees' turnover intention, which is implicated in factors such as organizational cynicism and lack of perceived organizational support.

However, Organizational cynicism refers to the feeling of dissatisfaction toward the organization due to employees' perception and belief that the organization lacks transparency, justice and honesty in employee-management relationship (Demir & Ulutas, 2021). Thus, high organizational cynicism among nurses may lead to turnover intention, lack of engagement, reduced motivation, and a negative work environment (Sadiqe et al., 2021). This is pertinent because, nurses experiencing organizational cynicism may desire to leave the organization, contributing to higher turnover intention (Rahimnia et al., 2020) due to lack of perceived organizational support (Cicek et al., 2021).

Perceived organizational support refers to the extent to which employees believe that their employing organization values their contributions and reciprocates such contributions by caring for their wellbeing and socio-emotional needs (Kularathne & Senevirathne, 2020). There is often an inverse relationship between organizational cynicism and perceived organizational support. When nurses perceive low organizational support, they may be more likely to develop cynical attitudes; conversely, high-perceived organizational support could mitigate cynicism (Yilmaz et al., 2019)

Furthermore, the interrelatedness between perceived organizational support, organizational cynicism and turnover intention among nurses is a complex and interconnected dynamic that can significantly impact the healthcare work environment (Özbağ & Çevik, 2019; Yilmaz et al., 2019). Thus, perceived organizational support can act as a moderator between organizational cynicism and turnover since a positive perception of organizational support is associated with low cynical behaviors and lower turnover intention (Kim & Jo, 2022). Hence, when nurses feel supported, they are more likely to be engaged and committed to their roles. Understanding and addressing the boundary condition between perceived organizational support, organizational cynicism and turnover intention is essential for healthcare organizations seeking to create a positive work environment, retain experienced nursing staff, and ultimately provide high-quality patient care.

## Literature Review

### *Turnover Intention*

Turnover intention connotes employees' conscious and deliberate intention to seek alternative job opportunities, which is evident in the theory of reasoned action and behavior (Ajzen & Fishbein, 1980). The theory posits that individuals' behavioral intentions emerge from beliefs, attitudes and subjective norms. The theory asserts that behavior is a function of behavioral intentions to determine a specific behavior, which results from a positive or negative attitude that influences such behavior. Thus, the behavior can lead to either having the intention to continue working with the organization or the intention of leaving, based on an employee's positive or negative perceptual pattern, thoughts and behavior (Ike et al., 2020).

The theory explains that organizational cynicism among nurses suggests that nurses' behavioral outcome is a result of their negative attitude, belief, and perception toward the employing organization. This can arise from hospital policies and actions that breach the psychological contract agreement. Thus, if the nurses perceive and believe that the management breaches the hospital policies and employment agreement, it creates room for employees' negative behavior toward the organization. This invariably can result in negative work behaviors and outcomes such as turnover intention (Dewanto & Wardhani, 2018). Thus, the intention to leave one's job may be associated with organizational cynicism and a lack of perceived organizational support.

### *Organizational Cynicism*

Organizational cynicism is a psychological factor that interacts with corporate events, working conditions, and other factors in the work context to affect an employee's attitude toward the organization. Studies (e.g., Hayes et al., 2022) claim turnover intention results from such interactions. As a result, employees' intentions to quit their jobs are made easier by their negative attitudes and beliefs about their organization (Han & Jekel, 2019). According to Dean et al. (1998), organizational cynicism is a disapproving attitude toward one's organization. It results from a worker's perception that the organization lacks integrity, morality, and justice in upholding the employment contract terms. Thus, it emphasizes that organizational cynicism changes across situations, portraying it as an attitude learned from unpleasant experiences (Demir & Ulutas, 2021). However, these detrimental effects arise from organizational cynicism based on the perceived breach of the psychological contract agreement.

According to Dean et al. (1998), organizational cynicism has three dimensions: cognitive, affective, and behavioral components. The affective dimension comprises employees' negative feelings toward their organization, such as disdain, rage, anguish, and embarrassment or shame. Employees'

unfavorable beliefs and perceptions due to a lack of justice, honesty, and fairness in the distribution of reward are referred to as the cognitive dimension. They may believe that organizational practices betray them due to these negative beliefs and perceptions. As a result, they may act negatively toward the organization in response to this perceived betrayal. The behavioral dimension highlights the tendency toward negative behavior in the organization. It addresses the employees' overt and covert unfavorable behavioral patterns and attitudes toward the organization, such as fierce criticism of the organization, withdrawal, denigration, and condescension. Based on this, the employees may get alienated from the organization with great intention of leaving such jobs.

These three dimensions (affective, cognitive and behavioral) were considered when conceptualizing organizational cynicism for the current study to clarify turnover intention among nurses. This is evident since nurses observing a breach of psychological contract may trigger hopelessness, anger and mistrust, which is a recipe for turnover intention (Ozbag & Sener, 2018). As a result, organizational cynicism is among the most apparent factors influencing the desire to leave an organization (Shahzad & Mehmood, 2019; Tangcharoensathien et al., 2018). Thus, the intention of nurses to leave the profession is inversely correlated with the level of cynicism in the healthcare industry (Rahimnia et al., 2020). This is important because institutional cynicism harms nurses and the healthcare system. This supports Ike et al. (2020) findings that there is a high intention for nurse turnover intention as a result of high level of perceived organizational cynicism orchestrated in the work context.

