Moderating role of cynicism about organizational change between authentic leadership and commitment to change in Pakistani public sector hospitals

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Abstract

Purpose – This study aims to explore the moderating role of cynicism about change in the positive relationship between authentic leadership and employee commitment to change.

Design/methodology/approach – This study used an exploratory research design with deductive approach to invite responses of doctors, nurses and para medical staff of public sector district hospitals, set to be privatized, on structured close-ended questionnaires. Data gathered from four hospitals chosen because they were undergoing restructuring that facilitated the testing of our propositions were analyzed through structural equation modeling using AMOS. A total of 271 usable responses (response rate of 65 per cent) were analyzed. Interaction and simple slope tests were applied to test moderating effects.

Findings – Results indicate that authentic leadership is positively related to commitment to change. Cynicism about change moderated this positive relationship such that a high level of authentic leadership has a stronger impact on commitment to change when cynicism is low rather than when cynicism is high.

Practical implications – Results show that in Pakistani hospitals undergoing restructuring, leaders who use authentic leadership will have followers who are more committed to enacting the planned changes, but this effect is magnified if followers are not cynical about the change. Thus, regulators of public sector hospitals may benefit from this study by developing authenticity in hospital leaders to mitigate cynicism about and enhance their commitment to change.

Informed consent: Informed consent was obtained from all individual participants included in the study.

Conflict of interest: Authors declare that they have no conflict of interest.
This study is the first which has explored relationships among cynicism about change, authentic leadership and commitment to change in a privatization context of Pakistan. Findings should be tested in other cultural contexts to determine generalizability.

**Keywords** Privatization, Commitment to change, Authentic leadership, Cynicism about change, Health sector

**Paper type** Research paper

**Introduction**

Although studies about organizational change in the public sector often make a case for the importance of proactive leadership, external contextual factors, such as government regulations, have pushed organizations into change. Public sector organizations are consistently under economic pressures. Efforts are made to increase the efficiency of public sector organizations through restructuring and privatization (Kalyal, 2009). Within the Pakistani context, employees of most public sector organizations are unionized; thus, there may be a tendency to prefer union interests beyond the organizational interests (Bakari et al., 2017a). In Pakistan, research in privatization contexts reveals that employees of unionized public sector organizations may become cynical about change. They may resist the privatization process, as they feel that their leaders lack integrity (Aslam et al., 2015, p. 418); thus, they may fail to fulfill psychological contract (Bashir and Nasir, 2013) or they may be deprived of their jobs or some aspects of the job which they were enjoying (Baraldi et al., 2010). Scholars suggest that in situations of uncertainty and skepticism caused by privatization, authentic leadership may be a relevant predictor of employee commitment and support for change in health sector organizations (Aslam et al., 2015; Bakari et al., 2017b; Coxen et al., 2016; Qamar and Saeed, 2017; Williams et al., 2012). This study aims to test the impact of authentic leadership on commitment to change and the moderating role of *cynicism about change* on this relationship in health sector organizations in Pakistan undergoing restructuring. This study will provide important insights for the change agents of health sector organizations in Pakistan by providing a way forward for mitigating employee cynicism by promoting leaders’ authenticity to facilitate adoption of privatization in public sector hospitals.

**Authentic leadership and health-care organizations**

Authentic leadership is defined as leader behavior which draws upon the insights from positive organizational behavior and positive organizational climate and refers to having a high level of self-awareness, moral and ethical perspective and balanced processing of information and transparency in relationships on the part of leader (Walumbwa et al., 2008). Authentic leaders are aware of self and others, they know their strengths and weaknesses, their conduct rests on high moral standards, they take decisions based on inviting views from all stakeholders and analyzing facts and figures and they tend to be open and true to others in communication and relationships (Gardner et al., 2011; Kernis, 2003).

Research suggests that authentic leaders, by demonstrating self-awareness and transparency, may instill similar positive behavior in their followers because leader’s self-awareness will foster employee awareness of organizational core values which may lead employees to express their positive behavior (Howell and Shamir, 2005). Within the health-care sector, studies in Western contexts have found authentic leadership by hospital administrators to have a positive impact on nurse and physician trust in management and willingness to voice concerns about improving patient care (Wong and Cummings, 2009). Similarly, Wong and Laschinger (2013) found that authentic leadership had a positive impact on nurse job satisfaction and self-reported job performance in Canadian health-care...
organizations. These findings indicate that authentic leadership can be an effective motivator in health-care situations, but little is known about the conditions in which authentic leadership will help health-care organizations implement change initiatives or whether findings in Western contexts will hold true elsewhere.

