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THE ROLE OF ORGANIZATIONAL CYNICISM IN DETERMINING ATTITUDES REGARDING THE GENDER ROLE OF HEALTHCARE PROFESSIONALS		
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ABSTRACT

The purpose of this study is to explore the role of organizational cynicism in determining attitudes regarding gender role of healthcare professionals using moderating role of gender. The study was conducted on 240 healthcare professionals: 112 males and 128 females in Ankara in Turkey. The level of organizational cynicism is determined by three factors: behavioral cynicism, cognitive cynicism, emotional cynicism. The study results show that the level of behavioral and cognitive cynicism of health healthcare employees had a moderator effect on the effect of gender role attitude; on the other hand, it was determined that the level of emotional cynicism did not have a moderator effect on the effect of gender role attitude.

Keywords: Behavioral cynicism, cognitive cynicism, emotional cynicism, organizational cynism, gender role attitudes, healthcare organizations.

1. INTRODUCTION

Health can be a multidimensional goal for both providers and patients, and may have different meanings for different people (Fewster-Thuente & Velsor-Friedrich, 2008: 43). Recently, together with population growth and aging in the world, the need for healthcare services is increasing. Healthcare employees, one of the most important elements of healthcare delivery, are the most valuable assets for healthcare organizations that aim to meet this growing need (Sungur et al., 2019: 139).

Health services include all activities carried out to protect the health of individuals, to treat them and to improve their quality of life (Dağıstan, 2001:3). Health services have unique features and these features distinguish it from other services (Nalbant, 2006:27). Since health services are provided 24 hours a day, it has irregular working conditions. Especially since professions such as nursing and midwifery are seen as females's work, the number of female employees is higher. Female do not

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prefer areas of specialization that are heavy and tiring in terms of health. In addition, the necessity of keeping females's family roles and responsibilities in balance with their working life prevents female from being managers and causes them to be lower in the hierarchy (Urhan & Etiler, 2011:194-205).

Although organizational cynicism was studied with different subjects such as turnover intention (Munir et al., 2018; El-liethiey&Atalla; Ay & Unal, 2015), paternalistic leadership (Sungur et al., 2019), employee performance (Tuna et. al., 2018), organizational support (Yavuzer Zan & Altuntaş, 2019; Aly, Ghanem& El-Shanawany, 2016), work alienation (Durrah, 2020), organizational commitment (Aly, Ghanem & El-Shanawany, 2016; İkinci, Ünal & Yurdakoş, 2020; Bedük, Eryeşil & Eşmen, 2015), there has been little research related to organizational cynicism and gender roles in healthcare organizations. Moreover, this topic may change from country to country, culture to culture, and organization to organization. The current study was performed using data from healthcare organizations in Turkey. Gender/gender roles of healthcare professionals can be a determining factor in their attitudes towards work and cynicism scores. The theoretical framework that guides the present study is presented in Figure 1. Therefore, the main objective of this study is to determine the role of organizational cynicism in attitudes regarding the gender role of healthcare professionals using moderating role of gender. Since healthcare professionals take an active role in the pandemic times, the perception of lack of justice, sincerity and honesty that they may encounter may cause a lack of trust in the institution and other employees. Rich information about healthcare employees' gender differences would contribute positively to the theoretical underpinnings of organizational cynicism in organizations.