However, the reoccurring question is, "Why do nurses still stay in the organization (hospitals) despite experiencing organizational cynicism?" The notion of perceived organizational support comes into emphasis to respond.

### *Perceived Organizational Support*

Perceived organizational support (POS) refers to the perception of employees about the degree or extent to which their contributions at the organization are valued (Talat et al., 2020). POS connotes general notion or belief about the organization's commitment to their contributions and wellbeing. According to Ojewole and Ajibade (2020), the existence of perceived organizational support is predicated on two constructs: (i) employee outcomes and performance and (ii) employee respect and wellbeing. They contend that these two concepts impact how employees view the assistance provided by their organization. This is pertinent because decreased organizational support may trigger negative work behaviors and outcomes (Kurtessis et al., 2017).

Extant studies (e.g., Rowlan et al., 2020) asserted that if employees' perceptions of organizational support are positive, then, as reciprocal behavior, employees may tend not to engage in turnover intention. Perceived organizational

support touches many aspects of the work context, including morale, satisfaction, work enhancement and enrichment (Mustafa & Adnan, 2019). This is pertinent since it significantly influences employees' perceptions, attitudes, and work behavior, which may include organizational cynicism and turnover intention. This shows that perceived organizational support could act as a boundary condition by either increasing or decreasing the degree or extent to which organizational cynicism influences turnover intention (Cicek et al., 2021).

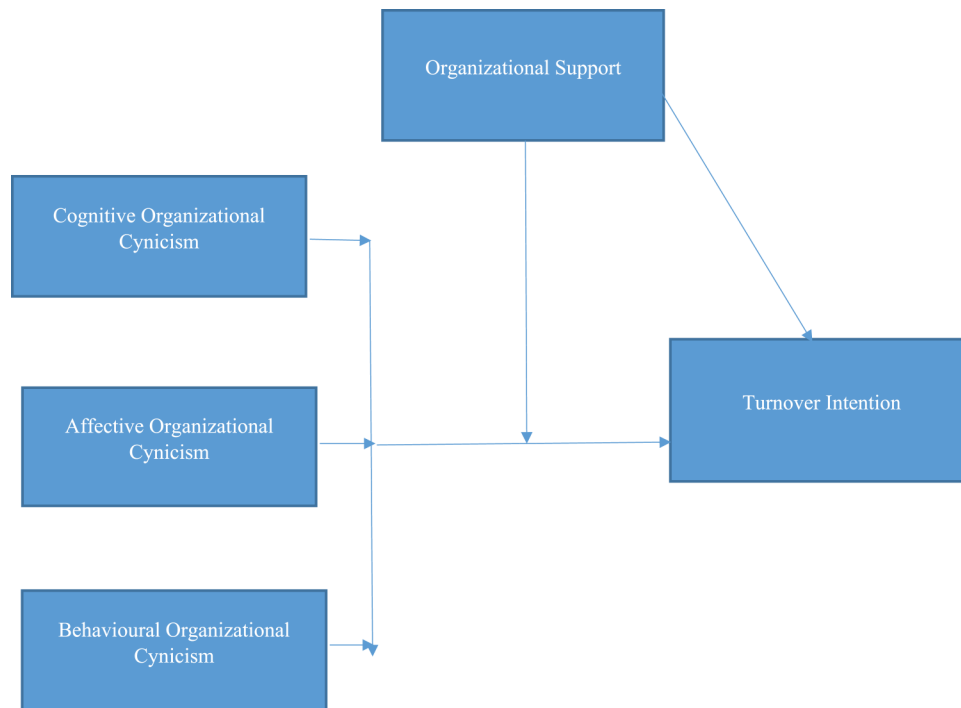
### **Significance of the Study**

The current study aims to examine how perceived organizational support moderates the relationship between organizational cynicism dimensions and turnover intention among nurses in Nigeria. Although studies (Kurtessis et al., 2017; Yilmaz et al., 2019) have explored the precipitating factors of turnover intention (e.g., organizational cynicism) and boundary conditions (e.g., organizational support) that can weaken or strengthen turnover intention among employees. These studies have been examined in specific organizational settings, such as police, hospitality sector, and social service providers (Khan, 2014; Nair & Kamalanabham, 2010). However, these researches noted little research on organizational cynicism dimensions in other organizational settings, particularly in the healthcare industry, especially among nurses in the African context (e.g., Nigeria), on the influence of these aspects of organizational cynicism dimensions and organizational support on nurse turnover intention. For instance, most of the previous studies (e.g., Sadiq et al., 2021; Wang et al., 2016) have studied organizational cynicism as a single construct without considering its dimensional and composite effect on turnover intention and organizational support. Thus, this is the knowledge gap the present study tends to bridge because of organizational cynicism dimensions pervasiveness in organizational-related issues like turnover intention and organizational support. As a result, the current study aims to examine how perceived organizational support moderates the relationship between organizational cynicism dimensions and turnover intention among nurses by proposing the following research questions (see Figure 1).

### **Research Questions**

Based on the goal of the study and review of theoretical and related literature, the current study formulated the following research questions:

1. Is there an association between organizational cynicism dimensions and turnover intention among Nigerian nurses?
2. Is there an association between organizational support and turnover intention among Nigerian nurses?



