Authentic Leadership as a Mediator in the Relationship between Psychological Contract Breach and Organizational Cynicism among Nurses

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Abstract

Background: Leaders play a crucial role in employees' lives by providing guidance and accomplishing their priorities and targets. The more real the leaders are, the more psychological contract breaches the employees will have, which will make them more likely to stay with the entity. Moreover, a positive work environment and a reduced sense of organizational cynicism can enhance an organization's reputation, making it attractive to prospective nurses and improving recruitment efforts. **The aim of the study:** is to explore the relationship between authentic leadership, psychological contract breaches, and organizational cynicism. In addition, we are testing a new mediation model of authentic leadership between psychological contract breaches and organizational cynicism among staff nurses. **Research design:** A descriptive correlation design was used. **Sample:** A convenience sample of 132 staff nurses was chosen from El-Fayoum University hospitals. **Tools for data collection:** The Authentic Leadership Scale, Psychological contract breach scale, and The Organizational Cynicism Scale. Results: authentic leadership was significantly and positively correlated to psychological contract breach (r = 0.449, P = <.001). However, authentic leadership was significantly and negatively correlated to organizational cynicism (r = - 0.328, P =<0.001) and r = 0.431, P = 0.000, respectively). In addition, there was a significant and negative correlation between organizational cynicism and psychological contract breach (r = -.350***P = <0.01). **Conclusion:** Authentic leadership is effective in improving nurses' psychological contract breaches and organizational cynicism. As well, authentic leadership fully mediated the relationship between psychological contract breach and organizational cynicism. **Recommendation:** Implement leadership-training programs to develop authentic leadership skills among nurse leaders. As well, manage psychological contracts breach by ensuring clarity, fairness, and consistent fulfillment.

*Keywords***:** Authentic Leadership, Nurses, Organizational Cynicism, Psychological Contract Breach.

1. Introduction

Nurses expect more from the organizations they work for, while organizations expect more from their staff members. In order to meet these shared expectations between organizations and staff,

first-line managers must demonstrate trust and independence toward nurses **(Bulinska-Stangrecka & Bagienska, 2021)**. One of the keystones of an organization's success is positive leadership, which inspires workers, encourages them to grow, enhances organizational performance, and makes the organization more resilient to a variety of setbacks **(Oluwole, 2020; Salama, 2020)**. Positive leadership is also beneficial at improving organizational culture, supporting and maintaining positive values, behaviors, and attitudes, and increasing employee productivity, psychological wellbeing and performance **(Nasab & Afshari, 2019; Tefera & Dlamini, 2020)**.

Authentic leadership (AL) is a good leadership style that aims to increase organizational trust and foster a positive workplace. Authentic leadership emphasizes self-awareness, moral perspective, and balanced information processing. Authentic leadership requires self-awareness, relational honesty, balanced information processing, and upholding moral and ethical standards. Self-awareness means knowing how to identify and accept one's own intents, feelings, desires, and facts. Relational transparency refers to leaders being real in their relationships and providing information. Gathering and interpreting all information about oneself requires balance **(Naiboğlu & Bilgivar, 2021)**.

Moreover, AL is essential to improving nurses' abilities to articulate their problems and develop strategies. Therefore, AL roles have an impact on the nursing workforce, profession, healthcare delivery system, and community **(Labrague et al., 2018)**. This behavioral pattern could assist nurses in maintaining their identity and making it easier to convey their principles and values. As such, the leader's authentic authenticity can enhance the trust of organization members and postpone the perception of psychological contract breaches, thereby preventing the adverse effect on organizational effectiveness they cause. The term psychological contract breach (PCB) describes the unspoken expectations and obligations that exist between staff and their employers, while PCB happens when these implicit obligations are thought to have been violated ethically **(Santos et al., 2024)**.

In the nursing context, PCB may manifest as unmet expectations regarding workload, support, career development, and recognition. Recent research has highlighted the detrimental effects of psychological

contract breaches on employee attitudes and behaviors, including decreased job satisfaction, lower organizational commitment, and increased turnover intentions among nurses. Leaders play a crucial role in employees' lives by providing guidance and accomplishing their priorities and targets. The more real the leaders are, the more PCB the employees will have, which will make them more likely to stay with the entity **(Suherman, Ahman and Disman (2023)**.

