

-RESEARCH ARTICLE-

**THE SERIAL MEDIATING ROLE OF PERCEIVED INJUSTICE AND
PERCEIVED VICTIMIZATION IN THE EFFECT OF PERCEIVED
ORGANIZATIONAL BARRIERS ON ORGANIZATIONAL CYNICISM
AMONG HEALTHCARE WORKERS**

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Abstract

This study examined how perceived injustice and victimization shape healthcare workers' cynical attitudes toward organizational barriers. A cross-sectional design was adopted in this study, and the serial mediation role of perceived injustice and victimization was examined. Based on a quantitative data collection method, this study is also a descriptive-relationship-seeking type. In order to fulfill the objectives of the study, scales with proven validity and reliability in the literature were used. The study sample consists of doctors, nurses, medical secretaries, auxiliary health personnel, and administrative staff working in a small-scale public hospital in the Eastern Anatolia Region of Turkey. A simple random sampling method was preferred in sample selection. When the research findings were evaluated, positive and significant relationships were found between the organizational barriers perceived by healthcare professionals and perceived injustice, victimization, and organizational cynicism behaviors. The results revealed that both perceived injustice and perceived victimization separately mediated the effect of perceived organizational barriers on organizational cynicism, and that these two variables also played a serial mediating role. Accordingly, it was demonstrated that feelings of injustice and victimization experienced in organizational processes increase healthcare workers' organizational cynicism.

Keywords: *Health Professionals, Organisational Barrier, Victimization, Perception of Injustice, Organisational Cynicism.*

JEL Codes: *M10, M12, M14*

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SAĞLIK ÇALIŞANLARINDA ALGILANAN ÖRGÜTSEL ENGELİN ÖRGÜTSEL SİNİZM ÜZERİNDEKİ ETKİSİNDE ADALETSİZLİK ALGISI İLE ALGILANAN MAĞDURİYETİN SERİ ARACILIK ROLÜ³

Öz

Bu çalışmanın amacı, algılanan adaletsizlik ve mağduriyetin, sağlık çalışanlarının örgütsel engellerle karşılaştıklarında örgütsel sinizm düzeylerini nasıl etkilediğini araştırmaktır. Algılanan adaletsizlik ve mağduriyetin seri aracılık rolünün irdelendiği bu araştırmada kesitsel bir tasarım benimsenmiştir. Nicel veri toplama yöntemine dayanan mevcut çalışma ayrıca tanımlayıcı- ilişki arayıcı türdedir. Çalışmada amaç doğrultusundaki hedefleri yerine getirebilmek için alan yazınında geçerliliği ve güvenilirliği kanıtlanmış ölçekler kullanılmıştır. Araştırmanın örneklemi ise Türkiye'nin Doğu Anadolu Bölgesi'nde yer alan, küçük ölçekli bir kamu hastanesinde çalışan doktor, hemşire, tıbbi sekreter, yardımcı sağlık personeli ve idari personelden oluşmaktadır. Örneklem seçiminde basit rastgele örnekleme yöntemi tercih edilmiştir. Araştırma bulguları değerlendirildiğinde ise sağlık çalışanlarının algıladıkları örgütsel engel ile algılanan adaletsizlik, mağduriyet ve örgütsel sinizm davranışları arasında pozitif ve anlamlı ilişkiler tespit edilmiştir. Çalışma sonucunda, sağlık çalışanlarının algıladıkları örgütsel engelin örgütsel sinizm üzerindeki etkisinde hem adaletsizlik algısının hem de mağduriyetin ayrı ayrı aracılık rolü bulunduğu, ayrıca bu iki değişkenin seri aracı rol üstlendiği belirlenmiştir. Böylece, örgütsel süreçlerde yaşanan adaletsizlik ve mağduriyet duygularının, çalışanların örgütsel sinizmini artırdığı ortaya konmuştur.

Anahtar Kelimeler: Sağlık Çalışanları, Örgütsel Engel, Mağduriyet, Adaletsizlik Algısı, Örgütsel Sinizm.

JEL Kodları: M10, M12, M14

“Bu çalışma Araştırma ve Yayın Etiğine uygun olarak hazırlanmıştır.”

³ Genişletilmiş Türkçe Özet, makalenin sonunda yer almaktadır.

1. INTRODUCTION

In the organizational behavior literature, employees' negative attitudes toward the organization and the effects of these attitudes on workplace performance are being examined with increasing interest. In particular, it is essential to focus on concepts such as justice, victimization, and cynicism, which can be described as the difficulties and obstacles faced by health sector professionals who have a sacred duty to ensure the complete well-being of human beings in their work environment. In today's conditions, practical reasons such as an inflationary environment, dense immigrant population, and inadequate salaries in Turkey may cause healthcare professionals to face organizational barriers such as intense workload, limited resources, and managerial failures. In parallel, employees may develop negative attitudes towards the organization and management for various reasons.

Organizational cynicism, which is determined as the focal point of the research model and focused on the analysis of the effect of various variables on it, is explained as an adverse emotional attitude reaction to organizational actions and a persistent feeling of distrust, discontent, and disappointment (James, 2005). Cynicism within an organization can be attributed to various factors, including perceived inequalities, lack of transparency, broken promises, unethical behavior, poor leadership, organizational changes, and perceived organizational hypocrisy (Kuo et al., 2015). Employees are also likely to develop cynical attitudes when promises or commitments are not fulfilled within the organization (Volpe et al., 2014). Employees with cynicism toward their organizations believe that justice, honesty, and sincerity are sacrificed for managers' personal interests (Abraham, 2000). It shows that employees who experience organizational cynicism tend to engage in counterproductive behaviors targeting the organization or its representatives (e.g., gossiping, taking excessive breaks, avoiding effort at work) in order to respond to adverse treatment towards the initiating party (Naseer et al., 2021).

Perceived organizational barrier, which is positioned in the research model as the independent variable of the study, is explained as a situation in which the well-being and peace of mind of employees are harmed, and the organization limits and prevents employees from achieving their goals (Gibney et al., 2009). As employees cannot achieve their desired goals due to organizational barriers, the level of organizational barriers they perceive increases (Koçak, 2019). Lack of strategy integration, lack and ambiguity of objectives, lack of guidance and leadership on knowledge sharing practices, lack of formal and informal areas where knowledge will be reflected, produced, and shared, lack of a transparent reward system, organizational culture does not allow sharing, qualified and knowledgeable personnel are not privileged, lack of appropriate infrastructure that supports sharing, The reasons such as insufficient organizational resources, high level of competition in sub-units, business units or functional areas, limited working areas and environment, hierarchical structure of the organization, lack of small business units to increase communication and facilitate sharing can be listed as organizational barriers (Riege, 2005).