**Figure 1.** Conceptual model of the study variables.

- Does perceived organizational support moderate the relationship between organizational cynicism dimensions (cognitive, affective and behavioral) and turnover intention among Nigerian nurses?

Based on the research questions, the following hypotheses were posited:

- Organizational cynicism (cognitive, affective and behavioral dimensions) will positively associate with turnover intention among Nigerian nurses.
- Perceived organizational support will negatively associate with turnover intention among nurses.
- Perceived organizational support will moderate the relationship between organizational cynicism dimensions (cognitive, affective and behavioral) and turnover intention among nurses, such that the positive relationship between organizational cynicism dimensions and turnover intention will be weaker for nurses with high perceived organizational support.

## Method

### Design

The current study is a descriptive cross-sectional research. The study was conducted between January 20<sup>th</sup> and April 27<sup>th</sup>, 2023, across the federal-owned government hospitals in southeast geopolitical region of Nigeria.

### Study Setting

The study was conducted among nurses in federal-owned government hospitals in South-East Nigeria. Government-owned federal hospitals represent large general hospitals in Nigeria, with the highest health care provider in terms of human resources, medical technology, quality health care and patient safety (Nnadozie et al., 2022). Hence, nurses' intention to leave will invariably affect the delivery of quality healthcare. Thus, the study setting is apt since this category of nurses represents more than 50% workforce of nurses in Nigeria (Adeloye et al., 2017).

### Sample

The participants for the study comprised 515 (102, 19.8% males and 413, 80.2% females) nurses aged between 29 to 55 years ( $M = 34.3$ ;  $SD = 9.4$ ) participated in the study. The participants for the present study comprised registered nurses in federal-owned government hospitals in the southeast geographical region of Nigeria. The participants were recruited through the snowball sampling method. This sampling technique was used to get more samples for the study in order to produce a more accurate account of its target population effect and sub-population differences through suggesting and referral to prospective participants (Bornstein et al., 2013). In addition, the rationale for using the snowball sampling technique is that it fosters cultural sensitivity, rapid recruitment, cost-effectiveness and easy access to the

population (Dragan & Isaic-Maniu, 2022). This is pertinent because the study is cut across the southeast geographical region of Nigeria with diverse cultural sensitivity.

Their participation is a sequel to their consent to participate in the study via consent forms sent to various links of Nurse Associations in the southeast Nigeria. The sample size was calculated with a 5% margin error and a 95% confidence interval on an estimated population of 67,300 enlisted as registered nurses with the geographical region under study; the recommended minimum sample size using the Raosoft online sample calculator (Raosoft, 2004) (<https://www.raosoft.com/samplesize.html> (accessed on March 2023) was 382 participants. Thus, the sample size utilized in the study was above the threshold level. This method has been used in similar studies (Ujoatuonu et al., 2023).

### **Inclusion/Exclusion Criteria**

Inclusion and exclusion criteria were used in the present study. The inclusion criteria are that the participants must be registered nurses between the ages of  $\geq 29$  and  $\leq 55$  and have worked up to  $\geq 5$  years above. The exclusion criterion includes student nurses who are yet to be qualified as registered nurses, community health extension workers, registered nurses  $< 29$  years and those who have not worked for up to five years.

### **Instruments**

#### **Criterion Variable – Turnover Intention**

The Turnover Intention Scale, developed by Bluedorn (1982) was used to measure turnover intention. Five items make up the test, and the responses range from (1) “strongly agree” to (5) “strongly disagree” on a 5-point Likert scale. Examples of items are; “I often think about quitting.” High score indicates high propensity to turnover intention. The reliability coefficient Bluedorn (1982) obtained was .90. The scale has been used in a similar study (21). The researchers reported a Cronbach alpha coefficient of .92 in the present study from the pilot study they conducted. The turnover intention scale by Bluedorn (1982) has been used in various Nigerian studies and shows an acceptable reliability index (Kanu et al., 2022).

#### **Independent Variables**

##### **Organizational Cynicism - Organizational Cynicism Scale (OCS).**

Dean et al.’s (1998) organizational cynicism scale was employed to measure nurses’ organizational cynicism. Based on cognitive, emotional, and behavioral factors, the 13-item measure evaluated how negatively employees feel about their organization. Sample items include; “I believe my company says one thing and does another” as an example. Items 1–5 measure the cognitive aspect (For example, “I believe that my company says one thing and

does another”), and items 6–9 measure the affective/emotional aspect (For example, “How often do you experience irritation when you think about your company”), while item 10–13 measure the behavioral aspect (For example; “I often talk to others about the way things are run at my company”). The measure was designed using the Likert Format, and the score ranges from (1) “strongly disagree” to (5) “strongly agree” on a 5-point Likert scale. Every item has a straight score, meaning that the higher the score, the more organizational cynicism experienced; conversely, the lower the score, the lower the organizational cynicism experienced. According to Dean et al. (1998), the subscale internal consistency reliabilities ranged from .77 (cognitive), .80 (emotional), and .85 (behavioral), with an overall reliability coefficient of .82. In the present study, the researcher obtained  $\alpha$  of .74 (cognitive), .83 (emotional) and .88 (behavioral) and the overall score of .91 from the pilot study they conducted. In previous studies, the Organizational Cynicism Scale by Dean et al. (1998) has been used in Nigerian settings with an acceptable reliability coefficient (Ike et al., 2020).