Additionally, PCB has evolved into an essential way of describing the underlying expectations that prevail between employees and a leader. Leaders failing to meet these expectations may have a wide range of negative implications **(Lamøy, 2021)**. The key feature of a PCB is that, it is more based on the individuals; therefore, each contract may be unique due to the unique nature of each human being **(Rayiramkandath, 2021)**. Nurses may fear discussing workplace issues because of fear of losing their jobs due to their superiors' fear of negative reactions. Organizational cynicism is generally detrimental for staff and organizations because it causes stress and dissatisfaction **(Mohammad et al., 2022)**. Organizational cynicism refers to how a staff nurse responds to difficult situations at work. It is a resentful attitude toward the organization that management's failure to prioritize honesty, fairness, and transparency can lead to aloofness, dissatisfaction, loss of trust, sadness, resentment, and distrust of parties **(Sari, 2023)**.

Furthermore, organizational cynicism has three main components namely cognitive, affective, and behavioral. Cognitive component demonstrates the organization's lack of justice, sincerity, and honesty. Cognitive cynicism might develop when nurses believe their organization does not value their efforts or care about each of them. Considering the detrimental effect of organizational cynicism at individual and organizational levels, managers of organizations need to understand and actively respond to organizational cynicism. Organizational cynicism causes emotional exhaustion and dehumanization among members to have a negative impact on organizational performance and bring unwanted consequences such as lower quality of products and services and disruption in organizational commitment. Because it can distort the efforts and meaning of the organization's policies and intentions toward change, organizational cynicism must be

managed to achieve the goals of the organization **(Durrah, Chaudhary & Gharib 2019)**.

Nurses who exhibit cognitive cynicism feel that morality is frequently sacrificed in favor of convenience **(Dean & Singh, 2018)**. The word "affective cynicism" refers to sentimental and emotional reactions to an organization, including psychological responses such as annoyance, stress, worry, and discomfort. Arrogance is typically associated with effective cynicism because cynical nurses believe they have exceptional expertise and a superior view of the world. Also, criticism and pessimism are often used in organizations and are referred to "behavioral cynicism." **(Erarslan, Kaya & Altindağ, 2018)**.

Commonly, distrusting others and their organizations signifies organizational cynicism. The nurse cynic holds a biased distrust towards the benevolence and sincerity of nurses' intentions and actions; this is not an inherent character trait; rather, it is brought about by circumstances like distrust of supervisors and adverse working conditions such as extended hours and an overwhelming workload. Role conflicts at work, inequality, and poor leadership. Authentic leadership may play an important role in reducing the negative consequences of psychological contract breaches and reducing organizational cynicism among nurses **(Mohamed *& Shaheen*, 2022)**. Authentic leaders who communicate openly, demonstrate integrity, and provide support and recognition can help establish a positive psychological contract with their nursing staff. By fostering a climate of trust, authentic leaders can minimize the likelihood of psychological contract breaches and their associated cynicism **(Topa, Aranda-Carmena & De-Maria, 2022)**. Recent research suggests that authentic leadership can act as a buffer against the negative effects of psychological contract breaches, enhancing employee mental and physical well-being and organizational outcomes in the nursing context **(Zhang et al., 2022)**.

Significance of the study

Organizations in the healthcare industry are increasingly faced with the need to adapt to changing environments and implement innovative practices. High turnover rates and difficulties in recruitment are significant challenges in the nursing profession. Understanding the impact of authentic leadership and psychological contract breaches on organizational cynicism can help

organizations address these issues. When nurses perceive their leaders as authentic and experience fulfillment of their psychological contracts, they are more likely to feel satisfied, committed, and engaged in their work. This in turn, can contribute to higher levels of employee retention, as nurses are more likely to stay in organizations where they feel valued and supported. Moreover, a positive work environment and a reduced sense of organizational cynicism can enhance an organization's reputation, making it attractive to prospective nurses and improving recruitment efforts. Therefore, this study aims to explore the relationship between authentic leadership, psychological contract breaches, and organizational cynicism. In addition, we are testing a new mediation model of authentic leadership between psychological contract breaches and organizational cynicism among staff nurses.