In the study, the first sequential mediating variable was determined as perceived injustice and the other as perceived victimization and integrated into the model. *The Perception of injustice* is the subjective evaluation of unfair treatment or unequal outcomes (Kee and Chung, 2021). Employees who perceive injustice are likely to engage in counterproductive behaviors such as lack of effort, absenteeism, or sabotage (Jordan et al., 2021). Based on this definition, understanding the effects of perceived injustice is essential for organizations aiming for a positive work environment and employee well-being. Another mediating variable is perceived victimization, which is defined as the perception of an individual as a result of being temporarily or permanently exposed to aggressive behaviors of one or more people (Aquino, 2000). For an individual to perceive himself/herself as a victim in the face of a particular behavior, he/she must believe that this situation is intentional and aimed at harming him/her (Aquino and Lamertz, 2004). Understanding perceived victimization is an essential issue in terms of addressing its effects on mental health, interpersonal relationships, and organizational dynamics.

Despite the growing literature on organizational cynicism and its antecedents, there remains a significant gap regarding how these dynamics unfold in high-stress, resource constrained environments such as the healthcare sector in developing countries. This study aims to fill this gap by developing a comprehensive model that explores the interplay between perceived organizational barriers, injustice, victimization, and organizational cynicism. The unique contribution of this research lies in its sequential mediation model, which allows for a deeper understanding of the psychological mechanisms through which organizational barriers may indirectly foster cynical attitudes. Furthermore by focusing on healthcare professionals in Turkey “a group that is increasingly subject to systemic pressures” this study provides contextual insights that can inform both policy and practice. In doing so, it seeks not only to contribute to the academic literature but also to support the development of organizational strategies that promote employee well-being and organizational effectiveness in challenging work environments. With the research model designed in parallel with this information, it will be possible to analyze the relationships between the concepts of organizational barrier, injustice perceived by employees, victimization, and organizational cynicism and to produce suggestions for solving these complex problems.

2. THEORETICAL FRAMEWORK

The attitudes and behaviours developed by individuals in the organisational environment are significantly affected not only by physical conditions but also by the social, psychological and structural factors they perceive. Especially the uncertainties, resource limitations and managerial difficulties encountered in modern working life shape the perceptions of the employees towards the organisation and these perceptions may turn into positive or negative attitudes towards the organisation over time. In this respect, the independent variable perceived organisational barrier, which constitutes the core of the research, refers to organisational factors that prevent employees from achieving their goals within the organisation, reduce their motivation and negatively affect their psychological well-being. Such barriers are defined as structural,

managerial and cultural problems that make it difficult for employees to perform their jobs efficiently (Gibney et al., 2009; Gibney et al., 2011). Perceived injustice, the first mediating variable in the model, reflects employees' subjective evaluations that they are subjected to unfair treatment in decision-making processes, resource distribution, and interaction styles within the organisation (Colquitt et al., 2001; Greenberg, 1990). The second mediating variable, perceived victimisation, is the situation in which individuals feel targeted and harmed as a result of negative behaviours that they are exposed to intentionally, systematically or continuously (Aquino & Lamertz, 2004). Organisational cynicism, which is the dependent variable of the model, refers to a negative attitude that includes feelings of distrust, dissatisfaction and hopelessness towards the organisation and its managers. Organisational cynicism consists of cognitive (disbelief in the values of the organisation, etc.), emotional (anger, frustration, etc.) and behavioural (cynicism, resistance, etc.) dimensions (Dean et al., 1998).

The concepts in the research model; perceived organisational barrier, perceived injustice, perceived victimisation and organisational cynicism reflect employees' evaluations based on the quality of their relationships with their organisations and the reciprocity in these relationships. Social Exchange Theory provides an appropriate theoretical framework to make sense of and explain the relationships between these variables. According to this theory developed by Blau (1964), individuals make cost-benefit evaluations in their social relationships and decide whether to maintain these relationships according to the level of reciprocity they experience (Coser, 1957).

Social exchange theory is based on unwritten psychological contracts between the organisation and the employee. According to these contracts, the employee expects justice, respect, support and trust from the organisation while providing his/her labour and commitment to the organisation (Cropanzano and Mitchell, 2005). However, various organisational barriers perceived by employees within the organisation (e.g. lack of resources, non-transparent processes or lack of leadership) may threaten this reciprocity. When the employee thinks that the organisation does not support his/her development or prevents him/her from fulfilling his/her duties, the social exchange relationship starts to deteriorate. This situation causes the employee's trust in the organisation to be damaged and the perception of justice to deteriorate.

In this context, perceived injustice in the model is one of the first cognitive and emotional reactions that occur after the violation of the social exchange relationship. According to the Justice Theory (Greenberg, 1987, Nagel, 1973), individuals determine their attitudes by evaluating whether organisational practices are fair or not. If employees perceive that distributive (outcomes), procedural (processes) or interactional (communication) justice is violated, this situation becomes a psychological threat. In terms of the Social Exchange Theory, the current situation means that the organisation demands more than it gives or does not reciprocate and ultimately leads to the onset of emotional detachment in the individual.

In the continuation of the perception of injustice, the employee's feeling of being systematically wronged or excluded may lead to the emergence of the perception of victimisation. Victimization is related not only to injustice but also to the individual's

perception that he/she has been intentionally harmed in interpersonal relationships within the organisation (Aquino and Thau, 2009). Thanks to the Social Exchange Theory, this situation can be interpreted as a kind of ‘emotional debt violation’. When the employee thinks that his/her relationship with the organisation is harming him/her, he/she may withdraw emotionally and start to develop a cynical attitude. At the end of the process, organisational cynicism is the behavioural and emotional output of the breakdown of the social exchange relationship. The employee loses his/her trust and loyalty to the organisation and does not believe in the sincerity, values and goals of the organisation (Dean et al., 1998). In terms of Social Exchange Theory, this results in the individual ceasing to invest in the organisational relationship, emotional distancing and developing defensive or antagonistic attitudes towards the organisation.

When the research model is evaluated from these perspectives, it is shaped through the serial relationship of four main variables representing different stages of the social change process. While perceived organisational barrier initiates the process as the first factor that disrupts the social change balance, perceived injustice and victimisation show the cognitive and emotional reflections of this disruption at the individual level. The final result, organisational cynicism, refers to the last stage in which the individual internalises this imbalance and redefines his/her relationship with the organisation.

This theoretical framework is thought to contribute to a holistic analysis of the study model by explaining not only why individual-organisation relations deteriorate, but also through which intermediate psychological processes this deterioration turns into organisational results. In addition, considering that these processes are experienced more acutely in areas such as the health sector where stress levels are high, resources are limited and organisational support mechanisms are limited, the application of the model in this context can make a unique and contextual contribution to the literature.

3. MATERIALS AND METHOD

In this part of the study, the hypotheses developed to answer the research questions and the structural features of the research model are explained in detail. In addition, this framework provides comprehensive information about the general methodology of the research, data collection methods, and analysis processes.