**Authentic leadership and employee commitment to change**

Commitment to change refers to employee intention to support a change based on underlying benefits a change program may offer (affective commitment to change), supporting the change based on the feeling of duty and obligation (normative commitment to change) and supporting the change based on the feeling that there is no any other option except supporting the change, as the cost of not supporting the change is perceived to be higher than that of supporting the change (continuance commitment to change; Herscovitch and Meyer, 2002). Thus, commitment to change is a potentially important factor in the willingness of hospital staff to facilitate organizational change initiatives.

Authentic leadership has been found to be positively related to employee work commitment, including commitment to change. Semedo et al. (2016) tested the relationships among authentic leadership, job resourcefulness, affective commitment to change and creativity and performance. The results of structural equation modeling (SEM) to a sample of 543 employees found a positive link between authentic leadership and affective organizational commitment to change.

Additionally, authors such as Williams et al. (2012) stressed the need to test authentic leadership in an organizational change context. As there is evidence that other leadership styles such as transformational leadership (Liu, 2015), change leadership, leader–member exchange (Portoghese et al., 2012), charismatic leadership (Michaelis et al., 2009) and servant leadership (Kool and van Dierendonck, 2012) are positively related to commitment to change; this study adds to the knowledge by assessing the role of authentic leadership in enhancing commitment to change, specifically within a Pakistani hospital context. This effort is necessary, as there is no such study which may have tested this important leadership style in direct relationship with commitment to change in hospital settings in Pakistan. Thus, this study posits that:

**H1.** Within Pakistani hospitals, authentic leadership will be positively related to commitment to change

**Organizational change cynicism**

Cynicism is a general attitude involving “contempt, frustration, and distrust toward an object or multiple objects” (Andersson, 1996, p. 1397). This attitude does not arise solely from within the individual rather it is highly affected by context and experiences (Johnson and O’Leary-Kelly, 2003, p. 640). Wanous et al. (2000) took this concept and applied it to the workplace. They defined cynicism about organizational change, otherwise known as “organizational change cynicism” (OCC), as “a pessimistic attitude towards change efforts being successful because those responsible for making change are regarded as being unmotivated, incompetent or both” (p. 133). OCC is a new and emerging facet of organizational cynicism in organizational change literature (Liegman, 2015). It develops through individuals’ experience of success or failure of organizational change (Brown and Cregan, 2008, p. 669; Wanous et al., 2000).

Thus, OCC is a form of work cynicism specifically directed at an organizational change effort, such as new leadership tactics and organizational restructuring. If an employee has a high level of OCC, he or she may think that either the change itself is bogus and dubious or
the efforts made by leaders are not sincere or the leaders responsible for such changes lack morality, integrity and competence (Barton and Ambrosini, 2013). OCC develops from unfavorable experiences related to change initiatives in organizations, but may be altered by leadership practices aimed at promoting environments of involvement and participation in decision making (Brown and Cregan, 2008). Recently, there has been an increase in interest in academic research of OCC (Barton and Ambrosini, 2013). Rates of organizational change have risen because of increasing global competition. This situation may raise employee OCC, as they may feel that such change is “a program of a month”, thus undermining leaders’ efforts to make changes unsuccessful (Armenakis and Harris, 2009).

Stanley et al. (2005) have defined OCC as “disbelief of management stated implied motives for a specific organizational change” (p. 436). This may trigger negative attitude toward organizational change (Chiaburu et al., 2013). Two elements are involved. First, employee term the change program as “futile” (Reichers et al., 1997) as cited by Brown and Cregan (2008) and second, the leaders of change program are blamed for any failure of change initiative (Brown and Cregan, 2008). When employees feel that organizational leaders lack morality, integrity, righteousness, truthfulness, impartiality in actions, honesty and sincerity, they tend to develop cynicism about the organization and the change process. OCC is not a dispositional trait rather it is developed from the feeling of employees about the integrity of change agents. When employees perceive that senior managers do not put efforts and render support for change, they are likely to develop change cynicism (Bommer et al., 2005; Wanous et al., 2000).

