Original Article

Organizational Dissent, Assimilation and Organization Reputation as Perceived by Nursing Staff at Main Mansoura University Hospital

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1.ABSTRACT

Background: Organizational dissent, assimilation and organization reputation are very important elements for successful management and existence of healthcare organizations. **Aim:** to investigate the correlation between organizational dissent, assimilation and organization reputation as perceived by nursing staff at Main Mansoura University Hospital. **Methods:** Descriptive cross-sectional study design was used with 253 participants from nursing staff at Main Mansoura University Hospital. Data was collected by using three scales that are Organizational Dissent Scale, Organizational Assimilation Scale and Organization Reputation Scale **Results:** according to the perception of nursing staff , upward dissent represented the uppermost mean among dissent dimensions, acculturation represented the highest mean among organizational assimilation dimensions and product and services was the highest mean score among organization reputation dimensions as perceived by nursing staff at Main Mansoura University Hospital. **Conclusion:** There was highly significant co-relation between upward dissent and organization reputation and, there was highly significant co-relation between organization reputation and organizational assimilation. **Recommendations:** Encourage variety of open links of communication through open-door policies, regular meetings and suggestion boxes. Develop a comprehensive program including orientation sessions, job-specific training and mentorship programs to strength new staff assimilation. Engage nursing staff in the hospital's mission and vision through regularly communicate their mission and vision to nursing staff.

Keywords: *Assimilation, Dissent, Nursing staff Reputation*

2.Introduction

The provision of high-quality healthcare and the creation of a positive work environment are two ways that healthcare organizations try to maintain a competitive edge in order to keep up with the changes and challenges that they face in today's competitive workplace. These actions help to uphold the organization's reputation and increase nursing staff assimilation, satisfaction, decrease turnover and its associated costs, and increase nursing staff retention **(Croucher, Zeng & Kassing, 2019).**

Because the nursing staff is more likely to get integrated into their health care organization the longer they work there, learning about its internal working condition as well as what external stakeholders think of it, which impacts the organization's reputation. One tactic the nursing staff employs to safeguard the organization's reputation is dissent. **(Mariconda, Zamparini & Lurati, 2021).**

Organizational dissent is expression of disagreements about workplace rules, procedures and regulation that occurs when triggering event exceed the tolerance of nursing staff **(Cenkci & Otken, 2019).** Organizational dissent is very crucial to any organization as it may result in an innovate idea to develop organization. Problem-solving or complaining are both acceptable forms of dissent. Dissent enhances decision-making and productivity within an organization. The capacity for dissent among nursing staff members boosts job satisfaction, lessens burnout, and lowers turnover **(Garner, 2022).**

There are three different types of dissent. Frist type is called articulated/upward dissent that expressed directly to management. Second type is called lateral / latent dissent that expressed to coworkers. Third type is called displaced dissention that voiced to families **(Zeng, Permyakova, Smolianina & Morozova, 2020).**

The kind of dissent nursing staff chooses is influenced by a number of variables, including individual, relational, and organizational factors. The Big Five personality traits, ethical ideology, nursing staff burnout syndrome, and nursing staff satisfaction and commitment are all personal factors. Trust in the director and exchange state between leader and follower are relational factors. Organizational atmosphere, workplace freedom of speech, and organizational assimilation are examples of organizational factors **(Cenkci & Otken, 2019).**

Organizational assimilation is the perceptions of nursing staff's about their organization, their joining, and their integration as members in organization **(Davis & Myers, 2019).** Understanding the assimilation process is crucial because it affects how well nursing staff feels assimilated into the organization and how valuable they are as a team member. Also, assimilation enables nursing staff to define their duties and make an effort to influence their healthcare organization, as well as recognize and adhere to the rules of an organization. In fact, organizations benefit from assimilation since it results in decreased turnover, increased career satisfaction, increased their organizational identity, and a positive organizational culture **(Miller, 2018).**

Assimilation is a continuous process including six elements that help nursing staff to become totally contributing member. First familiarity with others that occurred by creation of relations with coworkers and supervisor. Second dimension is called acculturation that occured when become familiar with and comprehending the culture of the organization. Third dimension is called recognition that resulted from the feeling of being a participant to organizational success. Fourth dimension is called involvement that comprised participations that performed beyond nursing staff' job requirements. Fifth dimension is called job competence which involves the ability to perform work well. Sixth dimension is called role negotiation that characterized by nursing staff's capacity to modify current aspects of their work to fit their individual requirements **(Sollitto & Cranmer, 2019).**

Organizational assimilation has strong effect on expression of dissent in organizations. Being assimilated about role negotiation affects dissenting about roles/responsibility. Assimilation about competency would have an impact on disagreements regarding performance evaluation procedures or results. Acculturation of norms/rules and recognition may encourage the expression of dissent in reaction to nursing staff treatment. The nursing staff's thoughts about decision-making will change as a result of being assimilated about contributing to organization success. So, nursing staff that is more assimilated and dedicated to the organization's vision is also further likely to contribute to enhancing & preserving the reputation of the organization **(Croucher, Zeng & Kassing, 2019).**

Organization reputation is the overall opinion that its stakeholders have of it over time based on the perceptions created by the organization's actions and communications. The collective opinions that observers have formed through time based on an organization's effects on the economy, society, and environment are referred to organization's reputation **(Aula & Mantere, 2020).**