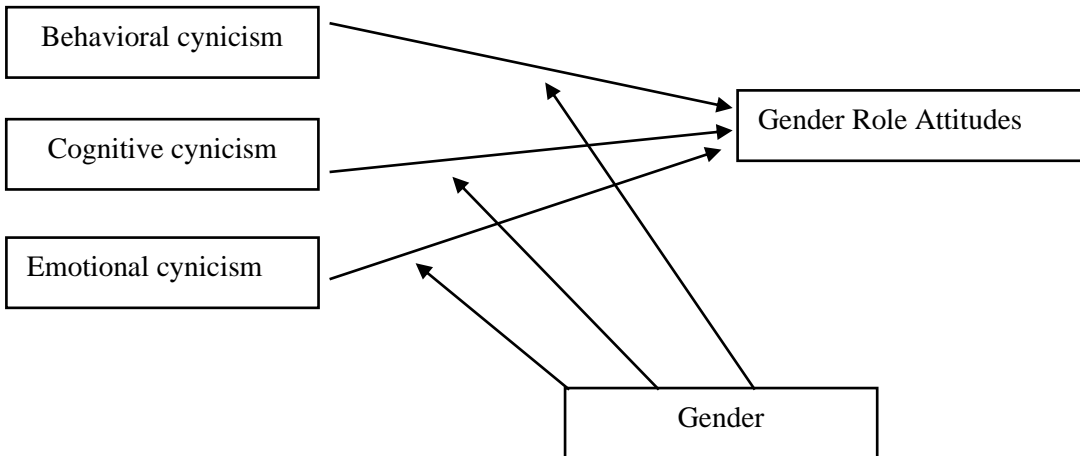


Figure 1: Hypothesized model

2. CONCEPTUAL DEVELOPMENT

2.1. Gender Roles

While sex expresses the biological differences between males and females; gender roles expresses the behaviors and personality traits that are socially-culturally allocated to males and females

(Willerth et al., 2020: 1). Societies expect different behaviors from individuals according to their gender (Blackstone, 2003: 335). In this context, gender roles are norms of behavior approved by society (Falahati, 2016: 33) and appropriate for male and females in many different fields (family, workforce, education....).

Since gender roles are closely linked to values, traditions, religion and socio-economic factors, they vary between cultures (Khoury & Fayad, 2013: 3) and reflect the structure of the society in which they live. While males and females share similar roles in egalitarian societies, male and female roles in traditionalist patriarchal societies are specific and rather rigid (Neimand, 2016: 2). Traditional societies reflect inequality between males and females in the social context (García-Cueto et al., 2015: 62). Many societies believe that females are more nutritious than males; that a female should work full-time at home to raise her family instead of being outside the home; argues that males should be the head of their households by providing financial support to families. (Blackstone, 2003: 335). For example, in Asian countries such as China, Japan and Vietnam, females are expected to display shy and less demanding behavior patterns, and traditionally in Turkey they are prevented from going beyond their roles (Atli, 2017). The basis of gender inequality is the status and gender norms attributed to females and males by society (Naik and Padikkal, 2018: 91) and social gender roles for females are shaped by the traditional messages emanating from families, teachers, and media (Atli, 2017). Males and females assume different roles in working life, and their positions are generally separated by gender (Blackstone, 2003: 335).

2.2.Organizational Cynicism

Yang et al. (2020: 3) defined organizational cynicism as a negative attitude manifested by distrust, disappointment and hostility. More specifically, organizational cynicism has been defined as a three-dimensional negative attitude towards the organization in which the person works. According to the first dimension, the cognitive dimension, some individuals have a cynical attitude. According to these individuals, although there are no criteria such as honesty, sincerity and justice in organizations, relations are carried out based on individual interests and there is no trust in other employees in the organization (Dean et al., 1998: 345). Secondly, the affective dimension refers to the emotional reactions (such as anger, anger, stress and shame) towards the company. Finally, the behavioral dimension refers to critical and negative attitudes. Employees have a humorous and sarcastic attitude towards the organization and make less effort for their work (Durrah et al., 2019: 4).

Organizational cynicism arises from factors such as beliefs about the organization, unfair treatment experiences, lack of honesty, dishonesty or insincerity (Naus et al., 2007: 690), goal conflicts, increased organizational complexity, failure to keep promises, failure to provide effective communication, and unjust power distribution (Pleskiene et al., 2018: 75). Employees with high organizational cynicism believe that the organization lacks integrity, honesty and fairness, and that the decisions taken within the organization lack sincerity (Davis & Gardner, 2004: 442) and are less willing to give honest feedback to their managers (Kwantes & Bond, 2019). Organizational cynicism is a situation against organizations as it will cause cynical attitudes, decrease in commitment, decrease in job satisfaction, decrease in creativity, increase intentions to leave the job (Risgiyanti et al. 2020: 693; Firoozi et al., 2016: 295).