OCC has been shown to have a negative impact on employee attitudes and behaviors regarding organizational change initiatives. Wanous et al. (2000) found that OCC negatively impacted motivation to support a change and organizational commitment and increased the chance that an employee would file a labor grievance. Stanley et al. (2005) found that OCC was positively related to the likelihood that an employee would resist a planned change. There is evidence for the impact of OCC outside of Western contexts as well. A study from a Pakistani context showed that organizational cynicism was negatively related to the quality of work life (Yasin and Khalid, 2015). Employees who feel cynicism regarding organizational work context are less optimistic regarding the success of any change initiative and put less efforts.

OCC has also been shown to influence how other factors influence change-related outcomes. For example, Bashir and Nasir (2013) studied a sample of Pakistani hotel employees and found that the relationship between employees’ perceptions of breach of psychological contract and commitment towards unions was mediated by OCC, even when controlling for collectivism. A recent study of 701 middle managers from UK high-tech organizations investigated perceptions of middle managers regarding strategy commitment. The study investigated the moderating role of OCC between strategy commitment and its antecedents, i.e. participation, procedural justice and senior management support. Results reveal that OCC moderates the positive relationship between senior management support for strategy and middle managers’ strategy commitment such that when middle managers feel that senior managers lack motivation and competence regarding strategy implementation they are less likely to engage in pro-change behaviors or supporting and facilitating the implementation of organizational change (Barton and Ambrosini, 2013).

OCC is caused by a number of factors such as economic downturn, layoffs, wage differentials and corporate scandals (Bommer et al., 2005), as well as perception of unfairness, distrust in organizational policies and practices. OCC is a state like attitude affected by context and may respond to change interventions initiated by leaders (Bommer et al., 2005, p. 736). In the view of Reichers et al. (1997), change cynicism arises when
employees feel that change initiative is useless and inappropriate and/or they do not have faith in the leaders who are responsible for such changes. When employees feel that their leaders’ sympathy and sincerity is fake, they develop cynicism and dissatisfaction (Smollan and Parry, 2011, p. 453). Authentic leaders as Norman et al. (2005) argue will transfer hope and optimism to their followers through their positive leadership which in turn will decrease cynicism of followers about change (Williams et al., 2012).

**Authentic leadership and organizational change cynicism**

Research suggests that authentic leadership negatively correlates with organizational cynicism and positively correlates with organizational identification (Laschinger and Fida, 2013). In organizational change literature, the importance of organizational justice perceptions is also recognized by various authors. In a study conducted in the USA, durable goods manufacturing company undergoing a restructuring, it has been revealed that organizational justice positively contributed to affective commitment to change, whereas organizational cynicism moderated the relationship between justice perception and change commitment (Bernerth et al., 2007). Results indicated that interaction terms of all three dimensions of organizational justice and cynicism showed unique variance beyond main effect of each dimension on cynicism. Interaction plot indicated that employee perception of fairness in decision-making mitigated cynical feelings.

Leaders also play a greater role in mitigating the effects of change cynicism on organizational outcomes (Bommer et al., 2005). Previous studies show that employee perception of authentic leadership was negatively related to organizational cynicism (Tabak et al., 2013). Authentic leaders are supposed to model the behaviors which are characterized by integrity and honesty. They say exactly what they mean to say (Walumbwa et al., 2008). This alignment between words and deeds is called behavioral integrity and the same is regarded as behavioral transparency in the authentic leadership questionnaire (ALQ). A survey of 412 full-time officers working in marketing division of large public sector petroleum company of India revealed that employee perceptions of senior leaders’ behavioral integrity was negatively related with organizational cynicism (Kannan-Narasimhan and Lawrence, 2012). In a study of 687 correctional officers working in 14 prisons of Canada revealed that transformational leaders increase the feelings of empowerment in employees which lessens the cynicism toward change (DeCelles et al., 2013). Results show that transformational leadership was negatively related to change cynicism at employee level and change climate at organizational level. A negative relationship for cynicism was found with organizational commitment.