Organization reputation is a concept created from six dimensions. First dimension is emotional appeal which describes the degree that the organization is loved, appreciated, and valued. Second dimension is products and services that include views of the organization's goods and services in terms of its reliability, value, and innovation. Third dimension is financial performance that includes views of the organization's profitability, prospects and riskiness. Fourth dimension is vision and leadership which include impressions about the wisdom and strength of organization's leadership and vision and its aptitude to gain opportunities. Fifth dimension is workplace environment which include impressions that their organization is perfect place for working, possess a high quality nursing staff, and has fair treatment. Sixth dimension is Social Responsibility that includes perceptions of the organization as a good citizen **(Tuna & Kilic, 2020).**

Health care organizations profit from having a good reputation by attracting talented nursing staff, improving nursing staff loyalty, attracting patients and developing patient loyalty, enhancing market value, generating revenue, and grasp investors. As can be seen from the advantages outlined, nursing personnel not only contributes to a health care organization's reputation but also becomes one of its targets. The foundation of a healthcare organization's reputation management procedure is its nursing staff. The administration develops the fundamental policies pertaining to reputation management, but the nursing staff as a whole is responsible for protecting reputation. Because of this, healthcare organizations must, in the first instance, maintain a positive view of their nursing staff **(Araci & Emine, 2015).**

Since nursing staff engagement and assimilation are crucial to maintaining a positive organization reputation, it is crucial to involve them in the process of reputation management for healthcare organizations. Every department should work to fulfill the organization's common objectives. Each department and nursing staff's roles and responsibilities should be made clear. Nursing staff are more inclined to put up extra effort and voice their divergent viewpoints about workplace policies, practices, or operations that may have an impact on organization reputation when they recognize their significance in the attainment of a positive organization reputation **(Deniz, 2020).**

Managers and leaders of organizations have a big role when it comes to building, preserving, and safeguarding a health care organization's reputation. Directors and supervisors should concentrate on providing services with high quality, carrying out the responsibilities toward their society, standing at attention to the health of the public, participate in solving the problems of their society, creating a constructive and supportive working place for nursing staff, and giving attention to nursing staff views and dissent that expressed as a result of being assimilate about internal strength and weakness points and external threats and opportunities **(Al haraisa & Al-haraizah, 2021).** So, this study conducted to assess the perception of nursing staff toward organizational dissent, assimilation and organization reputation at Main Mansoura University Hospital.

2.1Significance of Study

Organizational dissent, assimilation and organization reputation are very important elements for successful management and existence of healthcare organizations. Dissent is vital and important process for any health care organization, resulting in improving decision making, performance and nursing staff satisfaction **(Garner, 2017).** Assimilation is indispensable for any successful health care organization as nursing staff with high level of assimilation has high level of career satisfaction and intent to remain in their work place that lead to reduce the cost that result from staff turnover, create positive work environment, being more productive, and providing high quality of care that all will affect organization reputation. Organization reputation is one of the intangible assets for health care organization in order to persist, be different from others and advance in today's competitive environment. So, this study conducted to investigate the relationship

between organizational dissent, assimilation and organization reputation as perceived by nursing staff at Main Mansoura University Hospital.

2.2Aim of the study

This study aimed to explore the relation between organizational dissent, assimilation and organization reputation as perceived by nursing staff at Main Mansoura University Hospital.

2.3Research questions:

RQ1: What is the perception of nursing staff about organizational dissent at Main Mansoura University Hospital?

RQ2: What is the perception of nursing staff about organizational assimilation at Main Mansoura University Hospital?

RQ3: What is the perception of nursing staff about organization reputation at Main Mansoura University Hospital?

RQ4: Is there a relation between organizational dissent, assimilation and organization reputation as perceived by nursing staff at Main Mansoura University Hospital?

3.Methods

3.1Research design:

Descriptive correlational research design was used to conduct this study. This design describes the relation between variables, without looking for to found a causative association **(Johnson & turner, 2003).**

3.2Setting:

The research was conducted in all inpatients units at Main Mansoura University Hospital that affords a wide range of health service at Delta District.

3.3Participant:

A Convenience sample that include 253 of nursing staff that were ready to join in the study with inclusion criteria that they have at least one year of experience at Main Mansoura University Hospital.

3.4Study tools:

Three tools were utilized for gathering of data namely: - Organizational Dissent Scale, Organizational Assimilation Scale and Organization Reputation Scale.

Tool (I): Organizational Dissent Scale:

It consisted of two parts as follow:-

Part (1): Personal characteristics of nursing staff such as (gender, age, marital status, years of experience in nursing, years of experience in current department and educational level).

Part (2): Organizational dissent scale developed by **Kassing (1998)** to assess how nursing staff express their concerns about work. It is 24 –items represent three dimensions: *first,* upward/articulated dissent (9 items), *second,* lateral/latent dissent (9 items) and *third,* displaced dissent (6 items). The items will be measured on a 5-point Likert scale that ranges from (1) strongly disagree to (5) strongly agrees.

Tool (II): Organizational Assimilation Scale:

The scale was developed by **Myers & Oetzel's (2003)** to assess the degree to which nursing staff recognize they have been **known** into an organization. The scale is 61-items represent six dimensions: *first,* familiarity with others (11 items), *second,* organizational acculturation (11 items), *third,* recognition (10 items), *fourth,* involvement (10 items), *fifth,* job competence (10 items) and *sixth,* adaptation and role negotiation (9 items). All responses are measured on a 5-point Likert scale that ranges from (1) strongly disagree to (5) strongly agrees.