The findings about gender differences related to organizational cynicism have inconsistent and different work settings (e.g. banking, education, health sector, tourism) and sample populations. For example, some studies (e.g. Mirvis & Kanter, 1991; Boyalı, 2011) found that males have more cynicism than females. The study done by Topcu et al. showed that males had higher cynism scores than females among healthcare professionals. This may be due to the fact that males traditionally have more roles and responsibilities in society than females. In the study conducted at training and research hospital by Turpoğlu and Mercanlıoğlu (2019) determined that the cognitive cynicism level of male healthcare professionals had more significant mean than female healthcare professionals did. Yet, other studies (e.g. Lobnika & Pagon, 2004; Gün & Baskan, 2017; Keklik Okur, 2020; Erkara & Oktal, 2021) indicate that females have more cynism than males. The study conducted by Akyüz and Yurduseven (2016) were found significant differences between the gender factor and cognitive, affective and organizational cynicism levels of healthcare employees. According to the conclusion, female healthcare professionals have a higher mean of cynicism compared to male healthcare professionals. Another study carried out by Çankaya (2018) found that females have a higher perception of organizational cynicism than males. According to the study, females show higher levels of cynical behavior than males. In the study conducted by Akbolat et al. (2014) in a training and research hospital, the cognitive cynicism level of female healthcare professionals statistically was significantly higher than the cognitive level of male healthcare professionals. While yet & other studies (Akman, 2013; Tuna et al., 2018; Kuş, 2021; Çevik Tekin & Bedük, 2015; El-liethiey Atalla, 2021) put forth no significant gender differences in organizational cynism in health care organizations. Moreover, Erdoğan and Tekin (2020) investigated the effect size based on gender perceptions of organizational cynicism. Although organizational cynicism was found in favor of female health healthcare employees by gender, the effect size was found to be insignificant. This result was interpreted to mean, "the organizational cynicism of health healthcare employees does not differ by gender".

Based on the literature review, the study proposed three hypotheses with respect to the gender in this study:

H₁: Gender has a moderator effect on the effect of the level of emotional cynicism of healthcare professionals on gender role attitudes.

H₂: Gender has a moderator effect on the effect of the level of behavioral cynicism of healthcare professionals on gender role attitudes.

H₃: Gender has a moderator effect on the effect of the level of cognitive cynicism of healthcare professionals on gender role attitudes.

3. METHODS

3.1 Data and Sampling

We collected the data from healthcare professionals of university hospital in Turkey to test our hypotheses. The questionnaire applied as online in the study. The university hospital, which has close to 5000 personnel, constitutes the universe of the research. In order to ensure significance in the sampling process from the population, the formula applied when the population size is known was used (Yamane, 2001).

$$n = \frac{(Nt^2pq)}{d^2(N - 1) + (t^2pq)}$$

The sample size calculation as suggested by Yamane (2001), the appropriate sample size was 234. The total number of questionnaires generated (n=240). The survey questions were initially created in English and were translated into Turkish. Then, the questions were translated back into English to prevent nonequivalence of the meaning caused by language translation. Questionnaire collection was carried out during a period of 3 months. Ethics committee approval of the study was obtained at the meeting of Ankara Hacı Bayram Veli University, dated 17.11.2021 and numbered 09.

The hypotheses were tested using (SPSS 23.0). "Process Macro Programme" was used, which is developed by Hayes (2013), to measure relationship between organizational cynicism dimensions and gender role attitudes with respect to gender. In the study, "bootstrap model 1" analysis was performed with confidence intervals in the use of Process in the moderating variable analysis. This analysis is used to test hypotheses about the differentiation of the cause-effect relationship between two variables with the levels of a third variable (Hayes et al., 2017).