3.1. Study purpose and design

With this research, it is essential for the field to understand the factors underlying the cynical behaviors of healthcare workers against organizational barriers and to reveal the situations related to these factors. This study will examine how perceived injustice and victimization shape the cynical attitudes of healthcare workers toward organizational barriers. This parallel will focus on the possible effects of the related variables on the relationship between organizational barriers and cynicism by emphasizing the serial mediation role of perceived injustice and victimization. As a result, a cross-sectional design was adopted in this study, and it was designed within the framework of a descriptive and relational approach.

3.2. Research Model and Hypotheses

Three hypotheses were designed to examine the primary purpose of the study and the problems raised. These hypotheses were tested in light of the data collected through a questionnaire. At this stage, the independent variable of the study is the perceived organizational barrier (X), the dependent variable is organizational cynicism (Y), and the mediating variables are the perception of injustice (M1) and the perception of victimization (M2).

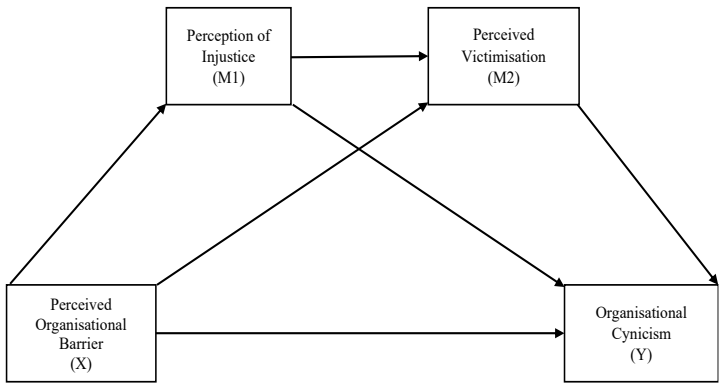


Figure 1. Serial mediation model

H₁: Perception of injustice has a mediating role in the effect of perceived organisational barrier on organisational cynicism.

H₂: Perceived victimisation has a mediating role in the effect of perceived organisational barrier on organisational cynicism.

H₃: Perceived injustice and perceived victimisation have a serial mediating role in the effect of perceived organisational barrier on organisational cynicism.

3.3. Participants

The study population consists of doctors, nurses, medical secretaries, auxiliary health personnel, and administrative staff working in a small-scale public hospital with less than 250 beds in the Eastern Anatolia Region of Turkey. In order to determine the number of the sample, according to the data obtained from the personnel unit of the hospital in May 2024, it was determined that a total of 683 healthcare professionals worked in the institution. Based on the recommendations of Gürbüz and Şahin (2014), it was determined that collecting data from 247 healthcare professionals by simple random sampling method by considering a 95% confidence interval and 5% margin of error was sufficient in terms of both sample size and reliability of the research. In this respect, it can be stated that the data obtained are highly representative of the general population. After obtaining the necessary positive ethical approval for the research, the purpose of the study was explained to the personnel between July and August 2024, and the data collection process was carried out. At this stage, 550

questionnaire forms were distributed to all hospital units. In some units, such as the internal medicine clinic, outpatient clinic, and gynecology outpatient clinic, 496 questionnaires were returned due to intensive work tempo, high demand for health services and frequent emergencies, and some health personnel being on leave, reporting or changing shifts. In addition, due to the examination of the collected questionnaires, 29 were deemed invalid due to incomplete filling, incorrect markings, or answering all questions with the same answer. As a result, the questionnaires filled in completely and accurately by 467 health workers constituted the study sample. Considering the total population, these questionnaires' return rate was 72.6%. In addition, this result is considered a satisfactory rate in terms of the researchers' representativeness of the study.

3.4. Measurement Tools

To determine the demographic characteristics of healthcare workers, five different questions were asked to the participants about basic information such as gender, age, marital status, professional title, and length of experience. Following these questions, the components of the research model of the questionnaire, which consists of four scales, are stated below.

Perceived organisational barrier: To assess the perceived organizational barrier, the "Perceived Organisational Barrier" scale developed by Gibney et al. (2009) and adapted into Turkish by Koçak (2019) was used in the study. This scale consists of five items and a single dimension. While the validity coefficient of the scale was determined as 0.86 in its original form, this coefficient was determined as 0.89 in the Turkish adaptation.

Organisational cynicism: The "Organisational Cynicism Scale" developed by Brandes, Dharwadkar, and Dean (1999) was used to determine the participants' cynical behaviors. The scale consists of thirteen items and one dimension.

Perceived victimization: In order to measure the level of perceived victimization, the "Perceived Victimisation Scale" developed by Aquino, Grover, Bradfield, and Allen (1999) and adapted into Turkish by Ülbeği, M. Özgen and Özgen (2014) was used in the study. The scale consists of eight items and is evaluated in two dimensions: direct victimization (four items) and indirect victimization (four items). In the original scale form, the validity coefficient was 0.76 for direct victimization and 0.81 for indirect victimization, while these values were found to be 0.87 and 0.88, respectively, in the Turkish validation study.

Perception of injustice: To measure the perception of organizational injustice, the Organisational Justice Scale developed by Niehoff and Moorman (1993), which consists of twenty items, was taken as a basis. Polat (2007) adapted this scale into Turkish and consists of three dimensions: distributive justice, procedural justice, and interaction justice. The scale items used in the study were transformed into negative statements by the purpose of Taşkın's (2022) "Organisational Injustice and Organisational Cynicism as Precursors of Time Theft: An Application in Konya Organised Industrial Zone" from his master's thesis. In this study, the scale's factor

structure was preserved, and the reliability analysis was conducted again. Cronbach's Alpha reliability coefficient of the scale was found to be 0.794.

3.5. Ethical Considerations

This study was conducted by ethical rules with the approval of Erzincan Binali Yıldırım University Human Research Ethics Committee (Meeting protocol date/no: 25/05/2023-05/08). In addition, the study's compliance with scientific research and publication ethics principles was meticulously ensured. Moreover, permission for data collection was obtained from the provincial health directorate of the hospital where this research was conducted during working hours, and the necessary official processes were completed to avoid any problems in the data collection process.

3.6. Data Analysis

In order to analyze the descriptive, correlative, and multivariate relationships of the data, SPSS 27, AMOS 24, and SPSS PROCESS MACRO analysis programs were used to obtain the results. Firstly, bivariate correlation analysis was performed in the SPSS analysis program to determine the relationships between the research scales. Secondly, the two mediators of the research (perception of injustice and perceived victimization) were analyzed separately using the SPSS PROCESS Macro analysis program developed by Hayes (2013). After testing two separate mediation models, the results were obtained by marking Model 6 and a sample size 5000 in the multiple mediation analysis PROCESS Macro program. In the multiple mediation analysis with two consecutive mediators, the mediating variables are the perception of injustice and perceived victimization scales. The serial multiple mediation model includes three indirect mediation effects in the effect of X on Y: Perceived Organisational Barrier→ Perception of Injustice→ Organisational Cynicism (Model 1); Perceived Organisational Barrier→ Perceived Victimization→ Organisational Cynicism (Model 2) and the last model is positioned as Perceived Organisational Barrier→ Perception of Injustice→ Perceived Victimization→ Organisational Cynicism (Model 3).