These authors also suggested to study leadership styles other than transformational leadership (e.g. Authentic leadership) in combination with Herscovitch and Meyer (2002) commitment to change scale (DeCelles et al., 2013, p. 167) in health-care organizations. Mantler et al. (2015) studied the role of cynicism in determining turnover intention and actual turnover in hospital staff nurses in Ontario, Canada, and found that cynicism develops in reaction to leaders’ actions. They suggested that authentic leadership is a “driving force” in maintaining conducive environment in patient care and enhance positive work attitudes and decrease cynicism through their effective, honest and frequent communication (Mantler et al., 2015, p. 9). Thundiyil et al. (2015) argue that employees who are more cynical and perceive that their leadership is incapable and dishonest have stronger negative attitudes toward change leadership than people who are resisting the change to maintain the status quo. Also, Albrecht (2010) found that cynicism about change in two health-care organizations was influenced by trust in management, a key element of authentic leadership.
Finally, authentic leadership theory initially developed and validated in Western contexts has been tested and found valid in Asian developing countries like Pakistan (Adil and Kamal, 2016; Bakari and Hunjra, 2017; Khilji et al., 2015; Zubair and Kamal, 2015). It has also been tested in Pakistani health sector organizations with a special focus on its relationship with behavioral support for change and readiness for change (Bakari et al., 2017b; Bakari et al., 2017a). Authors posited that impact of authentic leadership on readiness for change or commitment to change may be moderated by cynicism about change, as more cynical people may be less willing to commit to change (Bakari et al., 2017a, p. 177). Thus, there is a need to empirically assess the relationship among authentic leadership, OCC and commitment to change. Pulling this discussion of authentic leadership, cynicism about change and commitment to change together, we hypothesize that (Figure 1):

H2. Among Pakistani health-care workers, change cynicism will moderate the relationship between authentic leadership and commitment to change such that higher level of authentic leadership will be more positively related to commitment to change when cynicism is lower than when cynicism is higher.

Methodology
For selection of a suitable context for this study, internet search was conducted, as information regarding the majority of the recurring changes in organizations was disseminated either through the internet, newspaper or television coverage (Cunningham, 2006, p. 36). An internet search revealed that different government departments were undergoing changes; most significant among these was privatization of more than 113 health facilities to private entities under public–private partnership (Staff Reporter, 2015). This context was selected, as the health sector is thought to be a very relevant context for authentic leadership and burnout research (Mantler et al., 2015, p. 9). Moreover, five hospitals among these facilities were unionized and doctors and para medical staff of some hospitals were continuously agitating against these proposed changes. Unionized organizations are again thought to be more sensitive to privatization (Brown and Cregan, 2008) especially in Pakistan (Aslam et al., 2015; Bashir and Nasir, 2013).

Five hospitals were invited to participate in our study because these were district hospitals with a larger number of health-care professionals being impacted by the

![Figure 1. Conceptual framework](https://via.placeholder.com/150)
privatization restructuring, thus providing us with a larger potential sample size within each organization. We visited the heads of the five district hospitals and also met their union leaders to explain the objectives of the study and assure them that our research was purely academic in nature and we were not allied with any side of the political debate regarding privatization. Initially, all five district hospitals agreed to participate, but one of the five later changed their mind, leaving us with four in the study. Initially, 280 responses were received from three hospitals out of 350 sealed questionnaires distributed through personal visit paid to medical superintendent of hospital for doctors and union representatives for para medical staff including nurses. Later on, a fourth hospital also forwarded 40 responses out of 65 total questionnaires sent. This hospital was recently upgraded to district hospital. A total of 271 responses were found usable and used in data analysis yielding response rate of 65 per cent. Lower response rates may be attributed to increasing professional engagement of physicians and other related staff (Laschinger et al., 2016) and it may be specific to Pakistan where employees are not willing to share information related to sensitive issues (Bakari et al., 2017a; Baraldi et al., 2010).