Theoretical framework:

The JD-R Model proposes two mediating mechanisms through which job demands and job resources influence employee outcomes; the Health Impairment Process and the Motivational Process. The Health Impairment Process suggests that high job demands, including psychological contract breach, can deplete employees' mental and physical

resources, leading to strain and negative outcomes such as organizational cynicism. The Motivational Process suggests that job resources, including authentic leadership, foster positive work experiences, enhance employee motivation and engagement, and lead to positive outcomes such as increased job satisfaction and commitment **(Bakker & Demerouti., 2017)**.

Figure 1: Theoretical framework of the study
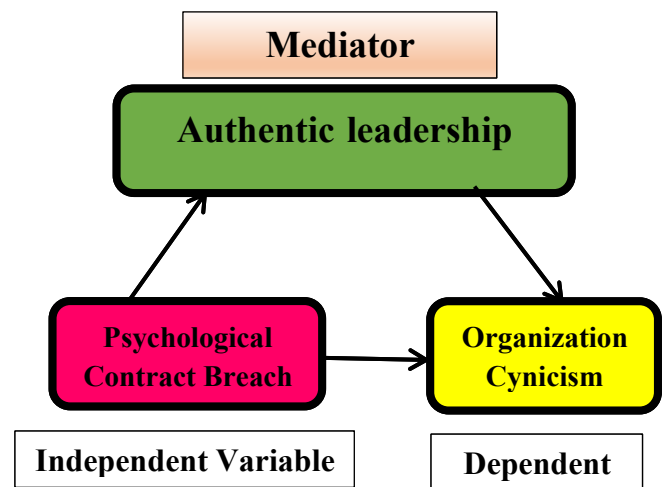
The aim of the study

The present study aimed to explore the relationship between authentic leadership, psychological contract breach, and organizational cynicism among nurses at El-Fayoum University Hospitals. In addition, we are testing a new mediation model of authentic leadership between psychological contract breaches and organizational cynicism among staff nurses.

Research questions

1. What are the relationships between authentic leadership, psychological contract breaches, and organizational cynicism?

2. Does a psychological contract breach have no effect on organizational cynicism?

3. Does authentic leadership mediate the relationship between psychological contract breaches and organizational cynicism?

Research hypothesis:

H1: Authentic leadership has a negative effect on organizational cynicism.

H2: Psychological contract breach has no effect on organizational cynicism.

H3: Authentic leadership mediates the relationship between psychological contract breaches and organizational cynicism.

Subjects and Method:

Study design

A descriptive-correlational research design was used for this study.

2. Subject and Methods

Study setting

This study was conducted at all 11 departments of the medical hospital affiliated with El-Fayoum University Hospital (academic hospital), Egypt. The hospital consists of 5 floors and includes the following departments: neurological, endemic department, hemodialysis, general medicine, special medicine, urology, tropical, emergency, intensive care unit, thoracic, and endoscopy department. The total capacity of the hospital is 170 beds.

Study subjects

Convenience sample of 132 staff nurses out of 200 staff nurses who were working in the aforementioned setting.

Sample size

The ideal sample size was estimated at a confidence interval of 95%, a margin of error of 5.0%, a total population size of 200 nurses, and by using the following formula: [X² NP (1− P) / d² (N −1) + X² P (1− P)] *(Thompson, 2012)*; the required sample size was 132 nurses with the following inclusion criteria: At least one year of experience and accept to participate in the study.

Tool of data collection

A questionnaire sheet was used to collect data for this study and is composed of four parts:

Part 1: Personal and job characteristics of staff nurses developed by the researchers to collect data about: age, gender, marital status, years of experience, and educational qualification.

Part 2: **Authentic Leadership Scale (AL):** developed by *Walumbwa et al., (2008) and Lusin (2014)* and the Arabic version was adopted from **(Saleh et al., 2021)** to measure nurses' perceptions of authentic leadership. The scale included 16 items divided into four domains: self-awareness (4 items), balanced processing (3 items), internalized moral perspective (4 items), and relational transparency (5 items). The responses of nurses have been measured on five points. The Likert scale ranged from strongly agreeing (5) to strongly disagreeing (1). The reliability of the tool was measured by the Cronbach alpha coefficient, which was 0.87.