Tool (III): Organization Reputation Scale:

The scale was developed by **Fombrun & Van Riel (1997)** to assess organization reputation from the perception of **nursing** staff. The scale consists of a 20-items represent six dimensions: *first,* emotional appeal (3 items), *second,* products and services (4 items), *third,* vision and leadership (3 items), *fourth,* workplace environment (3 items), *fifth,* social and environmental responsibility (3 items) and *sixth,* financial performance (4 items). All responses are measured on a 5-point Likert scale that ranges from (1) strongly disagree to (5) strongly agrees.

3.5 Validity and reliability:

It was **conducted** for face validity; seven expertises from Faculty of Nursing - Mansoura University reviewed the survey sheet after translation in to Arabic for clearness, comprehensiveness, relevance, understanding, and easiness for application and depending on their views adjustments were done. The reliability of the tools; organizational dissent scale, organizational assimilation scale and organization reputation scale were checked by Cronbach's Alpha reliability was calculated and found (0.89), (0.92) and (0.94) respectively.

3.6 Pilot study:

It was executed on 25 nursing staff (10%) of the study sample to test the clearness, practicability of the phrases and to decide the time **required** to reply to questions. Nursing staff who shared in the pilot study weren't included in the main study sample. According to the pilot study, essential modification comprises clarification, and restatement.

3.7 Data Collection:

Data gathering process continued three months from February 2023 to April 2023. The investigator gathered data by providing the survey sheet to every participant in the research throughout working hours in morning and afternoon shifts. The purpose of the research and the way to reply to questions was clarified by the investigator. 20-30 minutes was taken to reply to the questions in the sheet. The number of sheets that collected from nursing staff each day ranged from 10-15 sheets. The investigator went to hospital four days each week. The participant filled the survey sheets in the presence of the investigator to make sure that all questions were responded.

3.8 Ethical Consideration:

The acceptance was obtained from the Research Ethical Committee of Faculty of Nursing-Mansoura University. The authorized approval to collect the data was obtained from the director of the hospital. The nursing staff acquainted that their participation isn't obligatory and they can withdraw once they need. All nursing staff assured that the privacy and confidentiality of the data collected will be maintained at all stages of the study.

3.9 Statistical analysis:

The statistical analysis of the data collected was conducted by using SPSS software (Statistical Package for the Social Sciences, version 23, SPSS Inc. Chicago, IL, USA). The presentation of categorical variables was as frequency and percentage. The presentation of continuous variables was as mean, and standard deviation. The difference between two means of continuous variables was tested by using Independent t-test. The difference between more than two means of continuous variables was tested by using ANOVA test. Pearson correlation coefficient test was used to test the relationship between two continuous variables. Statistically significant was measured at p-value ≤ 0.05 & 0.01).

4. Results:

Table (1): Illustrates demographic data of nursing staff at Main Mansoura University Hospital. This table showed that regarding age; nearly half (48.2%) of the studied sample were aged 20-30 years old; the majority (85.8%) of them were female. In regarding marital status, more than three quadrants (77.1%) of the participants were married. Regarding the level of education more than two thirds (62.8%) were technical degree. In

concerning experience years in nursing, more than one third (37.9%) of the participants had more than 10years of experience. Finally more than half (51.0%) of the participants had 1-5 years of experience in their current department.

Table (2): Reveals mean scores of organizational dissent dimensions from the perception of nursing staff at Main Mansoura University Hospital. The table revealed that the overall organizational dissent mean score was (81.72±13.02). The highest mean score was (34.30±5.67) as regard to upward /articulated dissent from the perception of nursing staff, while the lowest mean score was (17.54±5.98) as regard displaced dissent.

Table (3): Illustrates mean scores of organizational assimilation dimensions as perceived by nursing staff Main Mansoura University Hospital. The table showed that the total organizational assimilation mean score was (229.28±27.27). The highest mean score was (42.21±6.19) as regard to acculturation, while the lowest mean score was (34.38±4.92) as regard adaptation and role negotiation.

Table (4): Reveals mean scores of organization reputation dimensions as perceived by

nursing staff Main Mansoura University Hospital. The table showed that the total organization reputation mean score was (74.01±14.96). The highest mean score was (14.17±3.49) as regard to product and services from the perception of nursing staff, while the lowest mean score was (11.27±2.72) as regard vision and leadership

Table (5): Shows correlation between organizational dissent and organization reputation as perceived by nursing staff at Main Mansoura University Hospital. Depending on this result, there was no statistically significant ccorrelation found between organizational dissent & organization reputation at Main Mansoura University Hospital (p > 0.05). Moreover the result revealed that there was highly statistically significant ccorrelation between upward dissent and organization reputation (p ≤0.01).

Figure (1): Demonstrates correlation between organizational assimilation & organization reputation as perceived by nursing staff at Main Mansoura University Hospital. Regarding to the result, there was highly statistically significant ccorrelation found amongst organizational assimilation & organization reputation at Main Mansoura University Hospital (p ≤0.01)

Table (1): Demographic Characteristics of the participated Nursing Staff at Main Mansoura University Hospital (n=253)

Demographic Characteristics	N	%
Age		
▪ 20-30	122	48.2
▪ 31-40	98	38.7
▪ >40	33	13.0
Mean±SD	32.21±6.95	
Gender		
▪ Male	36	14.2
▪ Female	217	85.8
Marital status		
▪ Single	46	18.2
▪ Married	195	77.1
▪ Divorced	5	2.0
▪ Widowed	7	2.8
Educational level		
▪ Diploma degree	33	13.0
▪ Technical degree	159	62.8
▪ Bachelor degree	57	22.5
▪ Others	4	1.6
Experience years in nursing		
▪ 1-5	92	36.4