*Perceived Organizational Support - The Survey of Perceived Organizational Support (SPOS).* The 8-item Survey of Perceived Organizational Support (Eisenberger et al., 1986) measured nurses’ perceptions of organizational support. Items were responded to on a 7-point Likert-type scale ranging from (1) “strongly disagree” to (7) “strongly agree.” Sample items include; “The organization strongly considers my goals and values.” High score indicates high perceived organizational support. Eisenberger et al. (1986) reported a Cronbach’s alpha coefficient of .93, with item-total correlations ranging from 0.70 to 0.84. The researchers in the present study reported  $\alpha$  coefficient of .86 from the pilot study they conducted. This scale has been used in the Nigerian context with an acceptable reliability index (Nwachukwu & Omofowa, 2022).

#### **Pilot Study**

A pilot study was conducted by the researchers with 102 participants (nurses from Federal Teaching hospital Abakiliki, Ebonyi state and Nnamdi Azikiwe Teaching hospital Nnewi, Anambra state). Factor analysis revealed that the items in the scale loadings were .86 and above, which is acceptable (Nunnally & Bernstein, 1994).

#### **Data Collection Procedure**

The study utilized a questionnaire, which was hosted on a Google form. The questionnaire was hosted on a Google form following approval from the Ethical Committee Board, Department of Psychology, University of Nigeria, Nsukka. After the approval, the survey link was distributed online via email, Twitter, and WhatsApp. This was achieved by widely sharing the offered link on various platforms for the nursing professions in Nigeria. These approaches of

questionnaire distribution were utilized because they aided easy access to the researchers' potential participants. By clicking the link, the participants could be enrolled by being redirected to the questionnaire. Participants' consent was consented to prior to participation. The survey cover letter included information about the study's purpose, including assurance of confidentiality of their responses and a statement that the participation was voluntary and participants could withdraw at any time without penalty. Nurses who agreed to participate completed the questionnaires. Out of the five hundred and fifty (550) responses received, thirty-five (35) were discarded due to incomplete information. Consequently, five hundred and fifteen (515) valid responses were used for data analysis, yielding a response rate of 93.6%.

### Ethical Consideration and Institutional Review Board Approval

All procedures were carried out under the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as amended in 2000. Equally, an ethical approval letter with approval code no (D.PSY.UNN/REC/2022-12-1RBO00013) was obtained from the Department of Psychology, faculty of the Social Sciences, University of Nigeria Nsukka and an ethical clearance letter from the institution with clearance code (UNN/EC/017-SC/4007/JA-022) to conduct the study.

### Statistical Analysis

Pearson correlation was conducted among the demographic and study variables to determine their correlation, while model 1 of Hayes's (2018) PROCESS macro for SPSS version 23 was employed to examine the relationship between the independent and outcome variables by testing the hypotheses formulated. This is used because it can easily estimate considerably complex models, such as direct and indirect effects in the moderation model (Hayes & Rockwood, 2020). The Hayes PROCESS is currently the most acceptable method in tests of moderation in psychological research and management sciences (see Chinweuba et al., 2022; Jyoti & Kour, 2017; Nwifo et al., 2023; Onyedire et al., 2019). If the interaction of predictor and moderator (product term) were significant, it would mean that the association between the relationship variable (organizational cynicism) and the outcome variable (turnover intention) was either stronger or weaker in the presence of the moderator (perceived organizational support).

### Results

Table 1 depicts the demographic characteristics of the participants. The participants' demographics are as follows: Their

**Table 1.** Characteristics of the Study Sample.

Age	29 – < 40	219 (42.5%)
	40–55	296 (57.5%)
Mean age		34.3
SD		9.4
Gender	Male	102 (19.8%)
	Female	413 (80.2%)
Marital Status	Married	325 (63.1%)
	Single	190 (36.9%)
Years of service	5 – < 20 years	423 (82.1%)
	20 years and above	92 (17.9%)
Educational qualification		
	Registered nurse/B.Sc. nursing	423 (82.1%)
	M.Sc. nursing	18 (3.5%)
Religion	Christianity	263 (51.1%)
	Moslem	197 (38.2%)
	Others	55 (10.7%)

age range from 29 to 55 years with average mean age of 34.3. For marital status, 325 (63.1%) were married, and 190 (36.9%) were single. For religion, 263 (51.1%) were Christians, 197 (38.2%) were Muslims, and 55 (10.7%) were other religious worshipers. For the participants' educational qualifications, the majority of the participants, 497(96.5%), were registered nurses or had a first degree, while 18(3.5%) had above first-degree certificates. For the years spent working, 423(82.1%) participants had spent between 5 to 20 years in service, and 92 (17.9%) of the participants had spent 21 years and above in service.

Table 2 depicts the correlation matrix among the study variables. The result in Table 2 showed that it was only age ( $r = -.11, p < .05$ ) and gender ( $r = .14, p < .01$ ) that correlated with turnover intention. Religion correlated negatively with marital status ( $r = -.12, P < .05$ ). In addition, three dimensions of organizational cynicism were added: cognitive, affective and behavioral cynicism. It was indicated that organizational cynicism (cognitive) negatively correlated with organizational support ( $r = -.11, p < .05$ ) and turnover intention ( $r = -.26, p < .01$ ), whereas organizational cynicism (affective and behavioral) did not correlate with turnover intention. Perceived organizational support also correlated with turnover intention ( $r = .79, p < .01$ ).