Part 3: **Psychological contract breach scale (PCB)**: This 23-item scale was developed by **Coyle-Shapiro, Jacqueline & Parzefall, (2008)** and the Arabic version was adopted from **(Ismail, 2015)**. There are three dimensions in the scale: work content (11 items), work environment (8), and compensation (4 items). The nurses' responses were measured on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The reliability of the tool was measured by assessing its internal consistency, which used the Cronbach alpha coefficient, which was 0.97.

Part 4: **Organizational Cynicism Scale** was developed by **Goudarzi et al. (2011)** and the Arabic version was adopted from **(Badran & Abou Zeid, 2021)**. This scale was aimed at measuring organizational cynicism among nursing staff. It consists of 14 statements. It contained three dimensions: cognitive cynicism, affective cynicism, and behavioral cynicism, wherein every dimension had four items. Each item was measured on a five-point Likert scale ranked from 1 (strongly disagree) to 5 (strongly agree). The reliability of the tool was measured by assessing its internal consistency, which used the Cronbach alpha coefficient, which was 0.89.

Validity of the study tools:

Data were collected using a self-administered questionnaire in Arabic language. The content and face validity were established to determine whether the included items were

comprehensive, understandable, applicable, clear and suitable to achieve the aim of the study by a jury of experts of 7 professors from academic nursing staff at Zagazig and Ain-Shams universities. According to their opinions, all necessary modifications were made.

Pilot study

A pilot study was carried out on 14 nurses (10% of the study sample) to check the clarity of the tools and estimate the time needed to fill in the questionnaire sheets by each participant. Required modifications were made, and the subjects who participated in the pilot study were excluded from the main study sample.

Field work

Data collection took three months, from the beginning of September 2023 until the end of November 2023, before and between nurses' work hours during morning and afternoon shift in three days per week to avoid patient care interruption. The preparatory phase was done by introducing the researchers themselves to the studied nurses and briefly explaining the purpose of the study to them.

The time consumed to answer each questionnaire sheet ranged from 25 to 40 minutes.

Ethical considerations:

Approval to conduct the study was obtained from the Research Ethics Committee at the Faculty of Nursing - Zgazig University (ID/Zu.Nur.REC#:117), and ethical considerations were diligently addressed. Participants were duly informed that their engagement in the study was entirely voluntary, and they retained the prerogative to withdraw from the study without any adverse consequences. Comprehensive measures were taken to ensure anonymity, protect the privacy of study subjects, and maintain the confidentiality of the collected data. Throughout the study, utmost respect was accorded to the subjects' privacy and confidentiality.

Data analysis

The assessment of the data was done using JASP 18 and SPSS 24.0. The cleaning of the data was done to be sure that there was no missing or abnormal data. Data were presented using descriptive statistics in the form of frequencies and percentages for

categorical variables and means and standard deviations for continuous variables. Pearson correlation analysis was used for the assessment of the interrelationships between total scale scores. In addition, testing of hypotheses involved path analysis employing a JASP macro named PROCESS **(Preacher and Hayes, 2008)**; the bootstrapping method was utilized to examine the mediation effects. Bootstrapping is the ideal way to test the indirect effects because it avoids non-normal sampling distributions **(Zhang et al., 2014)**. If zero was not included in the 95% confidence interval, then the indirect effects reached a significant level when the probability of error was less than 5% (p < 0.05) and were highly significant when the probability of error was less than 0.1% (p < 0.001).

3. Results:

Table 1 clarifies that 65.2% of nurses' age is less than 30 years, with a mean age of 28.9±5.73. As well, the highest percentages of nurses were female, married, worked for less than 10 years of experience, had a technical diploma in nursing, and more than half of them worked at critical care units (70.5%, 68.9%, 68.2%, 43.9%, and 65.2, respectively). **Table 2** indicates the distribution of study variables' mean scores as reported by the studied nurses. As shown from the table, the highest mean scores of authentic leadership domains were for relational transparency, followed by self-awareness, internalized moral perspective, and balanced processing (19.58±3.61, 16.83±2.63, 15.97±2.56, and 12.46±2.21, respectively). Additionally, the total mean score of authentic leadership was 64.85 ± 9.26. Concerning the psychological contract breach, the highest mean scores were for work content, followed by work environment, and compensation (45.62 ± 9.31, 32.56 ± 8.08, and 15.73 ± 4.50, respectively). As well, the total mean score of psychological contract breach was 93.91 ± 20.74. As for organizational cynicism, the highest mean scores were for cognitive cynicism, followed by affective cynicism and behavioral cynicism (13.73±3.70, 13.13±6.11, and 13.11 ± 4.44, respectively), and the total mean score of organizational cynicism was 39.98 ± 11.46.