3.2.Measurement scale

The data questionnaire composed of three sections. The first section of the questionnaire included employees' demographic characteristics (gender, age, marital status, professional experience, education level, monthly income). The second part included organizational cynicism scale which was developed by Brandes et al. (1999). The survey participants were asked to rate their agreement with each statement on five-point Likert scale ranging from "I do not agree at all" (1) to "I agree completely" (5). Since the mean and standard deviation values of the expressions in the organizational cynicism scale range from 1 to 5, it is accepted that the level of organizational cynicism of the health healthcare employees in that dimension is high as the scores get closer to 5, and low as they get closer to 1. Male and female healthcare professionals that were covered in the study filled out the questionnaire. After a waiting period of 3 months, 240 usable questionnaires were generated which provided a response rate of almost 96%. The measurement scales were composed of 13 questions and three dimensions: behavioral cynicism (4), cognitive cynicism (5), and emotional cynicism (4). Reliability is the degree to which a test or scale measures what it wants to measure in a consistent and stable manner (Altunışık et al., 2012: 124). A reliability analysis indicated good reliability of this scale: (for behavioral = 0.80; for cognitive=0.87; for emotional cynicism=0.89). Finally, gender role attitude was measured using a 15-item measure developed by Garcia-Cueto et al. (2015). Responses to the 15 items were captured using 5-point Likert scales varying from "I do not agree at all" (1) to "I agree completely" (5). To measure gender role attitude, items between (3-15) were reverse-coded. After reverse coding, Cronbach's alpha reliability estimate for the attitude scale was .83. The higher the score obtained from the scale, the higher the level of attitude towards gender roles.

3.3. Results

The first part of the data analysis procedure contains demographic characteristics of respondents and correlation analysis. Descriptive statistics of the sample demographics reveal that %53.3 of the respondents were female, 36-45 years old %43.3, married %72.9 (175). In terms of the education

level mostly (%61,7) bachelor's degree. When the professional experience of healthcare professionals is examined, it is seen that 50.4% have worked for 16 years or more, 79.6% have heard the concept of gender before, and 69.6% have knowledge about the concept of gender.

3.4. Correlation Analysis

The correlation between constructs was investigated using Pearson product-moment correlation coefficients.

Table.1:Mean, Standart Deviation and Pearson Correlations among variables ($n=240$)($p^* < .05$, $p^{**} < .01$)

Variables	\bar{x}	s	1	2	3	4	5	6	7	8	9	10	11	12
Gender	1.47	.500	1											
Age	3.08	.845	-.093	1										
Marital status	1.27	.445	-.081	-.354**	1									
Working time in the profession	4.15	1.029	-.075	.679**	-.201**	1								
Education status	1.90	.612	-.189**	.112	.023	.124	1							
Monthly income	1.93	.783	-.038	.413**	-.133*	.528**	.420**	1						
Hearing the concept of gender	1.20	.404	.231**	-.106	-.216**	-.046	-.239**	-.203**	1					
Knowledge of the concept of gender	1.30	.461	.108	-.037	-.077	-.038	-.129*	-.157*	.699**	1				
Emotional cynicism	2.38	.947	.057	.055	.036	.082	-.173**	-.130*	.072	.044	1			
Cognitive cynicism	3.13	.901	.086	-.037	.013	.041	-.079	-.057	.096	.123	.399	1		
Behavioral cynicism	2.88	.916	.254**	-.210**	-.129*	-.129*	-.129*	-.173**	.255**	.237**	.301**	.458**	1	
Gender role attitude	3.43	.715	-.552**	-.094	.190**	-.027	.116	.105	-.308**	-.251**	-.261**	-.113	-.190**	1

The relationship among constructs such as gender, age, marital status, working time in the profession, education level, monthly income, hearing the concept of gender, knowledge of the concept of gender, emotional cynicism, cognitive cynicism, behavioral cynicism, and gender role attitude were shown Table.1. Working time in the profession-age, monthly income-age, monthly income-working time in the profession, monthly income-education level, gender knowledge-hearing the concept of gender, behavioral cynicism-emotional cynicism, cognitive cynicism-emotional cynicism, behavioral cynicism-cognitive cynicism significant, positive and moderate correlations ($p < .01$). Marital status-age, gender role attitude-gender and gender role attitude-gender information have significant, negative and moderate correlations ($p < .01$).

Hearing the concept of society-gender, behavioral cynicism-gender knowledge, behavioral cynicism-gender, behavioral cynicism-hearing the concept of gender, behavioral cynicism-age and gender role attitude-marital status have significant, positive and low correlations ($p < .01$). Working time in the profession-marital status, education level-gender, hearing the concept of gender-marital status, hearing the concept of gender-education level, hearing the concept of gender-monthly income, emotional cynicism-education level, behavioral cynicism-age, behavioral cynicism-monthly income, gender role attitude-hearing the concept of gender, gender role attitude-emotional cynicism and gender role attitude-behavioral cynicism have significant, negative and low correlations ($p < .01$).