4. FINDINGS

In this part of the study, the analyses of the data collected in line with the study's objectives and the tests of the research model are given.

4.1. Demographic data of the participants

At this stage, gender, age, marital status, education level, and experience of health workers were analyzed through frequency analyses, and averages and percentages were given.

Table 1. Frequency analyses of healthcare workers

n: 467	n	%
Gender		
Male	177	37,9
Female	290	62,1
Age		
18-25 age group	41	8,8

26-33 age group	89	19,1
34-41 age group	94	20,1
42-49 age group	173	37,5
50 years and older	68	14,6
Marital status		
Single	176	37,7
Married	291	62,3
Education level		
High school and equivalent	35	7,5
Associate degree	99	21,2
Licence	256	54,8
Postgraduate	77	16,5
Experience status		
1-3 years	190	40,7
4-6 years	151	32,3
7-9 years	80	17,1
10 years and over	46	9,9

When the demographic findings were analyzed, it was found that 62.1% of the healthcare workers were female, 37.5% were in the 42-49 age range, 62.3% were married, 54.8% had a bachelor's degree, and 40.7% had 1-3 years of experience.

4.2. Measurement models

In this phase of the research, confirmatory factor analysis was applied to confirm the validity of the structure of the scales used in previous studies and used in the theoretical basis of the research model. Confirmatory factor analysis (CFA) of the measurement model of the research, which was created with the perceived organizational barrier, perceived injustice, perceived victimization, and organizational cynicism scales used in the research, was conducted using the standard method variance. The reference values accepted for model fit indices are as follows: $\chi^2/df \leq 3$ indicates good, ≤ 5 indicates acceptable; $RMSEA \leq 0.08$ indicates acceptable, ≤ 0.05 indicates perfect; CFI, GFI and TLI ≥ 0.90 indicates acceptable, ≥ 0.95 indicates perfect; $SRMR \leq 0.08$ indicates acceptable, ≤ 0.05 indicates perfect fit (Gürbüz, 2019). Table 2 shows the four-factor measurement model, including all variables in the study and the goodness of fit values for the study scales.

Table 2. Results of confirmatory factor analyses of study measures

Models	X /df ²	RMSEA	CFI	GFI	TLI	SRMR
Research model	3,72	0,07	0,94	0,95	0,91	0,06
Perceived organisational barrier	1,25	0,02	1,00	0,99	0,99	0,01
Perceived injustice	2,50	0,03	1,00	0,98	0,95	0,03
Perceived victimisation	3,72	0,08	0,94	0,92	0,90	0,08
Organisational cynicism	3,61	0,08	0,92	0,91	0,91	0,09

N = 467.

When Table 2 is examined, it is determined that the goodness of fit values of the measurement model created for the scales of the research ($X^2/df = 3.72$, RMSEA = 0.07, CFI = 0.94, GFI = 0.95, TLI = 0.90, SRMR = 0.06) have better goodness of fit values than the goodness of fit values of other alternative models (Gürbüz, 2019). According to this result, it can be said that the research scales have distinctive features. In this context, the 4-factor measurement model of the research is the model that best explains the structural relationship between the scales.

4.3. Correlation analyses and reliability tests

Table 3 shows the means, standard deviations, Cronbach's Alpha coefficients, composite reliability (CR) and convergent validity (AVE) coefficients, two necessary statistical measures used in validity and reliability analyses, and finally the correlation coefficients between the scales. When the data obtained in Table 3 are examined, it is found that perceived organizational barrier (0.948), perceived injustice (0.794), perceived victimization (0.943), and organizational cynicism (0.980) scales have high reliability (Kayış, 2005).

Table 3. Intercorrelations For Variables

	\bar{x}	S.S.	α	CR	AVE	MSV	ASV	AÖE	AA	AM	ÖS
POB	3.12	1.210	0.948	0.950	0.794	0.803	0.968	-			
OC	3.00	0.429	0.794	0.880	0.724	0.948	0.979	0.760**	-		
POI	2.81	1.023	0.943	0.942	0.674	0.897	0.961	0.843**	0.829**	-	
PV	3.20	1.209	0.980	0.980	0.790	0.948	0.984	0.886**	0.844**	0.890**	-

N=467; **p < .01. POB: Perceived Organisational Barrier, OC: Organisational Cynicism, POI: Perception of Injustice, PV: Perceived Victimisation

In order to ensure composite reliability and convergent validity among the research scales in Table 3,; (CR and AVE) values should have AVE > 0.5, CR > 0.7, and CR > AVE ranges (Hair et al., 2014; Gürbüz, 2019). When Table 3 is analyzed, it is determined that all four study variables have composite reliability and convergent validity. Another finding in Table 3 is the correlation between the study scales. In this context, it was found that the relationships between perceived organizational barrier and perceived injustice ($r = 0.760$; $p < 0.01$), perceived victimization ($r = 0.843$; $p < 0.01$), and organizational cynicism ($r = 0.886$; $p < 0.01$) were positive and significant. Another finding of the correlations in Table 3 is that the correlation coefficients between perceived injustice and perceived victimization ($r = 0.829$; $p < 0.01$) and organizational cynicism ($r = 0.844$; $p < 0.01$) are also significant and positive. The last finding of the correlation coefficients is that the relationship between perceived victimization and organizational cynicism ($r = 0.890$; $p < 0.01$) is also significant and positive.

4.4. Hypothesis testing

In the first hypothesis of the study, H1, the mediating role of perceived injustice in the effect of perceived organisational barrier on abusive management was questioned. In this context, Bootstrap method was preferred in the research. It is claimed that the analyses conducted with the Bootstrap method give more reliable results than the traditional method of Baron and Kenny (1986) and the Sobel test (Gürbüz, 2019). In

the analyses of the research, the Process Macro analysis developed by Hayes (2013) was used and 5000 re-samples and Model 4 were tested with the Bootstrap technique. The results of Model 1 of the research are shown in Table 4 and Figure 2.