As we planned to use confirmatory factor analysis (CFA) and SEM to test our model, we also had to assess that our sample size was adequate. Traditionally, a rule of thumb standard of 5-10 data points per parameter estimate has been regarded as adequate (Bollen, 1989). Given the parameters of our model, by this standard, our sample size should be at least $N = 160$. More recently, Wolf et al. (2013) found that CFA/SEM sample size adequacy (in terms of statistical power, bias of estimates and solution convergence) is a function of factors such as the number of parameters being estimated and variance explained by the model in the dependent variable, in this case, commitment to change. Based on their analysis, we estimate that we needed a sample size of roughly 190. Therefore, while there is no hard-and-fast rule that has been definitively developed; our sample size of $N = 271$ would appear to be adequate for our purposes.

Measures

Authentic leadership was measured using the 16-item scale developed and validated by Walumbwa et al. (2008). This measure has been validated in numerous cultural contexts and is the most widely used measure of authentic leadership (Gardner et al., 2011). Responses were recorded on five-point Likert scale (1 for strongly disagree and 5 for strongly agree). Two sample items include “my immediate boss says exactly what he or she means” and “my immediate boss tells you the hard truth”. Cronbach’s alpha for 16-item ALQ was 0.93.

Commitment to change was measured using 18-item scale developed by Herscovitch and Meyer (2002) that taps affective, normative and continuance commitment to change. Sample items include “I believe in the value of this change” and “I feel a sense of duty to work toward this change”. This is the most-cited measure of commitment to change in the literature, and its validity has been assessed and generally upheld in meta-analytic research (Bouckenooghe et al., 2014). Cronbach’s alpha for 18-item commitment to change scale was 0.88. In studies where the overall level of commitment is of interest and not the three specific subdimensions, it can be appropriate to combine the three scales in to a single overall measure of commitment (Mitchell et al., 2001).

Cynicism about change was measured using four items from Wanous et al. (2000). They validated this measure via CFA, and an analysis of its nomological net. According to Google Scholar, this study has been cited over 500 times since its publication. Sample items include the following:

- I believe that most of the programmes that are supposed to solve problems in the hospital will not do much good; and
I feel that suggestions on how to solve problems would not produce much real change.

Thundiyil et al. (2015) in their recent study reported Cronbach’s alpha of 0.87 for four-item scale. Cronbach’s alpha for four-item scale used in this study was 0.82.

**Analysis and results**

Before hypothesis testing, the construct validity of cynicism about change was established through CFA. Factor loadings, average variance extracted (AVE) and composite reliability (CR) were calculated by using a formula suggested by (Fornell and Larcker, 1981). The results of CFA reveal that for the four-item cynicism about change scale (Wanous et al., 2000), CYN2 item loaded on the highest load factor (0.887), whereas CYN4 carried the lowest load factor (0.467) (Table I).

Cynicism about change was included in this study as a moderator between authentic leadership and commitment to change. Items of cynicism constructs were retained for the further analysis on the basis of their factor loadings greater than 0.5. The AVE value for cynicism is 0.55 and value of CR is 0.82 for cynicism which thus indicates construct validity. Values of model fit indices are summarized in Table II. Model fit indices after covarying items 3 and 4 show good fit of model to the data. Chi square value for cynicism about change (2.104; \( p < 0.000 \)) indicate good fit. CFI value for cynicism is greater than 0.95, thus indicating excellent fit, (0.99). Value of GFI for cynicism is 0.99 (>0.95). RMSEA for cynicism is (0.064). Thus, it indicates that construct shows excellent model fit.

**Hypothesis testing**

Before moderation analysis, all the study variables were mean-centered following Aiken and West (1991). We created three SEM models to check moderation of cynicism about change following the approach suggested by Baron and Kenny (1986) and Little et al. (2007). The first model assessed the impact of the independent variable on the dependent variable. The second model tested the impact of moderator on dependent variable and third model tested the impact of interaction effect on dependent variable. The first model (Figure 2) reveals that

**Table I.**

<table>
<thead>
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<th>No.</th>
<th>Items</th>
<th>Factor loadings</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Cyn1</td>
<td>0.788</td>
</tr>
<tr>
<td>2.</td>
<td>Cyn2</td>
<td>0.887</td>
</tr>
<tr>
<td>3.</td>
<td>Cyn3</td>
<td>0.752</td>
</tr>
<tr>
<td>4.</td>
<td>Cyn4</td>
<td>0.467</td>
</tr>
</tbody>
</table>