Before testing the hypotheses, it is necessary to look at the Variance Inflation Factor (VIF) and Durbin-Watson coefficients in order to understand whether there is a multicollinearity problem in the independent variables. It is important that the VIF value is less than 10, the tolerance value is greater than 0.20, and the Durbin-Watson coefficient is greater than 1.5 and less than 2.5 in order to avoid the multicollinearity problem (Büyüköztürk, 2018). According to the analysis of the study the Durbin-Watson coefficient is seen in the range of 1.35, the tolerance in the range of 0,71-0,82 and the VIF value is in the range of 1,21-1,39. Therefore, it is concluded that the values are within the appropriate ranges.

Table 2: The moderator role of gender in the effect of emotional cynicism level on gender role attitude

Dependent variable: GRA	β	SE	t	p	BootLLCI	BootULCI
Constant	4.667	0.304	15.310	0.000	4.067	5.268
Emotional cynicism	-0.043	0.120	-0.362	0.717	-0.279	0.192
Gender	-0.552	0.204	-2.706	0.007	-0.954	-0.150
Int_1Emotional cynicism*gender	-0.091	0.079	-1.147	0.252	-0.248	0.065
Moderating variable: Gender						
1	-0.134	0.051	-2.603	0.009	-0.237	-0.032
2	-0.226	0.060	-3.741	0.000	-0.345	-0.107
R= 0.600R ² = 0.361 F= 44.440 p= 0.000						

BootLLCI = Bootstrap Lower Limit of Confidence Interval, BootULCI= Bootstrap Upper Limit of Confidence Interval, Int_1: Interaction Term, GRA: Gender Role Attitude SE: Standard error

The table shows the results of the analysis of the moderator effect of emotional cynicism on gender role attitude. The multiplicative interaction (emotional cynicism*gender) ($p=0.252$), bootstrap lower

limit of confidence interval (-0.248) and bootstrap upper limit of confidence interval (0.065) values were found to be non significant because the bootstrapping results included zero. According to these results, it has been determined that the level of emotional cynicism of healthcare employees are not a moderator in the effect of gender role attitudes.

Table 3: The moderator role of gender in the effect of behavioral cynicism level on gender role attitude

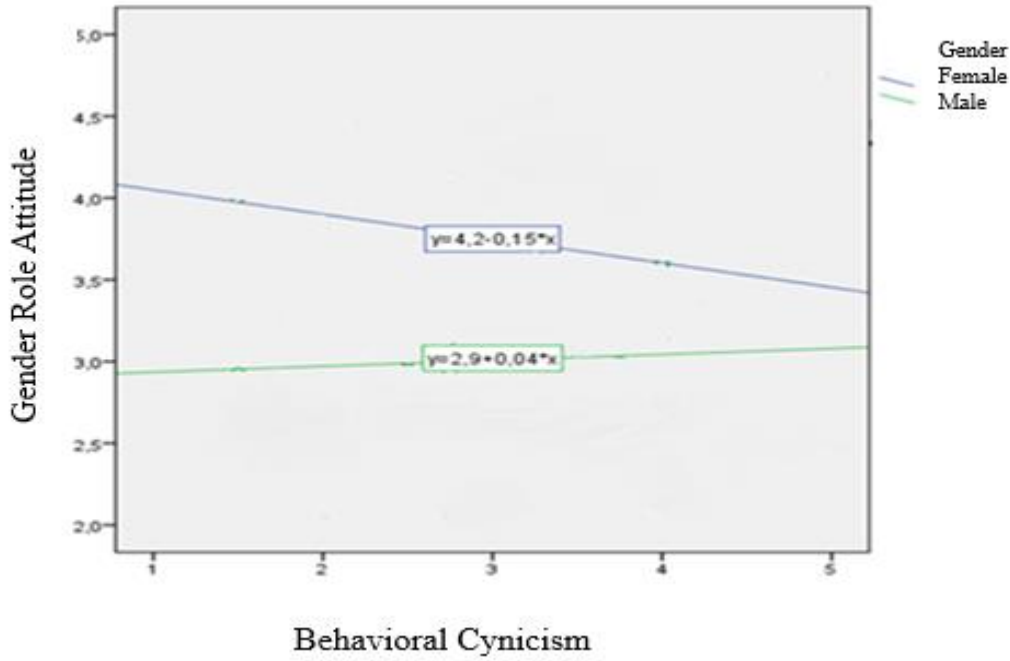
Dependent variable: GRA	β	SE	<i>t</i>	<i>p</i>	BootLLCI	BootULCI
Constant	5.497	0.415	13.230	0.000	4.678	6.316
Behavioral cynicism	-0.333	0.145	-2.297	0.022	-0.620	-0.047
Gender	-1.299	0.263	-4.936	0.000	-1.817	-0.780
Int_1Behavioral cynicism*Gender	0.185	0.087	2.107	0.036	0.012	0.357
Moderating variable: Gender						
1	-0.148	0.066	-2.227	0.026	-0.280	-0.017
2	0.036	0.056	0.634	0,526	-0.076	0.148
R= 0.565 R ² = 0.320 F= 37.050 p= 0.000						