▪ 6-10	65	25.7
▪ >10	96	37.9
Mean±SD	9.92±7.69	
Experience years in current department		
▪ 1-5	129	51.0
▪ 6-10	64	25.3
▪ >10	60	23.7
Mean±SD	7.57±6.09	

Table (2): Mean, Mean Percentage and Rank of Perception of Nursing Staff toward Organizational Dissent at Main Mansoura University Hospital (n=253)

Organizational dissent dimensions	No of items	Min – Max	Mean±SD	Mean percentage	Rank
A. Upward /articulated dissent	9	9.0-45.0	34.30±5.67	76.22	1
B. Lateral / latent dissent	9	11.0-45.0	29.88±6.84	66.4	2
C. Displaced dissent	6	6.0-30.0	17.54±5.98	58.47	3
Total organizational dissent	24	39.0-120.0	81.72±13.02	68.1	

Mean percentages calculated related to maximum scores

Table (3): Mean, Mean Percentage and Rank of Perception of Nursing Staff toward organizational assimilation at Main Mansoura University Hospital (n=253)

Organizational assimilation dimensions	No of items	Min - Max	Mean±SD	Mean percentage	Rank
1. Familiarity with others	11	22.0-55.0	42.15±5.73	76.74	2
2. Acculturation	11	19.0-55.0	42.21±6.19	78.86	1
3. Recognition	10	10.0-46.0	34.60±5.49	73.02	5
4. Involvement	10	10.0-50.0	36.51±5.87	76.4	4
5. Job competency	10	10.0-50.0	39.43±6.05	76.63	3
6. Adaptation and role negotiation	9	13.0-45.0	34.38±4.92	69.2	6
Total organizational assimilation	61	85.0-287.0	229.28±27.27	75.17	

Mean percentages calculated related to maximum scores

Table (4): Mean, Mean percentage and Rank of organization reputation among the participated nursing staff at Main Mansoura University Hospital (n=253)

Organization Reputation dimensions	No of items	Min-max	Mean±SD	Mean percentage	Rank
A. Emotional appeal	3	3.0-15.0	11.60±2.79	76.4	3
B. Product and services	4	4.0-20.0	14.17±3.49	77.33	1
C. Vision and leadership	3	3.0-15.0	11.27±2.72	69.8	6
D. Workplace environment	3	3.0-15.0	11.46±2.55	70.85	5
E. Social and environmental responsibility	3	3.0-15.0	11.54±2.43	75.13	4
F. Financial performance	4	4.0-20.0	13.96±3.45	76.93	2
Total organization reputation	20	20.0-100.0	74.01±14.96	74.01	

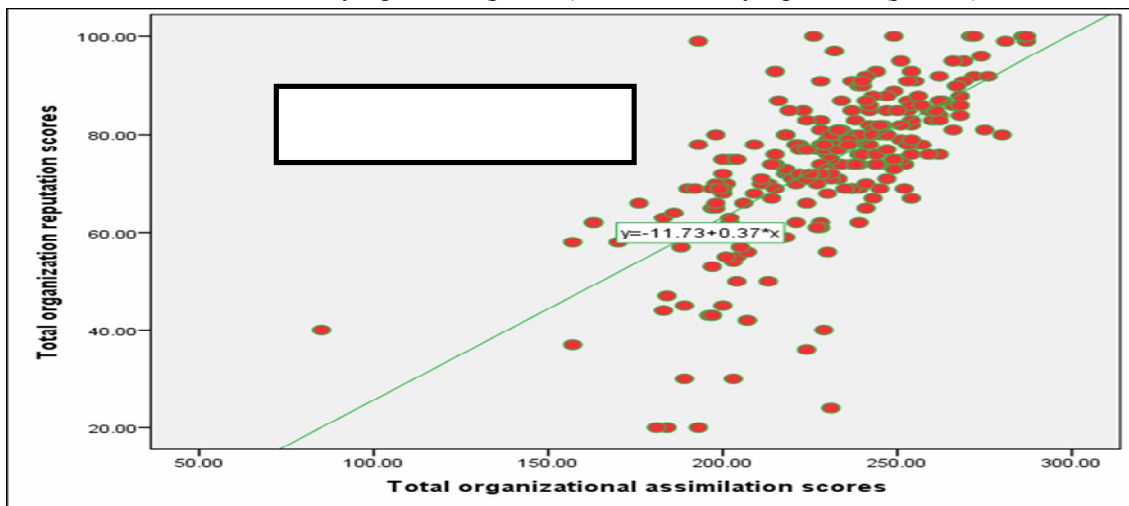**Table(5): correlation between Organizational Dissent and Organization Reputation among the participated Nursing Staff at Main Mansoura University Hospital**

Organization Reputation dimensions	Organizational Dissent							
	Upward /articulated dissent		Lateral / latent dissent		Displaced dissent		Total organizational dissent	
	r	p	r	p	r	p	R	P
Emotional appeal	0.18	0.003**	0.06	0.28	-0.13	0.04*	0.05	0.36
Product and services	0.16	0.01**	0.10	0.11	-0.08	0.19	0.08	0.18