**Table II.**

<table>
<thead>
<tr>
<th>Factors</th>
<th>Values</th>
<th>Factors</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMIN</td>
<td>2.104</td>
<td>Df</td>
<td>1</td>
</tr>
<tr>
<td>Chi-square</td>
<td>2.1041</td>
<td>( p )-value</td>
<td>0.000</td>
</tr>
<tr>
<td>AGFI</td>
<td>0.96</td>
<td>GFI</td>
<td>0.99</td>
</tr>
<tr>
<td>TLI</td>
<td>0.98</td>
<td>CFI</td>
<td>0.99</td>
</tr>
<tr>
<td>RMSEA</td>
<td>0.064</td>
<td>RMR</td>
<td>0.020</td>
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authentic leadership positively related to commitment to change ($\beta = 0.426; p < 0.001$), thus $H1$ is accepted. Second model which combined cynicism about change (moderator) with authentic leadership revealed a negative relationship of cynicism about change with commitment to change ($\beta = -0.410; p < 0.001$). The third model indicated that the interaction term between authentic leadership and cynicism about change was negatively related to commitment to change ($\beta = -0.10; p < 0.001$).

Moreover, simple slope analysis was also carried out, which indicates that cynicism about change moderates the positive relationship between authentic leadership and commitment to change such that when people felt that their leaders showed a higher level of authentic leadership, if they had lower cynicism about change, they experienced a greater level of commitment to change. Thus, $H2$ is also accepted (Figure 3 and 4).

Fit indices for third model including control variables were better than other two models. Chi square value was ($2.403; p < 0.05$), CFI value was 0.945 close to the threshold of 0.95. GFI and AGFI were 0.983 and 0.940, respectively, showing excellent fit. RMSEA value (0.072) is also within acceptable range (i.e. less than 0.08; Kline, 2015). Overall, model fit indices support the validity of moderating model, as the values obtained either meet or surpass the threshold as suggested by Byrne (2016); Hair et al. (2006) (Figure 5).

**Discussion**

In their recent review of authentic leadership in health-care organizations, Malila et al. (2017) argued that while much progress has been made in understanding the efficacy of authentic leadership in health settings, important tasks remained to be done. They argued that while direct effects between authentic leadership and some outcomes have been empirically verified, one important undone task was testing the role of factors that may moderate the impact that authentic leadership has on outcomes in health organizations. These authors also noted that the clear preponderance of extant studies have taken place in Western
health-care settings, and that more research needs to be conducted to understand how authentic leadership impacts on work outcomes in health organizations located in non-western contexts. This study answers this call by exploring the interplay among authentic leadership and OCC on how health-care employees in Pakistani hospitals experience commitment to organizational change initiatives proffered by management.

Specifically, this study tested the moderating role of cynicism about change between authentic leadership and commitment to change in Pakistani hospital settings. H1 proposed a positive impact of authentic leadership on commitment to change was supported through the results of structural equation modeling. This confirms previous studies which found a positive relationship between authentic leadership and various foci of commitment such as affective organizational commitment (Gatling et al., 2016; Leroy et al., 2012; Semedo et al., 2016), organizational commitment (Guerrero et al., 2014; Rego et al., 2016; Tak and Roh, 2016), affective commitment to change (Bakari et al., 2017b) and commitment to teams
This study extends the knowledge base by demonstrating a positive link between authentic leadership and commitment to organizational change in Pakistani hospitals undergoing privatization. Authors such as Williams et al. (2012) who tested cynicism about change and authentic leadership in crises perceptions in the context of American presidential elections stressed the need to test authentic leadership in the context of organizational change in relation with cynicism about change. Agote et al. (2016, p. 2) argue that authentic leadership, a relatively new construct, has rarely been tested in organizational change context although the relevance of leader authenticity and integrity in the development of employee supportive behaviors exist in theory and practice (Kannan-Narasimhan and Lawrence, 2012; Lin and Leung, 2014).