BootLLCI = .Bootstrap Lower Limit of Confidence Interval, BootULCI= Bootstrap Upper Limit of Confidence Interval, Int_1: Interaction Term, GRA: Gender Role Attitude, SE: Standard error

According to the analysis results in the table, the moderator effect of behavioral cynicism on gender role attitude was significant (R=0.565, R²=0.320, F=37050, p=0.000).The fact that the multiplicative result of the interaction (behavioral cynicism*gender) is significant (p=0.036) shows that there is an interaction effect of these two variables on gender role attitude, that is, gender has a moderator effect. In addition, the interaction term was found to be significant since the bootstrap lower limit of confidence interval (0.012) and the bootstrap upper limit of confidence interval (0.357) results did not contain zero at the 95% level of significance.

The significant effect of the moderator variable on the dependent variable in the analyzes means a partial moderator (Aksu et al., 2017: 217).According to these results, gender has a (partial) effect on the behavioral cynicism level of healthcare employees on gender role attitudes.

Figure 2: The moderator role of gender in the effect of behavioral cynicism level on gender role attitude



In the figure, it is seen that as the behavioral cynicism level of females increase, the gender role attitude decreases. These results show that gender, which is the moderator variable, has a significant effect in moderating the relationship between behavioral cynicism and gender role attitude in females ($p=0.026$).

Table 4: The moderator role of gender in the effect of cognitive cynicism level on gender role attitude

Dependent variable: GRA	β	SE	t	p	BootLLCI	BootULCI
Constant	3.897	0.417	9.325	0.000	3.073	4.720
Cognitive cynicism	0.218	0.129	1.690	0.042	0.036	0.472
Gender	-0.171	0.285	-0.601	0.548	-0.732	0.389
Int_1Cognitive cynicism*Gender	-0.193	0.087	-2.223	0.027	-0.365	-0.022
Moderating variable: Gender						
1	0.024	0.055	0.450	0.652	-0.083	0.133
2	-0.168	0.067	-2.503	0.013	-0.301	-0.035
R= 0.568 R ² = 0.323 F= 37.580 p= 0.000						