Table 4. Regression Analysis Results for Model 1 Mediation Test

Perception of Injustice						
Variables	β	SE	T	P	LLCI	ULCI
Perceived Organisational Barrier	0.269	0.011	25.198	0.000	0.248	0.290
Organisational Cynicism						
Variables	β	SE	T	P	LLCI	ULCI
Perception of Injustice	1.142	0.077	14.869	0.000	0.991	1.293
Perceived Organisational Barrier (Direct Effect)	0.577	0.027	21.663	0.000	0.523	0.630
Perceived Organisational Barrier (Total Impact)	0.884	0.022	41.134	0.000	0.842	0.927
			β	SE	LLCI	ULCI
Mediating Effect			0.307	0.040	0.222	0.376

N=467; LLCI = Lowest confidence interval; ULCI = Highest confidence interval

When the regression test results of the mediation analysis in Table 4 are examined, it is found that perceived organisational barrier significantly and positively affects organisational cynicism (β =0.577, 95 % CI [.523, .630]). The second finding in Table 4 is that perceived organisational barrier significantly and positively affects perception of injustice (β =0.269, 95% CI [.248, .290]). The third finding in Table 4 is that perceived injustice has a significant and positive effect on organisational cynicism (β =1.142, 95% CI [.991, 1.293]). The significant interaction between the scales shown in Table 4 provides an opportunity to analyse the mediation effect. In this context, regression analysis based on Bootstrap analysis method was applied in order to determine whether there is a mediating role of perception of injustice in the effect of organisational barrier perceived by health care workers participating in our study on organisational cynicism. As a result of the analyses, it was concluded that perception of injustice has a mediating role in the effect of perceived organisational barrier on organisational cynicism (β =0.307, 95% CI [.222, .376]). The fact that the confidence intervals (CI) obtained as a result of the analyses do not include the zero (0) value confirms that the indirect effect (mediating effect) obtained is significant (MacKinnon et.al., 2004; Gürbüz, 2019). According to this result, the hypothesis H_1 is accepted.

Model 1 [Perceived Organisational Barrier→ Perception of Injustice→ Organisational Cynicism]

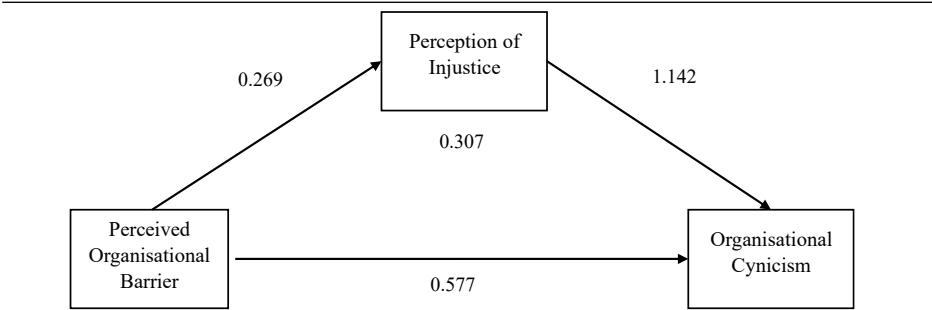


Figure 2. Mediation test for model 1

In Figure 2, the independent variable of the research, perceived organisational barrier, the mediating variable, perception of injustice, and the outcome variable of the research, organisational cynicism, and their effects and mediating effects are given.

Table 5. Regression analysis results for model 2 mediation test

Perceived Victimisation						
Variables	β	SE	T	P	LLCI	ULCI
Perceived Organisational Barrier	0.712	0.021	33.734	0.000	0.671	0.754
Organisational Cynicism						
Variables	β	SE	T	P	LLCI	ULCI
Perceived Victimisation	0.624	0.037	16.686	0.000	0.550	0.697
Perceived Organisational Barrier (Direct Effect)	0.440	0.032	13.935	0.000	0.378	0.502
Perceived Organisational Barrier (Total Impact)	0.884	0.022	41.134	0.000	0.842	0.927
			B	SE	LLCI	ULCI
Mediating Effect			0.444	0.054	0.323	0.536

$N=467$; LLCI = Lowest confidence interval; ULCI = Highest confidence interval

When the regression analysis results of mediation analysis in Table 5 are examined, it is seen that perceived organisational barrier significantly and positively affects organisational cynicism ($\beta=0.440$, 95% CI [.378, .502]). The second finding in Table 5 is that perceived organisational barrier significantly and positively affects perceived victimisation ($\beta=0.712$, 95% CI [.671, .754]). The third finding in Table 5 is that perceived victimisation has a significant and positive effect on organisational cynicism ($\beta=0.624$, 95% CI [.550, .697]). These results enabled us to question the mediating effect. In the mediating effect analysis, the Bottstrap technique from the Process Macro analysis developed by Hayes (2013) was used. With the Bootstrap analysis technique, 5000 resampling options and Model 4 were selected and mediation

effect analysis results were obtained. According to the results obtained, it was concluded that perceived victimisation mediated the effect of perceived organisational barrier on organisational cynicism ($\beta = 0.444$, 95% CI [.323, .536]). According to this result, hypothesis H₂ was accepted.

Model 2 [Perceived Organisational Barrier → Perceived Victimization → Organisational Cynicism]

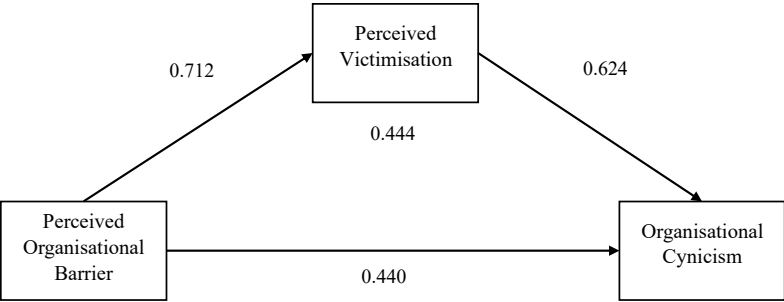


Figure 3. Mediation test for model 2

Figure 3 shows the effects of the independent variable of the study, perceived organisational barrier, on the mediating variable, perceived victimisation, and the outcome variable of the study, organisational cynicism.

Table 6. Regression analysis results for model 3 series mediation test

Perception of Injustice							
Variables		β	SE	T	P	LLCI	ULCI
Perceived	Organisational	0.269	0.011	25.198	0.000	0.248	0.290
Barrier							
Perceived Victimization							
Variables		β	SE	T	P	LLCI	ULCI
Perceived	Organisational	0.425	0.027	15.523	0.000	0.371	0.478
Barrier							
Organisational Cynicism							
Variables		β	SE	T	P	LLCI	ULCI
Perception of Injustice		0.673	0.082	8.209	0.000	0.512	0.835
Perceived Victimization		0.439	0.042	10.572	0.000	0.358	0.521
Perceived	Organisational	0.390	0.030	12.928	0.000	0.331	0.449
Barrier							
(Direct Effect)							
Perceived	Organisational	0.884	0.022	41.134	0.000	0.842	0.927
Barrier							
(Total Impact)							
				B	SE	LLCI	ULCI
Mediating Effect				0.494	0.049	0.379	0.571

Note. N=467; LLCI = Lowest confidence interval; ULCI = Highest confidence interval

As seen in Table 6, for the serial multiple mediation analysis, 5000 resampling options and Model 6 were used with the Bootstrap analysis technique from the SPSS Process Macro analysis package programme. In serial multiple mediation analysis, there are two mediating variables, three indirect effects and one direct effect. When the analysis results of the data in Table 6 are examined, it is seen that the serial mediation effect of perceived organisational barrier on organisational cynicism through perceived injustice and perceived victimisation is statistically significant. According to the results of the analysis, the effect of perceived organisational barriers on organisational cynicism is mediated indirectly through the sequential mediation of perceived injustice and perceived victimisation and this serial mediation effect is statistically significant. In this context, the result obtained in the Bootstrap analysis was found to be significant at 95% confidence interval ($\beta = .494$, 95% CI [.379, .571]). According to this result, hypothesis H3 is accepted. Table 7 below shows the direct and indirect effects of the models used in the research in detail.