The correlation between the different study variables is presented in **Table 3**. The table displays that authentic leadership was significantly and positively correlated to psychological contract breach (r = 0.449, P = <.001). However, authentic leadership was significantly and negatively correlated to

organizational cynicism (r = - 0.328, P =<0.001) and r = 0.431, P = 0.000, respectively). In addition, there was a significant negative correlation between organizational cynicism and psychological contract breach (r = - 0.350, P =<0.001).

As shown in **Table 4,** the results suggest that our hypotheses were all verified. First, the direct effect of psychological contract breach on organizational cynicism was negative and not significant (β = -0.008, p < 0.068), supporting H1. Second, the indirect effect of PCB on OC via AL was negative and significant (β = 0.006**, p < 0.020), and thus H2 was supported. Finally, the total effect of PCB on OC was negative and highly significant (β = -0.015***, p < 0.001), supporting H3.

The path coefficients between the different study variables are presented in **Table 5.** The table displays that the path coefficients between AL and OC were negative and significant (β = -0.236**, p < 0.014), and PCB and AL had a significant positive effect (β = 0.026***, p < 0.001).

Figure 2 explains the standardized coefficients for the effect of psychological contract breaches on nurses' OC mediated by AL. PCB in the prediction of OC is not significant, but AL completes mediation between PCB and OC.

4. Discussion:

Nurses' morale, communication, work loyalty, dedication, and organizational commitment can be significantly impacted by breaches of the psychological contract, a lack of honesty and integrity within healthcare organizations. This can lead to cynicism among nurses, hindering a positive work environment and optimal patient care. Nursing is emphasized as crucial for the health and well-being of populations, and in order for nurses to deliver efficient services, it is essential for healthcare facilities to address and mitigate issues like breaches of the psychological contract *(Mrayyan et al., 2023)*.

The relationship between psychological contract breaches and organizational cynicism has been a topic of interest in organizational psychology. A psychological contract breach refers to the perceived failure of the organization to fulfill its promises or obligations to employees, leading to feelings of betrayal or distrust. Organizational cynicism, on the other hand, is characterized by negative attitudes and distrust towards the

organization, its practices, and its leadership (***Teo, Lux, & Pick, 2023).*** Therefore, this study aimed to explore the relationship between authentic leadership, psychological contract breaches, and organizational cynicism among nurses at El -Fayoum Hospitals.

The present study was conducted on 132 nurses from El-Fayoum University hospitals, and their Personal & job characteristics are consistent with the result of the study conducted by ***Ali, Saad, and Alshammari (2020)*** in Egypt.

The study's statistical results indicated that the highest mean scores of authentic leadership domains were for relational transparency, followed by self-awareness, internalized moral perspective, and balanced processing. This finding could be due to the fact that authentic leaders promote relational transparency and intrinsic motivation, which contributes to how leadership behaviors affect nurses' self-awareness. This supports the idea that leaders who are more authentic are more likely to increase self-awareness in their staff and demonstrate an understanding of the requirements and dynamics. Moreover, authentic leadership can fulfill secondary

requirements by proactively improving their work and conditions through their words and actions, as well as creating an environment where positive emotions influence nurses' personalities.

This result is compatible with the studies of ***(Abd-Erhaman, Helal, and Elnady, 2022; Alilyyani, 2022; Al-Romeedy & Ozbek, 2022)***, who reported that authentic leaders who are visible and lead with integrity can create supportive environments that foster nurses' autonomy and enthusiasm for work as well as proactive behaviors.