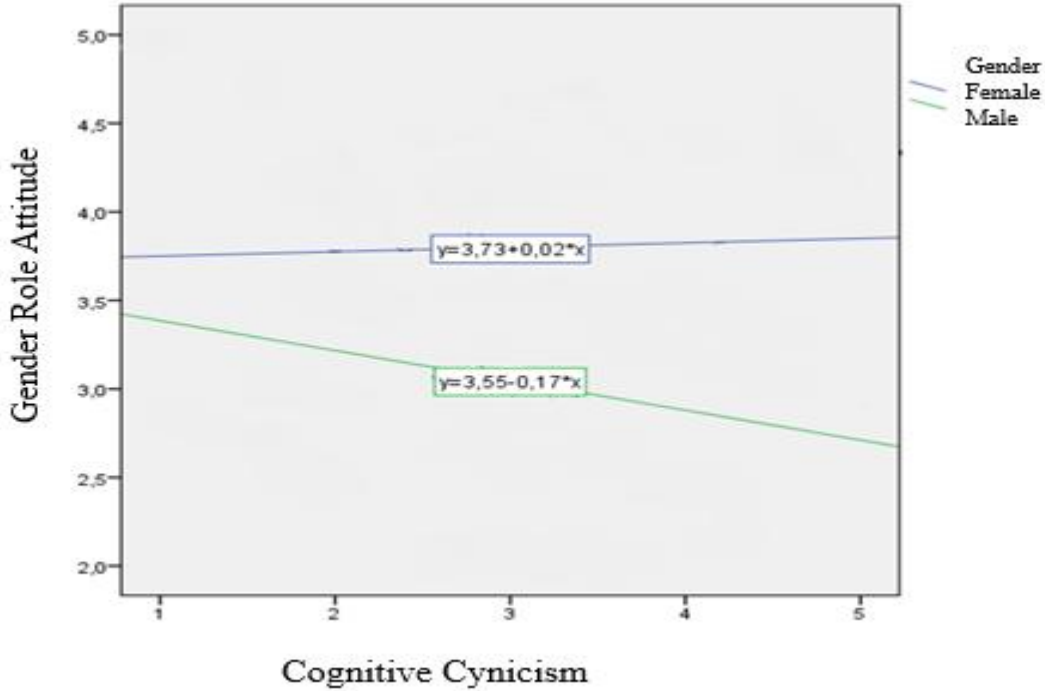
BootLLCI = Bootstrap Lower Limit of Confidence Interval, BootULCI= Bootstrap Upper Limit of Confidence Interval, Int_1: Interaction Term, GRA: Gender Role Attitude, SE: Standard error

According to the analysis results in the table, the moderator effect of cognitive cynicism on gender role attitude was significant ($R= 0.568$, $R^2= 0.323$, $F= 37.580$, $p= 0.000$). The fact that the multiplicative result of the interaction (cognitive cynicism*gender) is significant ($p=0.027$) shows that there is an interaction effect of these two variables on gender role attitude, that is, gender has a moderator effect. In addition, the interaction term was found to be significant since the bootstrap

lower limit of confidence interval (-0.365) and the bootstrap upper limit of confidence interval (-0.022) results did not contain zero at the 95% level of significance.

The nonsignificant effect of the moderator variable on the dependent variable in the analyzes means a full moderator (Aksu et al., 2017: 217). According to these results, gender has a (full) effect on the cognitive cynicism level of healthcare employees on gender role attitudes.

Figure 3: The moderator role of gender in the effect of cognitive cynicism level on gender role attitude



In the figure, it is seen that as the cognitive cynicism level of males increases, gender role attitudes decrease. These results show that gender, which is the moderator variable, has a significant effect in moderating the relationship between cognitive cynicism and gender role attitude in males ($p=0.013$).

4. DISCUSSION AND CONCLUSION

Organizational cynicism is becoming more evident in healthcare employees who are in a stressful working environment due to the characteristics of the healthcare sector (Şantaş et al., 2016). This study aimed the role of organizational cynicism in determining attitudes regarding the gender role of healthcare professionals using moderating role of gender.

This study results showed that the emotional cynicism, which expresses emotional reactions such as anger, anger and stress, against the hospital, which is the environment in which health care healthcare employees work, does not have a significant effect when it is considered over the gender modifier variable included in the gender and demographic variables. It has been determined that the employees do not intensely reflect the feelings towards the institution such as tension, anger, worry and anger in

the hospital. Therefore, the H₁ hypothesis, which was established as "gender has a moderator effect on the effect of the level of emotional cynicism of health professionals on gender role attitude" didn't supported.