Table 7. Results of direct and indirect effects of research models

Direct Impacts	β	SE	t	LLCI	ULCI
Model 1 AÖE→ ÖS	0.577	0.027	21.663	0.523	0.630
Model 2 AÖE→ ÖS	0.440	0.032	13.935	0.378	0.502
Model 3 AÖE→ ÖS	0.390	0.030	12.928	0.331	0.449
Indirect Impacts	β	BootSE	BootLLCI	BootULCI	
Model 1 AÖE→ AA→ ÖS	0.307	0.040	0.222	0.376	
Model 2 AÖE→ AM→ ÖS	0.444	0.054	0.323	0.536	
Model 3 AÖE→ AA→ AM→ ÖS	0.494	0.049	0.379	0.571	

Note. N=467; LLCI = Lowest confidence interval; ULCI = Highest confidence interval.

Model 3 results [Perceived Organisational Barrier→ Perception of Injustice→ Perceived Victimization→ Organisational Cynicism]

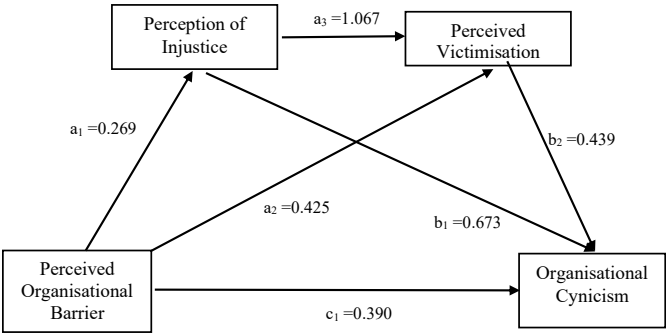


Figure 4. Serial mediation analyses of Model 3

These effects can be summarised as shown in Figure 4; as shown in (a1), the direct effect of perceived organisational barrier (POB) on perceived injustice (AA) is significant ($\beta = .269$, 95% CI [.248, .290]); in (a2), the direct effect of perceived organisational barrier (POB) on perceived victimisation (AM) is significant ($\beta = .425$,

95% CI [.371, .478]); in (a3), the direct effect of perceived injustice (PI) on perceived victimisation (AM) is significant ($\beta = 1.067$, 95% CI [.916, 1.219]); in (c1) the direct effect of perceived organisational barrier (POB) on organisational cynicism (OC) is significant ($\beta = .390$, 95% CI [.331, .449]); in (b1) the direct effect of perceived injustice (PI) on organisational cynicism (OC) is significant ($\beta = .973$, 95% CI [.512, .835]) and in (b2) the direct effect of perceived victimisation (AM) on organisational cynicism (SC) was significant ($\beta = .439$, 95% CI [.358, .521]). The results regarding the serial mediation role of the research are shown in Figure 4 above.

5. DISCUSSION

In this study, we proposed and tested a model to determine the serial mediating role of the perception of injustice and victimization in the relationship between organizational barriers perceived by healthcare workers and organizational cynicism. The results of this study revealed that organizational barriers perceived by healthcare workers have a strong relationship with organizational cynicism. In particular, perceptions of injustice and victimization reinforced this relationship and increased cynicism behaviors. This finding suggests that organizational justice and employees' feelings of victimization play a critical role in employees' attitudes and behaviors. The results emphasize that organizations can alleviate the adverse effects of organizational cynicism by providing a fairer environment for employees and reducing their perceptions of victimization. In this context, it is thought that justice-oriented strategies should be developed to increase employee motivation and minimize negative attitudes in the health sector. Finally, it is seen that these results are supported by studies conducted on different samples in the literature. In this way, both the theoretical and practical implications of the results can be discussed within the framework of the hypotheses.

According to the study's first hypothesis, it was determined that injustice perceived by healthcare workers has a mediating role between their perceptions of organizational barriers and their cynical behaviors. According to this result, it can be stated that as the perceptions of the injustice of healthcare workers increase, they both notice organizational barriers more and tend towards cynical behaviors accordingly. Finally, it can be stated that when employees think that they are mistreated at work, this situation causes them to feel the barriers in the workplace more and triggers cynicism, which means negative, hopeless, or cynical attitudes that employees exhibit at work. The current result is also supported by studies in the field conducted on different samples. These results generally consist of studies focusing on the binary relationships between variables. For example, Soysal and Kerse (2023) found that perception of injustice positively and significantly affected organizational cynicism in their research on white-collar employees. Abdi et al. (2016) also found that increasing organizational cynicism and injustice in public hospitals increased the unproductive behavior and cynicism of employees.

Similarly, Kanbur and Canbek (2018) found a negative relationship between the perception of organizational justice and organizational cynicism in their research on police officers. Finally, Köse and Aydoğan (2021) also found a significant relationship between organizational justice perception and organizational cynicism

actions in their research on employees. In addition, it has been observed that results that are generally consistent with the literature have been obtained in the relationships between organizational barriers and cynical actions. For example, Ö. Çiğdemli, Kobanoğlu, and U. Erdoğan (2023) found a positive and significant relationship between organizational cynicism and organizational barriers in their research on hotel employees. Gibney's (2007) studies can also be an example of the most essential basis for these results. According to Gibney (2007), organizational cynicism emerges due to organizational barriers. He stated that employees feel frustrated and angry when they think the organization makes it difficult to achieve their personal and professional goals. In addition, employees who believe that the organization behaves in a way that harms their welfare may think that the organization lacks honesty, suggesting that organizational cynicism increases as the perception of organizational barriers increases. Finally, Koçak and Kerse (2022) found a negative relationship between perceived organizational barriers and interactional justice in their study of a sample of hospital employees. The fact that there are findings parallel to our study results in the literature tells us that the organizational barriers perceived by healthcare workers have a significant effect on organizational cynicism actions, and the perception of injustice mediates this significant relationship and increases cynical actions.