Vision and leadership	0.11	0.07	0.06	0.38	-0.09	0.12	0.03	0.60
Workplace environment	0.23	0.000**	0.08	0.15	-0.13	0.04*	0.08	0.16
Social and environmental responsibility	0.22	0.000**	0.11	0.08	-0.15	0.02**	0.08	0.17
Financial performance	0.11	0.07	0.06	0.33	-0.05	0.44	0.05	0.35
Total organization reputation	0.19	0.002**	0.09	0.14	-0.11	0.06	0.07	0.21

* Statistically significant (p ≤0.05) / ** statistically significant (p ≤0.01)

Figure (1): Correlation between Organizational Assimilation and Organization Reputation among the participated Nursing Staff at Main Mansoura University Hospital

5.Discussion

Nowadays, healthcare organizations are striving to sustain their stability and withstand the challenges that threaten our world. At the same time health care organizations practices have been permanently shaped the impression of their staff. Consequently, it is imperative for every organization to exert its utmost efforts to ensure the contentment of its nursing staff, by supporting their full integration into the organization, valuing their perspectives and dissent, and refraining from marginalizing them. This, in turn, will have a favorable impact on the reputation and competitive chance of the organization **(Glasgow & Colbert, 2022).**

As regards to the variables explored in the current study, the result presented that upward dissent had the highest mean score regarding perception toward organizational dissent subscales among nursing staff. This could be owing to nurse managers in this hospital provide chances to nursing staff to express their disagreement, make suggestions, listen to their problem in their workplace, make them feel that their opinions and their point of view is very important to achieve organization goal and they are eager to keep nursing staff satisfied because they are appreciated

and their voice is heard.

On the same line with result of **Okafor, (2019)** who publicized that employees who are able to voice their disappointment or discrepancy to their supervisors, will be likely to be more fulfilled in their life, have high level of self-confidence, involvement, sense of belonging, self-efficacy, self-esteem, higher level of workplace well-being and good relationship with their supervisor.

Also, this result is agreed with the result of a study performed by **Ozsahin & Yurur, (2019)** who discovered that personnel voiced more upward dissent because they perceive high level of justice into their organization. In addition to, these results are matched with the result of a research carried out by **Dagli, (2017)** who revealed that employees voice more dissent in upward dimension as they don't vacillate to discourse their dissent opinion to their managers.

On the same context with **Payne, (2014)** who found that workers are more inclined to voice their disagreement to their manager when they perceive objectivity of manager decision making and keep good leader member exchange status.

Moreover, these results are agreed with the result of a study performed by **Wright, (2013)** who discovered that workforces express upward dissent

in team work more than displaced and lateral dissent as upward dissent is more conversational appropriate due to presence of confidence, respect, love, open discussion, and cohesiveness between team members.

Furthermore, this result is agreed with the result of a study carried out by **Aksel, (2013)** who shown that the personnel were more expected to express articulated dissent once they recognized that their work environment characterized by democracy and encourages employees to express their voice.

On the opposite hand, the current result was contraindicated with **Zeng & Chen, (2020)** who found that workers be likely to voiced further lateral disagreement when they are emotionally tired, feel alienated from their organization and being less encouraged to express their opinions to their manager.

Also, this result inconsistent with **Zeng, (2018)** who stated that participant's expression of dissent to co-workers was higher than upward dissent in some notions. Thus, because lateral dissent is a way to increase coherence and harmony between co-workers in most cultures and the perception of latent dissent may differ across cultures.

Additionally, this result inconsistent with **Sollitto & Myers, (2015)** who revealed that organization member would express lateral dissent more frequently as they voice their latent disagreement to coworkers whom they have trusted with and are comfortable expressing their emotional feelings while also needing support from them.

The study showed also that displaced dissent had the lowest mean score regarding perception toward organizational dissent subscales amongst nursing staff. This can be due to most of nursing staff refuse to discuss work concerns at home and not complain from work issues in front of their families and friends and make a habit to separate between work problem and their personal life to maximize their work life balance .

The current study result corresponding with **Payne, (2014)** that discovered that personnel expression of dissent to their families and friends decrease because there was high level of trust between workers and their supervisor. Also ,the present study finding matched with **Kassing & McDowell, (2008)** who found the worker express less dissent to their families and friends outside the work because they experience high level of organizational justice and their voice not neglected.

On the other side, this result inconsistent with **Kassing & Dicioccio (2004)** who discovered that employee express more displaced dissent because they have lower level of commitment into their organization, have less years of experience, have fewer knowledge about organizational norms, ways and strategies of dissent and to whom the dissent can be expressed.

Regarding organizational assimilation, the current study showed that acculturation had the highest mean score regarding perception toward organizational assimilation subscales among nursing staff. This could be owing to the nursing staff were more aware about rules, regulation, policies and standards in the hospital, what is required from them to meet their responsibilities in their work place and were aware about to whom they could notify and discuss their work related problem.

On the same line with result of **Davis & Myers (2019)** who stated that the employee perceived high level of acculturation as they were more willingly to learn and accept organizational culture and norms. Also, this result matched with **Hristova, (2016)** who stated that the employees perceive high levels of acculturation because they had high level of self-confidence and coping abilities within the workplace.

Additionally, this is matching with the result of a study carried out by **Gailliard, Myers & Seibold, (2010)** who mentioned that most candidate generally were more acculturated into their organizations because the ability of their adaption with different environments. Moreover, this is consistent with **Lu, Samaratunge & Härtel, (2011)** Who stated that employees were more expected to have greater levels of acculturation because they perceived greater levels of support from their peers, superiors, and directors.

While, the study showed that; adaptation and role negotiation had the lowest mean score regarding perception toward organizational assimilation subscales among nursing staff. This may be due to some of nursing staff found that it was difficult to change responsibilities related to their position.