As regards the psychological contract breach, the results of this study showed that the highest mean score was for work content, followed by work environment, while the lowest was for compensation. This finding could be due to the fact that nurses are more concerned with unmet work characteristics such as inflexible working hours than with being good organizational personnel and then with an unmet work environment and unmet compensation, salary, and personal benefit. This result coincided with ***(Abbas & Hasnawia, 2020; Lapointe, Vandenberghe, & Fan, 2022)*** who concluded that violations of psychological contracts play a critical role in the relationship between nurses and their organizations; they are associated with

expectations rather than genuine obligations on the organizations' behalf. Thus, expectations that are shaped by former experiences and personal observation may aggravate the perceived intentional violence on perceptual commitments.

In this respect, a psychological contract is subjective in nature, so a psychological contract breach has several adverse impacts on the nurses' side. Preemptively, it is associated with affective reactions, which can be categorized under two main responses. On one side, a psychological contract breach may trigger frustration and anger. On the other side, breaches are related to mistrust in organizations. Perceived violations of commitments lead nurses to be distrustful towards their organizations and feel distress consequently *(Santos et al., 2024)*.

As for organizational cynicism, the result of the current study revealed that the highest mean scores were for cognitive cynicism, followed by affective cynicism and behavioral cynicism. These results may be due to the observed differences in the level of age, educational level, and years of experience, as is evident in the personal and job characteristics table, which causes cynicism between them because of the

difference in the way of thinking. Cynicism creates a hostile working environment and reflects weak interpersonal relationships for the nurses involved in that behavior. In addition, nurses have a negative attitude towards their organizations and think that the organization does not care about them and does not appreciate their contribution.

These findings are in agreement with other previous studies done in Egypt by *(El-liethiey & Atalla, 2021 and Mahmoud & Shaheen, 2022)*, which demonstrated that the highest mean percent score of organizational cynicism as perceived by the studied nurses was connected to cognitive cynicism. Additionally, *Elhanafy & Ebrahim (2022)* stated that more than two-thirds of nursing staff had a low level of total organizational cynicism.

Conversely, this result is contradicted with a study conducted by *Archimi et al. (2018)*, who stated that the highest mean percent score of organizational cynicism as perceived by the examined employees was connected to behavioral cynicism, while the lowest mean percent score of organizational cynicism was connected to affective cynicism. In addition, this study is incompatible with *Mahdy and Elsayed-ElAraby (2021)*, who explained that slightly more than half of the

studied nursing staff reported high organizational cynicism. In symmetrical with *(Mabrouk & Gab Allah, 2020 and Badran & Abou Zeid, 2021)*, who stated that unmet expectations and a lack of meaningfulness may also lead to cynical attitudes, For example, the feeling of not being treated with respect, the absence of meaning in work, a lack of sincere participation in decision-making processes, and the absence of genuine support by management.

Furthermore, the current results are not in agreement with the study results conducted by *Mousa (2017)*, who clarified that behavioral cynicism had the highest mean score, followed by cognitive cynicism. In addition, *Aly, Ghanim, and El Shanawany (2016)* showed that the highest level of cynicism was in the affective component rather than the behavioral and cognitive components.

Moreover, the results of the present study are in contrast to those of *Mohamed and Ali (2020),* who concluded that the majority of Minia General Hospital staff nurses, exhibited "high "responses toward organizational cynicism. While *Komakli (2016)* highlighted that cynicism is a learned behavior resulting from injustice and frustration within the organization, this leads to negative feelings and poor expectations for future interactions with the organization.

As regard to the correlation between the different study variables and the mediating effect of authentic leadership, the current study findings displayed that authentic leadership was significantly positively correlated to psychological contract breach. Nevertheless, authentic leadership was significantly negatively correlated with organizational cynicism. In addition, there was a statistically significant negative correlation between organizational cynicism and psychological contract breaches. From the researchers' point of view, this means that there are significant direct effects of authentic leadership on nurses' organizational cynicism; this means that high levels of authentic leadership result in decreasing nurses' cynicism. Therefore, when the direct supervisor shows a keen interest in balanced processing, internalized moral perspective, and relational transparency among nurses, it emphasizes the character of honesty and integrity and emphasizes telling the truth, and then the supervisors can be trusted. Then, nurses' cynicism will be reduced because cynicism depends mainly on trust and the similarity between what the supervisor says and what does in reality.