In Table 3, organizational cynicism (cognitive) was positively correlated with turnover intention ( $\beta = .43, 95\% \text{ CI } [.33, .53], p < .01$ ); thus, indicating that a rise in organizational cynicism (cognitive) also increases the turnover intention rate by .43 units. This implies that an increase in the negative perception of organizational cynicism by nurses in the work setting, invariably leads to higher behavioral-intention of leaving their jobs. Perceived organizational support also negatively correlated with turnover intention ( $\beta = -.22, 95\% \text{ CI } [-.18, -.27], p < .01$ ), which invariably shows that an increase in organizational support reduces the rate of turnover intention among nurses by .22 units. This

**Table 2.** Descriptive and Correlation Statistics of the Demographic and Predictor Variables.

Variables	M	SD	1	2	3	4	5	6	7	8	9
1. Age	34.34	9.39	–								
2. Gender	–	–	–.02	–							
3. Religion	.33	.62	.04	–.21**	–						
4. Marital status	.98	.94	.55**	–.12*	.12*	–					
5. Cognitive cynicism	8.49	5.51	–.01	–.02	–.04	.02	–				
6. Affective cynicism	8.50	5.46	–.02	–.11*	–.00	–.06	–.08	–			
7. Behavioral cynicism	12.29	10.29	–.03	–.05	.07	–.01	–.02	.26**	–		
8. Organizational support	30.67	8.39	–.13*	.11*	–.04	–.08	–.11*	.07	.10	–	
9. Turnover intention	31.07	8.21	–.11*	.14**	–.05	–.08	–.26**	.03	.01	.79**	–

Note.  $N = 515$ , Gender was coded 0 = male, 1 = female. Marital status 0 = married, single = 1. M = mean, SD = standard deviation.

\*\* Correlation is significant at the 0.01 level (2-tailed). \* Correlation is significant at the  $\leq 0.05$  level (2-tailed).

\* =  $p < .05$  (two-tailed), \*\* =  $p < .01$  (two-tailed).

**Table 3.** Hayes PROCESS Macro Result for the Moderating Role of Organizational Support on the Relationship between Cognitive Cynicism and Turnover Intention.

Variables	<i>B</i>	<i>SE</i>	<i>T</i>	95% CI		$\Delta R^2$	$\Delta F$
				LLCI	ULCI		
Cognitive cynicism	.43	.05	8.56**	.33	.53	.90	799.27**
Organizational support (OS)	–.22	.02	–9.19**	–.18	–.27		
Cognitive cynicism $\times$ OS	–.01	.00	–2.90	–.02	.00		

Note.  $\beta$  = regression coefficient; *SE* = standard error; *t* = population *t* value; *p* = probability level; LLCI and ULCI = lower and upper limit confident interval;  $\Delta R^2$  adjusted *R* square; OS = organizational support.

\* =  $p < .05$  (two-tailed), \*\* =  $p < .01$  (two-tailed).

**Table 4.** Hayes PROCESS Macro Result for the Moderating role of Organizational Support on the Relationship between Affective Cynicism and Turnover Intention.

Variables	<i>B</i>	<i>SE</i>	<i>T</i>	95% CI		$\Delta R^2$	$\Delta F$
				LLCI	ULCI		
Affective cynicism	.67	.05	12.40**	.56	.77		
Organizational support (OS)	–.16	.02	–7.38**	–.12	–.20		
Affective cynicism $\times$ OS	–.01	.00	–3.14**	–.01	–.02	.92	985.31**

\*\* =  $p < .01$  (two-tailed).

implies that when there is perceived organizational support among nurses in their work setting, reduces their cynical and behavioral-intention of such nurses leaving their jobs. The interaction between organizational cynicism (cognitive) and organizational support does not impact turnover intention, and it indicates that organizational support did not moderate the relationship between organizational cynicism (cognitive) and turnover intention. The  $R^2$  for the model was .90 ( $F = 799.27$ ;  $p < .01$ ), signifying that cognitive cynicism and organizational support accounted for a 90% alteration in turnover intention.

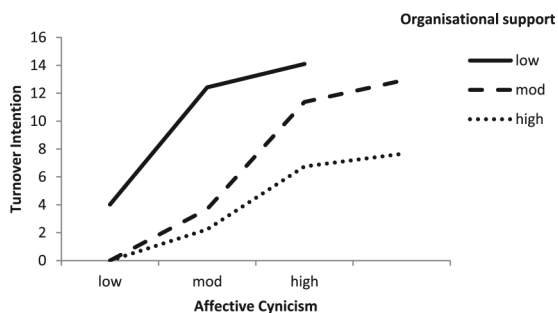
Table 4 results revealed that organizational cynicism (affective) positively correlated with turnover intention

( $\beta = .67$ , 95% CI [.56, .77],  $p < .01$ ); thus, indicating that for every unit rise in affective cynicism, turnover intention increases by .67unit. This implies that an increase in the nurses' negative feelings toward the organization in the work setting invariably leads to higher behavioral-intention of them leaving their jobs. There was a substantial relationship between organizational cynicism (affective) and turnover intention among Nigerian nurses ( $\beta = -.01$ , 95% CI [–.01, –.02],  $p < .01$ ), establishing that the association between organizational cynicism (affective) and turnover intention was moderated by organizational support. Regarding the interaction's slope (see Figure 2), it indicates that organizational cynicism (affective) had a significant



association with turnover intention for nurses with low organizational support ( $\beta = -12.05, p < .01$ ), moderate organizational support ( $\beta = -7.05, p < .01$ ), and high organizational support ( $\beta = 14.95, p < .01$ ). The  $R^2$  for the model was .92 ( $F = 985.31, p < .01$ ), indicating that affective cynicism and organizational support was implicated for .92% variance in turnover intention.