The present study findings congruent with **Gailliard, Myers & Seibold, (2010)** who found that most of participant less able to negotiate their roles because their workplace culture didn't encourage or permit negotiation about roles.

On the other side, this result inconsistent with **Davis & Myers, (2019)** who discovered that employee reported high level of adaptation and role

negotiation as the leader is more democratic and encourage everyone to innovate in their way of performing their role. Moreover, current result was contraindicated with **Miller, (2018)** who listed that; the level of adaptation and role negotiation was high as the employee experience high level of support and social inclusion.

Regarding organization reputation, the present study showed that; product and services had the highest mean score regarding perception toward organization reputation subscales among nursing staff. This could be owing to the nursing staff perceive that their hospital had a competent human resources to provide high quality services and the organization provide services with high value.

On the same line with result of **Stravinskiene, Matuleviciene & Hopeniene, (2021)** who stated that the highest subscale perceived by stakeholders was product and services because they have high level of trust of the products and services of organization and the major item that important to stakeholder is the product and services . Also, **Chen, (2016)** stated that the highest perception among other dimensions was the quality of services as it is the key to organization reputation and the most important construct.

While, the study showed that; vision and leadership had the lowest mean score regarding perception toward organization reputation subscales between nursing staff. This can be due to some of nursing staff perceived that the hospital doesn't take benefit of market chance and didn't have clear vision.

The present study finding congruent with **Stravinskiene, Matuleviciene & Hopeniene, (2021)** who found that the lowest subscale perceived by the consumer was vision and leadership as the vision and leaders of the organization aren't the priority of the clients.

On the opposite side, this result is controverted with **Hammad, (2023)** who revealed that the highest mean score was for leadership and vision because the workers perceive their leaders as a model for them to manage the organization and progress toward its vision.

Regarding the relationship between organizational dissent and organization reputation, the result of the study shown that there was highly statistically significant co-relation between upward dissent & organization reputation. This may be because the nursing staff expresses their dissent, point of view or opinions to their supervisor and manager about any situation or issue

that may affect the hospital reputation. So, their opinion or view is important to protect hospital reputation.

On the same line with result of **Croucher, Zeng & Kassing, (2019)** who stated that workers frequently express disagreement when they notice disreputable organizational concerns. Thus, dissent can help as a preventive method to protect organization reputation.

Also this result matched with **Cravens & Oliver, (2006)** who found that organizational members voice disagreement to safeguard their organization's reputation and to protect it from perceived disreputable actions and decisions.

Regarding the relationship between organizational assimilation and organization reputation, The finding of the study revealed that there was highly statistically significant correlation between organizational assimilation & organization reputation as perceived by nursing staff at Main Mansoura University Hospital. This may be because the staff nurse is highly assimilated, satisfied and competent to deliver services of health care with good quality and attitude that lead to good hospital reputation.

On the same line with result of **Şantaş, Ozer, Saygili & Ozkan, (2020)** who stated that as the participants' level of assimilation was high, the participant perceptions of their company reputation was high also.

Also this result matched with **Men, (2012)** who stated that Employee perception on organizational reputation is strongly associated with worker assimilation. As more the workers had better feelings towards the organization, such as respect, trust, and admiration would be more disposed to be assimilated.

6.Conclusion

Depending on the results of the study, it was concluded that there was highly statistically significant correlation between upward dissent and organization reputation and, there was highly statistically significant correlation found between organization reputation and organizational assimilation at Main Mansoura University Hospital.

7.Recommendations: -

Based on the results of this study, it is recommended that:

- Encourage variety of open links of communication through open-door policies, regular meetings and suggestion boxes.

- Develop a comprehensive program: This program should include orientation sessions,

job-specific training and mentorship programs to strength new staff assimilation.

- Ensure high-quality care through investing in advanced medical technology and implement evidence-based practices.

- Engage nursing staff in the hospital's mission and vision through regularly communicate their mission and vision to nursing staff.

8.References:

Aula, P., & Mantere, S. (2020). *Strategic reputation management: Towards a company of good* Routledge. Retrieved from: - https://www.taylorfrancis.com/books/mono/10.4324/9781003064558/strategic-reputation-management-pekka-aula-saku-mantere

Aksel, S. F. (2013). *Relationship between workplace democracy and organizational dissent behavior* (Doctoral dissertation, Marmara Universitesi (Turkey)). Available at https://www.proquest.com/docview/2572371844?pq-origsite=gscholar&fromopenview=true

Al haraisa, Y. E., & Al-haraizah, A. (2021). The Impact of Organizational Climate on Organizational Reputation-The Mediating Role of Organizational Health: An Empirical Study from Jordan. *The Journal of Asian Finance, Economics and Business*, 8(10), 29-35. Retrieved from: - https://koreascience.kr/article/JAKO202127335605022.page

Araci, M., & Emine, G. E. N. Ç. (2015). The management of corporate reputation in health care institutions: A research study for measuring the perception about corporate reputation of employees working in public and private hospitals. *Journal of International Health Sciences and Management*, 1(1), 74-82. Retrieved from: - https://dergipark.org.tr/en/pub/jihsam/issue/16201/169736

Cenkci, A. T., & Otken, A. (2019). Linking Employee Dissent to Work Engagement: Distributive Justice as a Moderator. *Journal of Behavioral and Applied Management*, 19(1), 1-21. Retrieved from: - https://www.proquest.com/docview/2230820469?pq-origsite=gscholar&fromopenview=true