According to the study's second hypothesis, it was determined that the perceived victimization of healthcare employees has a mediating role between their perceptions of organizational barriers and their cynical behaviors. In short, this result shows that organizational barriers strengthen organizational cynicism by increasing employees' feelings of victimization. It can be stated that when organizational barriers are perceived as the difficulties and restrictions that employees face at work, these barriers trigger feelings of victimization in employees. This situation leads to negative attitudes towards the organization (cynical actions). Some studies in the field can also support these results. When individuals develop self-protection strategies to avoid being victimized in the face of adverse situations they encounter in the organizational environment, this situation is described as "organizational cynicism" (Pelit and Pelit, 2014). Research shows that organizational cynicism is affected by nepotism, nepotism, and manager incivility in the workplace, which increases turnover intention (Abubakar et al., 2017). Such practices may damage employees' perceptions of justice and equality and make them feel victimized. In particular, unfair practices such as favoritism and nepotism cause employees to feel disadvantaged and excluded, while managerial incivility reinforces the feeling that employees are not valued and respected. This sense of victimization may weaken employees' trust and commitment to the organization, causing them to develop cynical attitudes and increasing their intention to quit their jobs. It has also been observed that employees who experience high aggression and negative affect experience high victimization (Aquino and Bradfield, 2000). Such emotional reactions can also be expressed as a reflection of how individuals cope with injustices and negative experiences at work. In this respect, as the feeling of victimization increases, employees' trust in the organization is damaged, and this situation may lead to organizational cynicism over time.

According to the third hypothesis of the study, it was determined that perception of injustice and victimization have a serial mediating role in the relationship between

perceived organizational barriers and organizational cynicism. According to the designed integrated model, organizational barriers do not directly increase organizational cynicism. However, the sequential effects of the perception of injustice and victimization determine this process. This finding states that organizational barriers first lead to the perception of injustice. This perception turns into a feeling of victimization, and finally, this feeling feeds organizational cynicism. In this context, injustice and victimization reinforce the psychological effects of organizational barriers on employees and lead to an increase in cynical actions of employees by deepening distrust and negative attitudes towards the organization.

6. CONCLUSION

In this study, we proposed and tested a model to examine the sequential mediating role of perceived injustice and experienced victimization in the relationship between perceived organizational barriers and organizational cynicism. According to the findings, a) there is a significant and positive relationship between perceived organizational barriers and tendencies toward organizational cynicism, b) perceived organizational barriers are significantly and positively related to perceptions of injustice, c) perceived organizational barriers are significantly and positively associated with victimization, d) perceived injustice serves as a mediator in the relationship between perceived organizational barriers and organizational cynicism, e) victimization status also plays a mediating role in the relationship between perceived organizational barriers and organizational cynicism, and finally, f) perceived injustice and victimization status jointly serve as serial mediators in the relationship between perceived organizational barriers and organizational cynicism.

These results revealed a strong and positive relationship between healthcare workers' perception of organizational barriers and organizational cynicism. In addition, perceived injustice and victimization were found to play an essential mediating role in this relationship. In particular, it was found that perceived injustice directly increases organizational cynicism and strengthens this effect through victimization. As a result, it has been determined that organizational barriers increase the cynicism tendencies of healthcare workers, and injustice and victimization play a serial mediating function in this interaction. These findings suggest that ensuring justice within organizational structures and preventing victimization can improve employees' attitudes toward the organization.

Limitations, assumptions and recommendations

This research has been meticulously planned and conducted by being aware of certain assumptions and limitations. It should also be kept in mind that the research findings should be evaluated in light of the limitations and assumptions in this framework. However, these limitations do not weaken the general validity of the research; instead, they require the results to be considered within a specific context. First of all, when the assumptions are evaluated, healthcare workers' perceptions of organizational barriers, injustice, and victimization are measurable and evaluable. In addition, it is assumed that employees' perception of such abstract concepts can be measured through reliable questionnaires or scales to conduct the research healthily.

Moreover, the healthcare professionals participating in the study answered the questions honestly and realistically. In addition, the study's sample size is adequate for statistical analyses and is powerful enough for the findings to produce reliable results. Finally, the statistical tests used in the study (regression analyses, mediation tests, reliability analysis, and regularity tests) were selected appropriately and correctly to answer the research questions. When the study's limitations are evaluated, the generalisability of the results cannot be clearly stated since this study is limited to health personnel working in a specific health institution and geographical region. In order to increase the generalisability of the results, a longitudinal design should be adopted in addition to this study, which will be conducted with a cross-sectional approach. Examining the effects of similar variables on health workers at different time intervals will allow a better understanding of changes over time. In addition, by including a larger sample and different hospital units, it may be possible to adapt the findings to more diverse working environments and conditions.

Moreover, since concepts such as organizational barriers, injustice, and victimization are based on subjective perceptions, each participant may interpret these concepts differently; this is considered one of the critical limitations of the study. In addition, the fact that some healthcare professionals refused to participate voluntarily during the data collection process and some employees could not be included in the study due to reasons such as leave, report, or shift change may negatively affect the diversity of the data and the reliability of the results. When a complete representation of the participants is not ensured, the generalisability of the findings will also be limited. Therefore, it is essential to minimize these obstacles so that future studies can reach more prominent participants.

As a result of the research, some suggestions could be developed for future research based on similar variables. First, the effects of organizational barriers and perception of injustice on cynicism can be examined on employees outside the health sector. In particular, differences between employees working in different sectors, such as education, public administration, finance, and technology, can be revealed. The role of leadership styles (transformational, autocratic, servant, digital leadership, etc.) and organizational support in reducing organizational cynicism can be investigated. In addition, how organizational support affects the perception of injustice and cynicism can be examined in depth. The effects of the COVID-19 pandemic and other crisis periods on healthcare workers' perceptions of organizational cynicism and injustice can be investigated. How organizational barriers and cynicism increase or decrease, especially during crises, can be examined. The effect of employees' emotional intelligence on organizational cynicism can also be examined. It can be examined whether employees with high emotional intelligence have lower cynicism when encountering organizational barriers. Finally, the relationship between psychological capital (self-efficacy, optimism, hope, and resilience) and organizational cynicism can be investigated. The possibility of employees with high psychological capital developing less cynicism against organizational obstacles can be evaluated.