Behavioral cynicism, which expresses the critical and negative attitudes of healthcare professionals in the hospital, manifests itself with some behaviors such as criticizing the policies in the institution, talking with others about how the work is carried out in the institution, and complaining. In this study, it was determined that behavioral cynicism, which is an act of maintaining a sarcastic and sarcastic attitude towards the institution, has a significant effect in moderating the relationship between gender role attitude in female health healthcare employees. It is concluded that as the behavioral cynicism level of females increases, gender role attitudes decrease. Moreover, 88.2% of female health healthcare employees stated that they had heard of the concept of gender before and 74.2% of them stated that they had knowledge about the concept of gender. The awareness of the injustices that occur in the hospital affects the gender role attitudes of the female health healthcare employees more than the male health healthcare employees. The study conducted by Özden and Gölbaşı (2018), in which the gender role attitude of health healthcare employees was examined, concluded that generally they have an egalitarian gender role attitude, but females have a more egalitarian gender perception than males. Naefm et al. (2016) provided trainings on the perception of nurses' commitment to the institution, job satisfaction, and the increase in the level of their care. It is observed that as the behavioral cynicism level of females health healthcare employees increases, gender role attitudes decrease. These results support the acceptance of the H₂ hypothesis, which was established as "Gender has a moderator effect on the effect of the level of behavioral cynicism of healthcare professionals on gender role attitudes".

Cognitive cynicism, which states that the institution in which the healthcare professionals work, does not have belief criteria such as honesty, sincerity and justice, and that individual interests come to the fore in the institution, negatively affects the sense of trust. In this study, it is observed that as the cognitive cynicism level of male health healthcare employees increases, gender role attitudes decrease. Furthermore, when the meanings of the concept of gender for health healthcare employees were grouped, it was determined that the titles of injustice, inequality, discrimination and an unequal balance came to the fore. Simha et al. (2014), in their study examining the role of supervisory variables such as perceived justice and trust, revealed that trust and perceived justice in the business environment affects cynicism. In the study, it was concluded that the tendency of male health healthcare employees to make pessimistic predictions about the unjust events in the hospital increased and the goals of the institution were far from acting for common interests. Kılıç and Toker (2020)'s study on organizational justice and organizational cynicism supports the results of the research and showed that there is a negative significant relationship between the sub-dimensions of justice perception and the sub-dimensions of organizational cynicism. These results support the acceptance of the H₃ hypothesis, which was established as "Gender has a moderator effect on the effect of the cognitive cynicism level of healthcare professionals on gender role attitude". It is concluded that as the cognitive cynicism level of males increases, gender role attitudes decrease.

Reducing organizational cynicism in health healthcare employees is important for the success of the organization, as organizational cynicism will harm the employees when it increases. The study results

provide information that can be utilised in understanding and decreasing the organizational cynicism level of female and male employees. The findings of this study are also important in terms of revealing the organizational cynicism perceptions of health institution employees. Future research that would extend the current study is recommended. This study has some limitations such as conducted in Ankara province in Turkey. It is recommended that future studies should employ different cities or different service sectors. The results of this study will help the healthcare organizations and practitioners to minimize organizational cynicism level of healthcare employees and will provide new perspective for other researchers in this area.

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Appendices

Ethics Committee Permission

Evrak Tarih ve Sayısı: 17.11.2021-57726



T.C.
ANKARA HACI BAYRAM VELİ
ÜNİVERSİTESİ
Etik Komisyonu

Sayı :E-11054618-302.08.01-57726
Konu :Bilimsel ve Eğitim Amaçlı

Sayın Prof. Dr. Derya SİVÜK
Sağlık Yönetimi Bölüm Başkanlığı - Öğretim Üyesi

İlgi : 02.09.2021 tarihli başvuru.

Araştırma grubu Arş.Gör. Özlem GEDİK ve Arş.Gör. Refika ÜLKE ŞİMDİ'den oluşan "*Sağlık Çalışanlarının Toplumsal Cinsiyet Rolüne İlişkin Tutumlarının Belirlenmesinde Örgütsel Sizinizin Rolü*" başlıklı araştırma öneriniz Komisyonumuzun 17.11.2021 tarih ve 09 sayılı toplantısında görüşülmüş olup,

Çalışmanızın, yapılması planlanan yerlerden izin alınması koşuluyla yapılmasında etik açıdan bir sakınca bulunmadığına oybirliği ile karar verilmiş; karara ilişkin imza listesi ve onaylanan çalışmalar ekte gönderilmiştir.

Bilgilerinizi ve gereğini rica ederim.

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