The results in Table 5 demonstrated that organizational cynicism (behavioral) positively correlated with turnover intention ( $\beta = .56, 95\% \text{ CI } [.45, .66], p < .01$ ); thus, indicating that for every unit rise in behavioral cynicism, turnover intention increases by .56 unit. This implies that an increase in the nurses' overt and covert negative behavioral tendencies in the work setting invariably leads to higher behavioral intention of them leaving their jobs. The interaction of behavioral cynicism was significant, showing that perceived organizational support moderated the association between organizational cynicism (behavioral) and turnover intention ( $\beta = .01, 95\% \text{ CI } [.00, .02], p < .01$ ). For the slope of the interaction (see Figure 3), it indicates that organizational cynicism (behavioral) had a significant association with turnover intention for nurses with low organizational support ( $\beta = -12.05, p < .01$ ), moderate organizational support ( $\beta = -7.05, p < .01$ ), and high organizational support ( $\beta = 14.95, p < .01$ ). The  $R^2$  for the model was .91 ( $F = 897.23, p < .01$ ), indicating that behavioral cynicism and organizational support was implicated for .91% variance in turnover intention.



**Figure 2.** Interaction Slope Showing the moderating role of organizational support on the relationship between Affective cynicism and turnover intention.

## Discussion

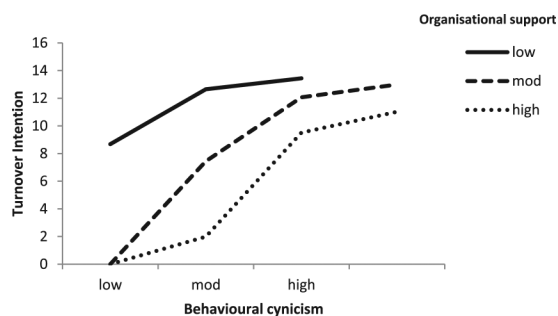
The present study investigated the moderating role of perceived organizational support in the relationship between organizational cynicism (dimensions) and turnover intention among Nigerian nurses. The study was guided by three hypotheses. The findings demonstrated that organizational cynicism's cognitive dimension positively correlates with nurses' intentions to leave their jobs. This finding is consistent with a few previous studies (Han & Jekel, 2019; Özbağ & Çevik, 2019; Özbağ & Şener, 2018; Rahimnia et al., 2020), which found that cognitive organizational cynicism was a factor that increased turnover intention. This indicated that Nigerian nurses with negative beliefs and perceptions about their hospital organizational culture would likely experience turnover intention. This is pertinent because the cognitive dimension of organizational cynicism connotes employees' negative thoughts, beliefs, and perceptions about their organization. It involves skepticism, distrust, and a general belief that the organization's motives, actions, or decisions are questionable or unfair, leading to the perception of their work environment as hostile and unfair, leading to increased job dissatisfaction, lack of trust and commitment and breach of the psychological contract likely to make employees consider leaving the organization (Umran et al., 2019).

Similarly, the findings indicated that organizational cynicism's affective component was positively associated with nurses' intentions to leave their jobs. This finding is consistent with previous studies (Bayra & Yetim, 2016; Karaküçük, 2020; Yalçın, 2020), which found that affective organizational cynicism significantly predicted nurses' turnover intention. This is evident since the emotional dimension of organizational cynicism portrays the negative feelings, emotions, and affective responses that employees experience toward their organization. Such emotions include anger, frustration, resentment, and disillusionment toward their employing organization. Thus, these negative emotions by nurses can reinforce negative thoughts and beliefs about the hospital's organizational culture and drive employees (nurses) to behave consistently with their cynical attitudes (Zhang & Mao, 2019). However, this shows that nurses with strong negative emotional reactions toward their organization are likely to experience turnover intention based on the

**Table 5.** Hayes PROCESS Macro Result for the Moderating Role of Organizational Support on the Relationship Between Behavioral Cynicism and Turnover Intention.

Variables	B	SE	t	95% CI		$\Delta R^2$	$\Delta F$
				LLCI	ULCI		
Behavioral cynicism	.56	.05	10.27**	.45	.66		
Organizational support (OS)	-.16	.02	-6.47**	-.11	-.21		
Behavioral cynicism $\times$ OS	.01	.00	3.09**	.00	.02	.91	897.23**

\*\* =  $p < .01$  (two-tailed).



**Figure 3.** Interaction Slope Showing the moderating role of organizational support on the relationship between behavioral cynicism and turnover intention.

accumulation of the negative beliefs, perceptions and attitudes they have been experiencing. This invariably portrays that the negative emotions and perceptions employees (nurses) have toward their organization increase their intention to leave the job (Karaküçük, 2020).