SAĞLIK ÇALIŞANLARINDA ALGILANAN ÖRGÜTSEL ENGELİN ÖRGÜTSEL SINIZM ÜZERİNDEKİ ETKİSİNDE ADALETSİZLİK ALGISI İLE ALGILANAN MAĞDURİYETİN SERİ ARACILIK ROLÜ

1. GİRİŞ

Örgütsel davranış literatüründe, çalışanların örgüte yönelik olumsuz tutumları ve bu tutumların iş yeri performanslarına olan etkileri giderek artan bir ilgiyle incelenmektedir. Özellikle sağlık sektöründe çalışanların iş ortamlarında karşılaştıkları zorluklar ve engeller; adalet, mağduriyet ve sinizm gibi kavramlarla ilişkilendirilmektedir. Sağlık çalışanlarının yoğun iş yükü, kısıtlı kaynaklar ve yönetsel aksaklıklar nedeniyle örgütsel engellerle karşılaştıkları bilinmektedir. Bu engeller, çalışanların örgüte ve yönetime karşı olumsuz tutumlar geliştirmesine yol açabilmektedir. Örgütsel engeller, çalışanların algıladıkları adaletsizlik ve mağduriyetle birleştiğinde, örgütsel sinizm davranışlarını tetikleyebileceği araştırmacılar tarafından düşünülmektedir. Bu bağlamda, sağlık çalışanlarının örgütsel engeller karşısında sergiledikleri sinik davranışların altında yatan faktörleri anlamak ve bu faktörlerin ilişkili olduğu durumları ortaya koymak alan açısından önem arz etmektedir.

2. YÖNTEM

Bu çalışmada, algılanan adaletsizlik ve mağduriyetin, sağlık çalışanlarının örgütsel engeller karşısındaki sinik tutumlarını nasıl şekillendirdiği incelenecektir. Bu inceleme de adaletsizlik algısının ve mağduriyetin seri aracılık rolüne vurgu yapılarak ilgili değişkenlerin örgütsel engel ile sinizm arasındaki ilişkiye olan muhtemel etkileri irdelenecektir. Sonuç olarak bu çalışmada kesitsel bir tasarım benimsenerek tanımlayıcı ve ilişkisel bir yaklaşım çerçevesinde dizayn edilmiştir.

3. BULGULAR

Sağlık çalışanlarının algıladığı örgütsel engellerin hem örgütsel sinizmi hem de adaletsizlik algısını anlamlı ve pozitif yönde etkilediğini göstermektedir. Özellikle, adaletsizlik algısının örgütsel sinizm üzerindeki etkisinde aracılık rolü bulunduğu görülmüş ve bu etki, elde edilen güven aralıklarının sıfır değerini kapsamamasıyla doğrulanmıştır. Ayrıca, algılanan mağduriyetin örgütsel sinizm üzerinde aracılık rolü üstlendiği görülmüş ve Bootstrap analiz yöntemiyle doğrulanmıştır. Özellikle, algılanan örgütsel engellerin örgütsel sinizm üzerindeki etkisinde mağduriyet algısının aracılık ettiği tespit edilmiştir. Son olarak, sağlık çalışanlarının algıladığı örgütsel engellerin örgütsel sinizm üzerindeki etkisi, adaletsizlik algısı ve algılanan mağduriyetin seri aracılık etkisinin istatistiksel olarak anlamlı olduğu bulunmuştur.

4. TARTIŞMA

Bu çalışmada sağlık çalışanlarının algıladıkları örgütsel engel ile örgütsel sinizm eylemleri arasındaki ilişkide adaletsizlik ve mağduriyet algısının seri aracılık rolünü belirlemeye yönelik bir model önerdik ve test ettik. Bu araştırmanın sonuçları, sağlık

çalışanlarının algıladıkları örgütsel engellerin, örgütsel sinizmle güçlü bir ilişki içinde olduğunu ortaya koymuştur. Özellikle adaletsizlik ve mağduriyet algısının bu ilişkiyi pekiştirerek sinizm davranışlarını artırdığı görülmüştür. Bu bulgu, örgütsel adaletin ve çalışanların mağduriyet hislerinin, çalışanların tutum ve davranışlarında kritik bir rol oynadığını göstermektedir. Sonuçlar, örgütlerin çalışanlarına daha adil bir ortam sunarak ve mağduriyet algılarını azaltarak, örgütsel sinizmin olumsuz etkilerini hafifletebileceğini vurgulamaktadır. Bu bağlamda, sağlık sektöründe çalışanların motivasyonunu artırmak ve olumsuz tutumları en aza indirmek için adalet odaklı stratejilerin geliştirilmesi gerektiği düşünülmektedir. Son olarak bu sonuçların alan yazınında farklı örneklemeler üzerinde yapılan araştırmalarla desteklendiği görülmektedir. Bu sayede sonuçların hem teorik hem de pratik çıkarımları da hipotezler çerçevesinde tartışılabilir.

SONUÇ

Bu çalışmada sağlık çalışanlarının, algıladıkları örgütsel engelin örgütsel sinizm üzerindeki etkisinde adaletsizlik algısının ve yaşanan mağduriyetin seri aracılık rolünü saptamak amacıyla bir model önerdik ve test ettik. Elde edilen sonuçlara göre sağlık çalışanlarının a) algıladıkları örgütsel engel durumu ile örgütsel sinizm eğilimleri arasında anlamlı ve pozitif bir ilişki olduğu, b) algıladıkları örgütsel engel durumu ile adaletsizlik algısı arasında anlamlı ve pozitif bir ilişki olduğu, c) algıladıkları örgütsel engel durumu ile mağduriyet durumları arasında anlamlı ve pozitif bir ilişki olduğu, d) algıladıkları örgütsel engel durumu ile örgütsel sinizm arasındaki ilişkide adaletsizlik algısının aracı rolünün olduğu, e) algıladıkları örgütsel engel durumu ile örgütsel sinizm arasındaki ilişkide mağduriyet durumunun aracı rolünün olduğu ve son olarak f) algıladıkları örgütsel engel durumu ile örgütsel sinizm arasındaki ilişkide adaletsizlik algısının ve mağduriyet durumunun seri aracılık rolünün olduğu tespit edilmiştir.

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Fikir veya Kavram / <i>Idea or Notion</i>	Araştırma hipotezini veya fikrini oluşturmak / <i>Form the research hypothesis or idea</i>	Ferhat Onur AĞAOĞLU/Sinan TARSUSLU
Tasarım / <i>Design</i>	Yöntemi, ölçeği ve deseni tasarlamak / <i>Designing method, scale and pattern</i>	Ferhat Onur AĞAOĞLU/Sinan TARSUSLU
Veri Toplama ve İşleme / <i>Data Collecting and Processing</i>	Verileri toplamak, düzenlenmek ve raporlamak / <i>Collecting, organizing and reporting data</i>	Ferhat Onur AĞAOĞLU/Sinan TARSUSLU
Tartışma ve Yorum / <i>Discussion and Interpretation</i>	Bulguların değerlendirilmesinde ve sonuçlandırılmasında sorumluluk almak / <i>Taking responsibility in evaluating and finalizing the findings</i>	Ferhat Onur AĞAOĞLU/Sinan TARSUSLU
Literatür Taraması / <i>Literature Review</i>	Çalışma için gerekli literatürü taramak / <i>Review the literature required for the study</i>	Ferhat Onur AĞAOĞLU/Sinan TARSUSLU