Chen, T. J. (2016). Corporate reputation and financial performance of life insurers. *The Geneva Papers on Risk and Insurance-Issues and Practice*, 41, 378-397. available at https://idp.springer.com/authorize/casa?redirect_uri=https://link.springer.com/article/10.1057/gpp.2016.8&casa_token=Kma3V_zQ7ssAAAAA:b7_4mHkCBdc8dww82B4td1dfhHXlWCtIhWOE06YWasCiHXH7PlTfwk86kv9832CGh7cfDEBPuPvo406FP7k

Cravens, K. S., & Oliver, E. G. (2006). Employees: The key link to corporate reputation management. *Business horizons*, 49(4), 293-302. Available at **https://www.sciencedirect.com/science/article/pii/S0007681305001412**

Croucher, S. M., Zeng, C., & Kassing, J. (2019). Learning to contradict and standing up for the company: An exploration of the relationship between organizational dissent, organizational assimilation, and organizational reputation. *International Journal of Business Communication*, 56(3), 349-367. Available at **https://journals.sagepub.com/doi/abs/10.1177/2329488416633852**

Dagli, A. (2017). Investigating the Relationship between Organizational Dissent and Life Satisfaction. *Universal Journal of Educational Research*, 5(4), 600-607. Available at https://eric.ed.gov/?id=EJ1137680

Davis, C. W., & Myers, K. K. (2019). Past work experience and organizational assimilation in nonprofit organizations. *Nonprofit Management and Leadership*, 29(4), 569-588. Available at https://onlinelibrary.wiley.com/doi/abs/10.1002/nml.21348

Deniz, S. (2020). The relationship between perception of corporate reputation and turnover intention: Results from Turkey. *Journal of Health Management*, 22(1), 103-113. Retrieved from: https://journals.sagepub.com/doi/full/10.1177/0972063420909200

Fombrun, C., & Van Riel, C. (1997). The reputational landscape. *Corporate reputation review*, 1-16. Retrieved from: - https://www.researchgate.net/profile/Charlesombrun/publication/242553239_The_Reputational_Landscape/links/54d8dd770cf24647581cc74d/The-Reputational-Landscape.pdf

Gailliard, B. M., Myers, K. K., & Seibold, D. R. (2010). Organizational assimilation: A multidimensional reconceptualization and measure. *Management Communication*

Quarterly, *24*(4), 552-578. Available at https://journals.sagepub.com/doi/abs/10.1177/0893318910374933

Garner, J. T. (2017). An examination of organizational dissent events and communication channels: Perspectives of a dissenter, supervisors, and coworkers. *Communication Reports*, *30*(1), 26-38. Retrieved from: -https://www.tandfonline.com/doi/abs/10.1080/08934215.2015.1128454

Garner, J. T. (2022). Exploring Collective and Multi-Audience Dissent in Organizational Meetings. *Management Communication Quarterly*, 08933189221088297. Retrieved from: -https://journals.sagepub.com/doi/full/10.1177/08933189221088297?casa_token=BPBzJrq1XIUAAAAA%3AiZHbcanQRTX4hXbYSJDIxA8JLFkJl-0DshogkgqNzcMCefrzmFY2zntCFFxm4MYyoEI-T_TbfODruc

Glasgow, M. E. S., & Colbert, A. M. (2022). Nursing's Wicked Problems: Partnering With Academic Leadership to Develop Solutions. *Nursing Administration Quarterly*, *46*(4), 275-282.Available at https://www.ingentaconnect.com/content/wk/naq/2022/00000046/00000004/art00003

Hammad, A. J. (2023). THE ROLE OF KNOWLEDGE MANAGEMENT PROCESSES IN ENHANCING ORGANIZATIONAL REPUTATION AN EXPLORATORY STUDY OF THE OPINIONS OF A SAMPLE OF WORKERS IN THE GOVERNANCE OF SALAH AL-DIN GOVERNORATE. *World Economics and Finance Bulletin*, *19*, 47-57. available at https://scholarexpress.net/index.php/wefb/article/view/2191

Hristova, S. (2016). Acculturation and coping strategies in the workplace. *International Review*, (3-4), 31-41. Available at https://www.ceeol.com/search/article-detail?id=899710

Johnson, B., & Turner, L. A. (2003). Data collection strategies in mixed methods research. *Handbook of mixed methods in social and behavioral research*, 297-319. Retrieved from: -https://books.google.com.eg/books?hl=ar&lr=&id=F8BFOM8DCKoC&oi=fnd&pg=PA297&dq=Johnson,+B.,+%26+Turner,+L.+A.+(2003).+Data+collection+strategies+in+mixe

d+methods+research.+Handbook+of+mixed+methods+in+social+and+behavioral+research,+297-319.%E2%80%8F&ots=gWgLvzqsQh&sig=H6q4OEiawcdzWhSLLCUd4-Oq7SA&redir_esc=y#v=onepage&q&f=false

Kassing, J. W. (1998). Development and validation of the organizational dissent scale. *Management Communication Quarterly*, *12*(2), 183-229. Retrieved from: -https://journals.sagepub.com/doi/abs/10.1177/0893318998122002?casa_token=iL7VOOZwG0AAAAA:2iCtFhx20tEkQ_5964a2dwHxjNB1mZWMhbLLlbjdBf4SHNBbiORcIdPjGXxwBhkcOOeXNwqZPr09EkU