In addition, when the direct supervisor shows interest in allocating time for personal contact with nurses, paying attention to the personal needs of nurses, or addressing some of the problems they face, this will decrease the levels of organizational cynicism. When a nurse recognizes his or her direct supervisor's compassion, respect, and humanity in dealing with him or her, the nurse's cynicism levels will decrease. This result coincided with the study of *Nemr & Liu (2021)* in Egypt, who proposed that high levels of authentic leadership result in decreasing nurses' cynicism and found that perceived authentic leadership behavior is an important predictor of organizational cynicism (cognitive, affective, and behavioral).

Furthermore, *Nafei & Abdelaal (2022)* in Egypt indicated that there is a negative and statistically significant correlation between the dimensions of authentic leadership (self-awareness, balanced processing, an internal moral perspective, and relational transparency) and psychological contract breach. Also, there is an inverse relationship between authentic leadership and psychological contract breaches. In other words, the greater the interest on the part of the organization in applying the pattern of authentic leadership, the lower the level of

psychological contract breach for nurses in the organization. This means that the dimensions of authentic leadership play a significant part in lowering the dimensions of psychological contract breaches for employees. Thus, recognizing how a leader's behavior impacts employee psychological contracts looks advantageous and may help to minimize negative work outcomes by lowering perceived contract violations *(Lamøy, 2021)*.

The study findings indicated that the direct effect of psychological contract breach on organizational cynicism was negative and not significant, and the indirect effect of psychological contract breach on organizational cynicism via authentic leadership was negative and significant. Finally, the total effect of psychological contract breaches on organizational cynicism was negative and highly significant. It might be explained by the fact that when the leader exercises authentic leadership, it is possible to ease organization members' cynical attitudes and affect their communication.

Furthermore, it is possible to infer that trust in leaders will alleviate organizational cynicism and psychological contract breaches. Our study opens a new direction for future studies to analyze the

effectiveness of authentic leadership in controlling cynical attitudes and perceived psychological contract breaches associated with real situations within the organization and in relation to diverse variables. In this sense, our findings allow for the prediction that authentic leadership can mitigate the negative impacts of psychological contract breaches. In particular, this effect was stronger when the organization member identified himself or herself more strongly with the leader.

The findings of this study are compatible with those of ***Güneş and Taştan (2020)*** who showed that authentic leadership indirectly reduces organizational cynicism via psychological contract breach as the mediator. According to **Sarıkaya & Kök, 2017)**, psychological contract breaches affect both organizational cynicism and its dimensions. In other words, psychological contract breach perception is significantly and positively effective in reducing organizational cynicism. As one of the substantial obstacles, cynical behaviors could be prevented not only by written contracts made with employees but also by remaining loyal to promises and commitments made at all levels, which must be fulfilled in a timely manner.

5. Conclusion:

Authentic leadership is effective in improving nurses' psychological contract breaches and organizational cynicism. As well, authentic leadership fully mediated the relationship between psychological contract breaches and organizational cynicism.

6. Recommendations:

Based on the results of this study, the following recommendations are suggested:

- Implementing leadership training programs to develop authentic leadership skills among nursing staff. This includes fostering transparency, building trust, encouraging open communication, and demonstrating empathy towards their team members.

- Establishing effective conflict resolution mechanisms to address issues related to psychological contract breach and organizational cynicism.

- Continuously evaluate levels of authentic leadership, psychological contract breach, and organizational cynicism among nurses to inform organizational improvement efforts.

- Providing an efficient training program on the stress management to help reduce organizational cynicism and cope with psychological contract breach.

- Fostering environments where nursing staff feel psychologically safe to express their concerns and provide feedback through create platforms for open dialogue and actively listen to the needs and concerns of them.

- Continuously monitor the effectiveness of Authentic Leadership in mediating the relationship between Psychological Contract Breach and Organizational Cynicism among nurses.

Table (1): Personal & job characteristics of studied nurses (n = 132).