The results also revealed that organizational cynicism's behavioral component was positively and significantly associated with nurses' intentions to leave their jobs. This result is consistent with earlier research (Demir & Ulutas, 2021; Menezes & Ganesh, 2018), which found that behavioral organizational cynicism is positively associated with turnover intention. Further, the behavioral dimension of organizational cynicism signifies the actions, behaviors, and responses employees demonstrate due to their negative perceptions, beliefs, attitudes, and emotions toward the organization (Zheng et al., 2018). These negative behaviors involve reduced effort, disengagement, decreased organizational citizenship behavior, and a higher likelihood of leaving the organization. As a result, nurses' overt and covert unfavorable behavioral inclinations and attitudes are likely to enhance nurses' propensity to quit their jobs due to the negative beliefs and impressions acquired over time, together with the emotional torment. In line with this, Demir and Ulutas (2021) asserted that this could directly influence employees' turnover intention by creating a desire or intention to leave the organization since cynical employees may actively seek alternative employment opportunities, network with professionals outside the organization, or express their intention to leave to colleagues.

Notably, employees' negative thoughts and emotions toward the organization can shape their behavioral responses, reinforcing their intentions to leave the organization (Hüseyin & Çakar, 2016), as exemplified in the present study among Nigerian nurses. Thus, referencing from the theory of Reason Action and Behavior (Ajzen & Fishbein, 1980), employees' negative perceptions, belief, attitude, and behavior toward the organization reflects negative perceptual patterns and thoughts experienced by such employees across the board concerning the organization. These negative perceptual patterns and thoughts invariably

predispose them to experience turnover intention (Han & Jekel, 2019).

The results also revealed that perceived organizational support was negatively associated with turnover intention among Nigerian nurses. This is consistent with other research that found a negative link between turnover intention and perceived organizational support (Kularathne & Senevirathne, 2020; Rowlan et al., 2020; Talat & Ghulam, 2019; Talat et al., 2020). As a result, organizational support poses a risk for the intention to leave if unfavorably perceived. This is pertinent because an organization's commitment to workers' input and wellbeing can lessen organizational cynicism and lower turnover intentions (Wang & Wang, 2020). Thus, employees' perceptions of support may give the organization the required security and stability. However, decreased organizational support may trigger negative work behaviors and outcomes (Kurtessis et al., 2017).

According to Rowlan et al. (2020), nurses with higher organizational support perceptions showed lower turnover intention. Therefore, nurses' decisions to either stay or leave their jobs lie in how they perceive their organization as supportive of their demands. Aligning with this, the finding suggests that Nigerian nurses with good perceptions of perceived organizational support (e.g., the organization caring about them and valuing their contributive services and well-being) are less likely to experience turnover intention.

In addition, perceived organizational support moderated the relationship between organizational cynicism (affective and behavioral dimensions) and turnover intention; as a result, the relationship between organizational cynicism (affective and behavioral) and turnover intention was weaker for nurses with perceived high organizational support. This suggests that the perceived high organizational support weakens and decreases negative emotional reactions and the exhibition of nurses' negative behavioral tendencies on their intention to quit their jobs. The results of this study are consistent with those of earlier studies (Cicek et al., 2021; Hadi, 2018; Lena-Mari, 2020; Maura & Galletta, 2018; Mustafa & Adnan, 2019; Ozturk et al., 2016), which found that employees' intentions to leave their organization could be influenced by perceived organizational support. This is evident since perceived organizational support entails four elements: job conditions, fair treatment, supervisor assistance and organizational rewards (Nadeem et al., 2020). However, any incongruity between these elements and nurses' expectations invariably precipitates organizational cynicism and turnover intention. According to Suarez-Albanchez et al. (2022), perceived organizational support can either buffer or attenuate work behavioral outcomes such as organizational cynicism and turnover intention, depending on the direction of the perceived organizational support. However, Nigerian nurses' who perceive favorable organizational treatment are bound to respond with positive organizational work outcomes and behavior. Contrariwise, nurses who experience an unfavorable perception of organizational treatment

tend to exhibit negative behaviors due to the perception of breach and violation of the contractual agreement (Kalidass & Bahron, 2015). This trajectory of relationship can be explained from the viewpoint of social exchange theory (Blau, 1965). The theory highlights the imperativeness of reciprocal obligation by providing a framework for understanding how individuals make decisions in social interactions, weighing the benefits and costs to maximize their overall wellbeing. Thus, when an organization pays attention to employees' welfare and values their contributions; such employees reciprocate by better job performance, commitment, and less cynical behaviors toward the organization with the least intention of leaving (Nadeem et al., 2020; Yilmaz et al., 2019).

Furthermore, organizational support did not moderate the cognitive dimension of organizational cynicism. This could be attributed to variations in individual differences and contextual factors. This is important because the general corporate environment and culture significantly impact how organizational support is perceived and received. The moderating impact of perceived organizational support may be lessened if the workplace culture promotes cynicism, distrust, or a lack of support. In such circumstances, despite perceived support, the harmful effects of cognitive cynicism on turnover intention may still exist. This could depend on the extent and quality of support the organization provides. Therefore, if nurses feel that the organization's assistance needs to be improved, it may not be able to successfully mitigate the detrimental effects of cognitive cynicism on the intention to leave. In such cases, the relationship between cynicism and turnover intention may remain strong regardless of the level of perceived organizational support experienced once the nurses do not feel the extent and quality. This is pertinent because the effectiveness of organizational support relies on nurses' perceptions of the support they receive from their host organization. However, when there is a mismatch between the organization's intended support and nurses' perceptions of such support, nurses do not perceive the support provided by the organization as supportive or genuine, based on their perception of need and quality. Thus, it may not effectively moderate the relationship between cognitive cynicism and turnover intention. Corollary, nurses who are highly cognitively cynical may attribute negative events or outcomes to organizational factors, even when supportive actions are taken. This negative attribution bias can override the potential buffering effect of organizational support on turnover intention since nurses with a strong cognitive cynicism bias may discount or dismiss the support provided by the organization, leading to a weakened moderating effect on the relationship.