Kassing, J. W., & DiCioccio, R. L. (2004). Testing a workplace experience explanation of displaced dissent. *Communication Reports*, *17*(2), 113-120. Available at https://www.tandfonline.com/doi/abs/10.1080/08934210409389380

Kassing, J. W., & McDowell, Z. J. (2008). Disagreeing about what's fair: Exploring the relationship between perceptions of justice and employee dissent. *Communication research reports*, *25*(1), 34-43.Available at https://www.tandfonline.com/doi/abs/10.1080/08824090701831784

Lu, Y., Samaratunge, R., & Härtel, C. E. (2011). Acculturation strategies among professional Chinese immigrants in the Australian workplace. *Asia Pacific Journal of Human Resources*, *49*(1), 71-87. Available at https://journals.sagepub.com/doi/abs/10.1177/1038411110391709

Mariconda, S., Zamparini, A., & Lurati, F. (2021). Organizational reputation: In search of lost time. *Strategic Organization*, 147612702110460. Retrieved from: -https://doi.org/10.1177/14761270211046062.

Men, L. R. (2012). CEO credibility, perceived organizational reputation, and employee engagement. *Public Relations Review*, *38*(1), 171-173. Available at https://www.sciencedirect.com/science/article/pii/S0363811111002062

Miller, M. J. (2018). *Inclusion and Assimilation: Including Change in the Workplace* (Doctoral dissertation, Portland State University). Available at https://search.proquest.com/openview/ceb3b41308b1c4a0edf33ff51bdd7095/1?pq-origsite=gscholar&cbl=18750

Myers, K. K., & Oetzel, J. G. (2003). Exploring the dimensions of organizational assimilation: Creating and validating a measure. *Communication Quarterly*, *51*(4), 438-457. Retrieved from: - https://www.tandfonline.com/doi/abs/10.1080/01463370309370166

Okafor, B. E. (2019). *The Impact of Dissent and Workplace Freedom of Speech on Employees' Well-Being* (Doctoral dissertation, North Dakota State University). Available at https://www.proquest.com/intermediateredirectforezproxy

Ozsahin, M., & Yurur, S. (2019). Does Organizational Justice Increase or Decrease Organizational Dissent?. *Research Journal of Business and Management*, *6*(1), 1-8. Available at https://dergipark.org.tr/en/pub/rjbm/issue/44112/543959

Payne, H. J. (2014). Examining the relationship between trust in supervisor–employee relationships and workplace dissent expression. *Communication research reports*, *31*(2), 131-140. Available at https://www.tandfonline.com/doi/abs/10.1080/08824096.2014.907141

Santaş, F., Ozer, O., Saygili, M., & Ozkan, S. (2018). The effect of corporate reputation on work engagement: A case study in a public hospital. *International Journal of Healthcare Management*. Retrieved from: - https://www.tandfonline.com/doi/10.1080/20479700.2018.1548154

Şantaş, F., Özer, Ö., Saygili, M., & Özkan, Ş. (2020). The effect of corporate reputation on work engagement: A case study in a public hospital. *International Journal of Healthcare Management*, *13*(sup1), 340-346.Available at https://www.tandfonline.com/doi/abs/10.1080/20479700.2018.1548154

Sollitto, M., & Cranmer, G. A. (2019). The relationship between aggressive communication traits and organizational assimilation. International Journal of Business Communication, 56(2), 278-296). Retrieved from: - https://journals.sagepub.com/doi/full/10.1177/2329488415613339?casa_token=HuVd1fR

gAZEAAAAA%3AADL25tg6VgKIHf0eGsIA8Tu6poENHRirNCsgNiD2i62htojGX6WEMTCNb8YlbdAlNLciie2JRiNkgUY

Sollitto, M., & Myers, S. A. (2015). Peer coworker relationships: Influences on the expression of lateral dissent. *Communication Reports*, *28*(1), 36-47. Available at https://www.tandfonline.com/doi/abs/10.1080/08934215.2014.925569

Stravinskienė, J., Matulevičienė, M., & Hopenienė, R. (2021). Impact of corporate reputation dimensions on consumer trust. *Engineering Economics*, *32*(2), 177-192. Available at https://www.inzeko.ktu.lt/index.php/EE/article/view/27548

Tuna, O., & Kilic, İ. (2020). The Effect of Environmental and Social Sensitivities on Corporate Reputation. Retrieved from: - http://acikerisim.afsu.edu.tr/xmlui/handle/20.500.12933/1255

Wright, M. D. (2013). *The role of teamwork schema similarity and group atmosphere in perceptions of conversational appropriateness and organizational dissent* (Doctoral dissertation, Texas Christian University). Available at https://www.proquest.com/docview/1433375251?pq-origsite=gscholar&fromopenview=true

Zeng, C. (2018). Exploring organizational dissent in a global setting. *Jyväskylä studies in humanities*, (343). Available at https://jyx.jyu.fi/handle/123456789/58021

Zeng, C., & Chen, H. (2020). An exploration of the relationships between organizational dissent, employee burnout, and work-family balance: A cross-cultural comparison between China and Finland. *Communication Studies*, *71*(4), 633-648. Available at https://www.tandfonline.com/doi/abs/10.1080/10510974.2020.1749864

Zeng, C., Permyakova, T. M., Smolianina, E. A., & Morozova, I. S. (2020). Exploring the relationships between employee burnout, organizational dissent and work-family culture in Russian organizations. *Journal of Intercultural Communication Research*, *49*(2), 119-132). Retrieved from: - https://www.tandfonline.com/doi/abs/10.1080/17475759.2020.1719430