Personal characteristics	No	%
Age in year:		
• <30	86	65.2
• ≥30	46	34.8
Mean ± SD	28.9±5.73	
Gender:		
• Male	39	29.5
• Female	93	70.5
Nursing qualification:		
• Nursing school diploma	44	33.3
• Nursing institute diploma	58	43.9
• Bachelor of nursing	23	17.4
• Master of nursing science	7	5.3
Departments:		
• Inpatient units	46	34.8
• Critical care units	86	65.2
Experience years:		
• < 10	90	68.2
• ≥ 10	42	31.8
Mean ± SD	8.67±7.58	
Marital Status:		
• **Married**	91	68.9
• **Unmarried**	41	31.1

Table (2): Distribution of different study variables' mean percent scores as reported by studied nurses (n=132).

Study variables	Maximum	Mean	±	SD
Authentic leadership domains:				
• Self-awareness	20	16.83	±	2.630
• Balanced processing	15	12.46	±	2.215
• Internalized moral perspective	20	15.97	±	2.569
• Relational transparency	25	19.58	±	3.619

Total mean score of authentic leadership domains	**80**	**64.85±9.264**
Psychological contract breach domains:		
• Work content	55	45.62 ± 9.311
• Work environment	40	32.56 ± 8.081
• Compensation	20	15.73 ± 4.509
Total mean score of psychological contract breach domains	**115**	**93.91±20.745**
Organizational cynicism domains:		
• Cognitive cynicism	20	13.73 ± 3.700
• Behavioral cynicism	25	13.11 ± 4.447
• Affective cynicism	25	13.13 ± 6.111
Total mean score of Organizational cynicism domains	**65**	**39.98±11.469**

Table (3): Correlation between the different study variables among studied nurses (n=132).

Study variables	**Authentic leadership**		**Psychological contract breach**	
	r	**p**	**r**	**p**
Psychological contract breach	.449***	<.001		
Organizational cynicism	-.328***	<.001	-.350***	<.001

*** Highly statistically significant at P < 0.001

Table (4): Mediation analysis to study the effect of different study variables among studied nurses (n=132).

Model pathway	**Estimated effect**	**Std.Error**	**P**	**95% Confidence Interval**	
				Lower	**Upper**
Direct effects PCB → OC	- 0.008	0.005	0.068	-0.020	0.002
Indirect effects PCB → AL → OC	-0.006**	0.003	0.020	-0.012	$2.199×10^{-4}$
Total effects PCB → OC	-0.015***	0.004	< .001	-0.023	-0.007

Note: Delta method standard errors, bias-corrected percentile bootstrap confidence intervals, ML estimator. PCB, psychological contract breach; OC, organizational cynicism; and AL, authentic leadership. **p<0.01, ***p<0.001.

Table (5): Path coefficients of different study variables among studied nurses (n=132).

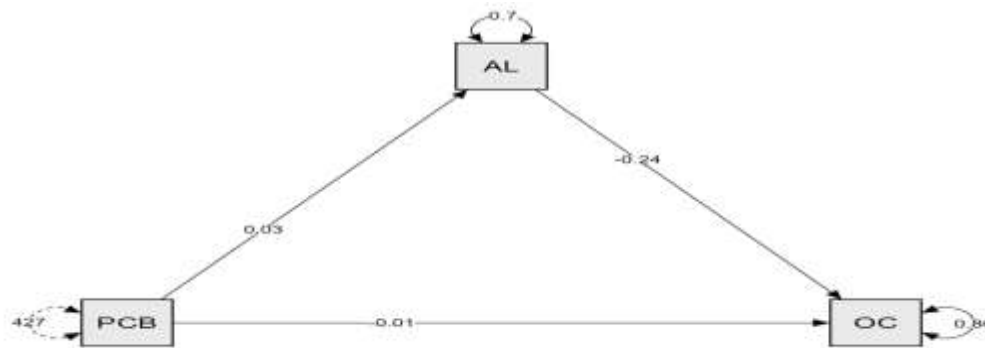|			**Estimate**	**Std. Error**	**R²**	**p**	**95% Confidence Interval**	
							Lower	**Upper**
AL	→	OC	-0.236 **	0.096	AL 0.293	0.014	-0.450	0.021
PCB	→	OC	-0.008	0.005	OC 0.132	0.068	-0.020	0.002
PCB	→	AL	0.026 ***	0.004	PCB 0.363	< .001	0.017	0.034

Figure (2): Standardized coefficients for the effect of psychological contract breach on nurses' organizational cynicism mediated by authentic leadership.

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