### **Strengths and Limitations of the Study**

The study addresses an important and relevant issue in the healthcare industry: nurses' turnover intention. Nurse

turnover intention can significantly impact patient care and healthcare organizations, making this research highly valuable. Even though the current study has demonstrated great importance to the functioning of the healthcare sector, some limitations are worth emphasizing. First, the sample size should be increased to encompass other health personnel and other geographical regions in order to extrapolate the findings to the general healthcare sector and other regions. Secondly, finance was another issue encountered in the research since the study was self-funded. Thus, coverage of the study was limited only to nurses in Nigeria's southeast geographical region. In addition, the present study is based on self-reported data using a snowballing sampling technique. This may be prone to the risk of social desirability responses, and such findings may not be easily generalized to a broader population. Even though the possible problem of common error bias was reduced through confidentiality and anonymity in participants' responses. However, these limitations can affect the extrapolation of the findings because of the limited sample size and geographical regions used for the study.

Thus, future research on organizational cynicism and turnover intention should consider increasing the sample to incorporate other health workers and other geographical regions and using a mixed-method approach. In addition, work attitudes like job embeddedness and organizational career progression should be studied vis-à-vis organizational cynicism and organizational support. Evidence shows these factors can serve as boundary conditions for workplace behavior and work outcomes such as turnover intention.

### **Implications for Practice**

Practically, the study highlighted the importance of a supportive organizational climate in mitigating the negative impact of cynicism on turnover intention through fostering open communication, providing resources, recognizing employee contributions, and promoting a sense of fairness and equity. This invariably helps reduce nurse turnover intention because of the sense of belonging extended to the nurses by the management via caring for them and recognizing their contributions. This helps in guiding the design and implementation of interventions as well as targeted interventions to address cynicism-related concerns and reduce turnover intention. Such strategies include training programs, mentoring, supervisor support, and assistance programs, which will help to counter the harmful effects of organizational cynicism and turnover intention. In addition, recognizing and addressing perceived organizational support gaps, monitoring and addressing organizational cynicism, implementing mentorship programs, conducting regular employee feedback surveys, fostering a collaborative culture, creating supportive policies, investing in professional development opportunities, promoting leadership training and enhancing communication channels are imperative for healthcare

service delivery. Thus, by implementing these recommendations, healthcare organizations can create a more supportive and positive work environment for nurses. This will potentially reduce organizational cynicism and turnover intention among nurses.

Empirically, the findings improved our understanding of the cynicism-turnover intention linkage by examining the moderating role of organizational support in delivering a more nuanced knowledge of the relationship between cynicism and turnover intention. By highlighting the importance of contextual factors, such as support, in influencing nurses' work and behavior outcomes, which can contribute to refining theoretical models and frameworks. This manifests through identifying organizational support as a boundary condition under which the relationship between cynicism and turnover intention may be weakened or strengthened. Therefore, the researchers uncover the factors that may influence the effectiveness of support as a buffer, leading to more accurate predictions and explanations.

## Conclusion

The findings reveal that organizational cynicism dimensions are positively associated with turnover intention among nurses. This suggests that nurses who experience higher levels of cynicism toward their organization are more likely to contemplate leaving their current job. As expected, perceived organizational support negatively correlated with turnover intention among nurses. This suggests that nurses who experience perceived organizational support are less susceptible to engage in turnover intention.

In addition, the study finds that perceived organizational support plays a significant moderating role in the positive relationship between organizational cynicism dimensions and turnover intention. Specifically, higher levels of perceived organizational support weaken the positive association between organizational cynicism (affective and behavioral) and turnover intention. Thus, nurses who perceive more significant support from their organization, regarding resources, encouragement, and assistance are less likely to express an intention to leave their job, even when they harbor cynical attitudes toward the organization. The results emphasize the importance of organizational support in mitigating the adverse effects of organizational cynicism on turnover intention among nurses. Equally, organizations should prioritize creating a supportive work environment that addresses nurses' needs and concerns, fostering positive employee attitudes and reducing turnover intention.

Therefore, this present study is apt for providers of healthcare services, HRM and captains of industries to understand the interplay among organizational cynicism, organizational support, and turnover intention. This could be attained by recognizing the influence of organizational support as a strategy for enhancing support mechanisms and cultivating a positive work environment that promotes retention and

satisfaction. By exploring these avenues, researchers can contribute valuable insights to healthcare management through policies and practices that improve the work environment for nurses and enhance the quality of patient care.

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## Authors' Contribution

OOI: Conceptualization, project administration, resources, draft, Review and editing. NUC: Methodology, formal analysis and writing of the original draft. OCN: Software, validation, review and editing, supervision,

## Data Availability Statement

The corresponding author will provide the datasets generated and analyzed during the current work upon reasonable request.

## Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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## Ethical Approval

The study was approved by the Ethical Committee (blinded for review). All procedures were carried out under the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as amended in 2000.

## Informed Consent

All of the study's participants provided their informed consent.

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