\[ H2 \] was related to the moderating role of cynicism about change between authentic leadership and commitment to change. The results of this study supported our hypothesis such that authentic leadership is more positively related to commitment to change when cynicism is lower than when it is at a higher level. This finding is consistent with previous literature such as Barton and Ambrosini (2013) who found support for the moderating role of cynicism about change in relationship between support from senior management and strategy commitment of middle managers. Another study from Korean health sector organizations found that transformational leadership was negatively related to cynicism about change. Cynicism about change mediated the link of leadership and organizational commitment (Lee et al., 2016). As authentic leaders provide equal opportunities to employees to speak their mind in decision-making process (Avolio et al., 2004; Walumbwa et al., 2008), recent research found that employee participation in decision-making is related to decreased level of cynicism about change (Brown and Cregan, 2008). In Pakistani context too, participation in decision-making and employee trust in their leaders are found to be important sources that mitigate the negative effects of cynicism about change (Aslam et al., 2016). This study is strong contribution in this regard, as we have found support for authentic leadership in the context of cynicism about change and commitment to change, a key precursor to employee support of change initiative. Our findings suggest that authentic leadership may have benefits for managers of health-care organizations in Pakistan that are seeking to motivate health-care staff to support change initiatives.

A recent article which discussed remedies to cynicism about change has stressed the role of management credibility and authentic leadership in mitigating cynicism about change (Schraeder et al., 2016). This study supports their notion that authentic leadership may work as an important remedy to this organizational malady such as cynicism about change such that when leaders of health-care organizations show greater level of authentic leadership, they may be able to decrease level of cynicism about change and enhance commitment to change among health workers. Moreover, Mantler et al. (2015) considered authentic leadership as “driving force” in ensuring positive organizational behavior in patient care; this study has answered their call for testing authentic leadership as source of mitigating the negative consequences of cynicism about change in health sector organizations (Mantler et al., 2015, p. 9).

As regard, managerial implications for privatization of public sector organizations of Pakistan are concerned, results of this study suggest that cynical employees are a major hindrance to adoption of organizational changes in the form of commitment to change. As employees who lack commitment to change may oppose that change; it is important that hospital administrators reduce cynicism about change to allow authentic leadership to be effective. However, if hospital leaders act truly and fairly, they can mitigate the negative repercussions of cynicism about change (Bernerth et al., 2007, p. 319). As cynicism about change is a malleable construct (Fleming, 2005), leaders of organizational change must
strive to train their employees to reduce their cynicism. In this regard, providing feedback to them, keeping them abreast of likely consequences of change and resolving the issues related to job insecurity may serve the purpose (Aslam et al., 2016).

In summary, the important practical implications of this finding are as follows: First, our findings suggest that managers in hospitals and other health-care facilities who are contemplating significant restructuring or other changes in their units should develop their authentic leadership skills because authentic leadership tends to prompt higher levels of commitment to change, which is itself an important predictor of employee willingness to exert efforts to implement planned organizational change activities (Jaros, 2010). Second, when using an authentic leadership style, health-care leaders should also take steps to reduce cynicism about change among their charges because employees who have lower levels of cynicism about change will tend to experience even higher levels of commitment to change than employees who are more cynical about the change effort.

Finally, our study shows that among Pakistani health-care professionals, authentic leadership, while typically a powerful determinant of commitment to change, has a significantly lower impact in that regard when “followers” are cynical about the change effort. Therefore, our findings suggest that it is important that leaders make a persuasive and compelling case for the necessity, or at least desirability, for the proposed changes rather than attempt to impose them dictatorially or without a convincing rationale. This implies the need to use authentic leadership in an ongoing manner, that is, during relatively stable times as well, as consistent use of authentic leadership has been shown to create goodwill and positive “leader-member exchange” relations between managers and subordinates, which provides a basis for subordinates trusting leader explanations when the latter claim that changes are necessary (Malila et al., 2017).

Is it possible that our findings are context-specific, that is, limited to the Pakistani health-care system? Yes, but as has been noted, there has been a paucity of research on the impact of authentic leadership in non-Western settings. Our study thus acts as a partial corrective, filling in “blind spots” in the extant literature by testing the efficacy of authentic leadership in a non-Western environment. By building up a data base of studies from both Western and non-Western settings, the field as a whole can develop a clearer picture about what kinds of leadership practices help facilitate change efforts in health-care settings around the globe.

Importantly, the usual pattern in global validation of leadership-in-health-care constructs (and in leadership studies more generally) is that a proposition is first tested in a Western setting, usually the USA, and then is “cross-culturally validated” in non-Western areas (Malila et al., 2017). This may reflect a reticence on the part of non-Western researchers, particularly third-world scholars, to test concepts that yet to have been judged valid in Western intellectual circles. But in this case, a Pakistani study is taking the lead in testing a new health-care leadership hypothesis. This should happen more often, as it is just as valid to originate research in non-Western environments and then cross-validate them in Western settings as it is to do the reverse. We hope our study serves as a small encouragement for researchers in non-Western environments to take the initiative in testing new propositions about leadership in health-care organizations, rather than waiting for them to first be tested in Western settings. In this case, we call on researchers in Western countries to test the hypotheses we assessed in Pakistan to determine if they hold true in North America and Europe. Our findings indicate that perhaps health-care leaders in these Western locales can benefit from combining authentic leadership and reduced cynicism about change as well.

This study has theoretical implications that go beyond the specificity of our research setting. Schraeder et al. (2016) reviewed the literature of the causes and consequences of organizational cynicism. The authors also suggest some remedies to prevent cynicism. They
place “management credibility” and authentic leadership as major source to mitigate the negative consequences of cynicism about organization and surely about organizational change (Schraeder et al., 2016, pp. 10-12). This study, by testing authentic leadership and cynicism as predictor of commitment to change has provided evidence of relevance of leaders’ credibility and authenticity as possible buffer to employee cynicism about change.

This study also has implications for the nature of the Meyer and Allen model of work commitment. As mentioned above, Allen and Meyer (1990) developed measures for three bases of organizational commitment: affective, normative and continuance. Typically, in studies that focus on the organization as the target of employee commitment, these bases are treated as separate constructs. This work is the basis for the commitment to change constructs developed by Herscovitch and Meyer (2002). But our study shows that, at least with regard to the change foci, these three bases can be reliably combined to create a single global commitment construct. Importantly, the reliability score for the combined 18-item commitment scale was higher ($a = 0.88$) in this study than has been reported for the separate affective, normative and continuance commitment to change scales studied in East Asian contexts (Kalayal et al., 2007), as this suggests that the three sub-scales do in fact, collectively, tap the overall “binding force” of commitment as theorized by Allen and Meyer (1990). Future research should test other aspects of the efficacy of treating the Herscovitch/Meyer change commitment constructs separately or collectively in empirical research.

This study is not free from limitations. One limitation is its causal design. Cynicism as proposed is a malleable construct and is developed and affected by individual experiences of context, therefore it may better be explored through longitudinal studies. Such evidence of transformational leadership in mitigating cynicism about change has been presented by Bommer et al. (2005); in a longitudinal study, we propose that a relationship between authentic leadership and cynicism about change warrant longitudinal analysis to explore possible mitigating effect of authentic leadership on cynicism about change and to assess if authentic leadership may moderate the relationship between cynicism about change and commitment to change as these dynamics unfold over time. Also, our findings are derived from a study of four out of five district hospitals undergoing a specific type of privatization restructuring (Staff_Reporter, 2015). Major reason to approach these hospitals was that these were having more doctors, nurses and other staff (50 to 200 employees) than lower level hospitals (less than 20 employees) working in rural areas and were scattered across vast geographical area. While these hospitals provided what we believe is an adequate number of settings to generate sufficiently representative data to test our propositions, it is possible that had we studied other lower level hospitals or health-care facilities, setting-specific differences could have produced different results. We encourage additional research in other health facilities undergoing different changes processes to flesh out our understanding of the leadership relationships assessed in this study.

This study provides evidence that authentic leadership may prove to be an even more useful leadership style in the context of organizational change if cynicism about change can be effectively managed. Leaders’ authenticity may alter individual experiences by developing trust in their leaders and may be an important indicator of support for organizational change. This is equally relevant for privatization context prevalent in Pakistan where evidence of corruption and fraud are rampant. Authentic leadership may increase positive behavior in the workplace in Pakistani public sector organizations.

Compliance with ethical standards

Funding: There was no funding used for this study.
Ethical approval: This article does not contain any studies with animals performed by any of the authors. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

References


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