

Factors related to organizational silence in nurses working in a university hospital

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Abstract

Organizational silence is a situation in which employees consciously do not share their concerns and opinions about organizational problems with the management team and keep these problems to themselves. The researchers conducted this study to determine the factors related to organizational silence in nurses working in a university hospital. The researchers carried out the study with 219 nurses working in a university hospital and willing to take part. In the study, the researchers collected the data using an 18-question survey that determined the professional characteristics of nurses and the Organizational Silence Scale developed by Çakıcı. For data analysis, the researchers used percentage calculation, the Kruskal-Wallis test, and the Mann-Whitney U test. The researchers found that the nurses obtained the highest score from the Organizational Silence Scale "Ethics and Responsibilities" subscale in the "Subjects which Employees Remain Silent about" part. In line with the findings, the researchers recommended that the organizational silence status of nurses be evaluated periodically.

Keywords: Nursing; organizational silence; workplace environment.

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1. Introduction

Silence indicates withdrawal, lack of self-confidence and introversion in psychology, and lack of oral expression, passiveness, and social oppression in sociology [1]. It is possible to define organizational silence as conscious nonexpression, filtration, or oppression of experiences and knowledge of employees that may contribute to the development and improvement of service, as well as their suggestions, opinions, and views due to a variety of reasons [2]. The relevant literature reports that nurses employed in the private and public sectors have developed an attitude of remaining silent as a behavior pattern against problems and unpleasant situations in recent years [3,4].

Although there is a need for establishing a coherent relationship between organizations and employees and a harmonized workplace environment to attain success, employees usually choose behaviors or policies which stimulate them to remain silent either consciously or unconsciously. Even though the behavior of employees remaining silent used to be perceived as orientation with the workplace environment in the past, today these behaviors are accepted to have reaction and withdrawal [5]. In line with the changing and developing conditions of social, economic, and business life, employees use silence as a reaction and an option of withdrawal when they are unable to make their voice heard and have power [6-8]. This behavior pattern arises from the belief that it is not useful to talk about organizational issues and it is risky to share opinions and views [9]. Organizational silence is one of the most commonly used reactions in organizations that cannot achieve collaboration, sharing, and teamwork [10,11].

In medical institutions, it is of prime importance to create a participative and democratic workplace environment that prioritizes communication, relationship style, and the human factor. The inadequacy of the number of nurses increases worldwide each day. Variables such as work commitment, the importance of work, interpersonal relations in the workplace, supervisor-subordinate relationships, work-family conflict, and autonomy perceptions may affect the job satisfaction and performance of nurses [12]. In addition, there is a close link between communication and organizational silence. In workplace environments dominated by a participative organizational climate, medical staff may clearly express their thoughts within the frame of self-confidence. Sometimes, however, organizational silence may appear although it is not desired [13,14].

Organizational silence may result in an inability to talk about problems and clearly express opinions and a decrease in job satisfaction, commitment, and motivation [15]. This may threaten the psychological health of employees and create a sense of worthlessness and cognitive dissonance in individuals. Also, decreases in spirit, commitment, and motivation will make it difficult for employees to adapt to changes experienced within the organization and cause a decrease in work quality over time [12].

In organizations where employees remain silent about issues related to work and process, mistakes may be ignored and managers may be destitute of significant information about the workplace environment [12, 16]. In medical institutions, silence may lead to negative situations with irreversible, ethical, and conscientious liabilities [17,18]. On the other hand, an overabundance of workload related to service delivery in medical institutions may decrease the communication between healthcare professionals and lead to medical errors [2].

It is possible to classify factors causing organizational silence under four titles individual, administrative and organizational, environmental and cultural, and fear-related reasons [14,19]. In medical institutions, it is believed to be crucial to determine the factors related to organizational silence behavior in nurses to offer efficient, productive, and quality healthcare service. In line with the findings obtained from the current study, the researchers will develop appropriate suggestions and strategies for medical institutions and nursing services managers.

1.1. Purpose of the Study

The present study aimed to determine the factors related to organizational silence behavior in nurses. The study sought answers to the following questions:

- What are the sociodemographic and professional characteristics of nurses?
- What is the organizational silence level of nurses?
- What are the factors related to organizational silence behavior in nurses?

2. Materials and Methods

2.1. Participants

The researchers conducted the descriptive correlational study with nurses working in a university hospital in the Central Black Sea Region, which is in the North of Turkey between 25 July and 25 September 2022. The study used the improbable sampling method. The target population of the study comprised a total of 800 nurses working in the aforementioned hospital. The researchers calculated the sample number to represent the target population to be 216 nurses with a 95% confidence interval and 5% error. Considering possible data loss, the researchers completed the data collection process when they reached 219 nurses. The study included nurses who were aged 18 years and above, were female or male, and agreed to take part.

2.2. Data Collection Tools

In the study, the researchers collected the data using the Organizational Silence Scale via a survey form including 18 questions about the sociodemographic and professional characteristics of nurses. The researchers carried out the study voluntarily and received oral informed consent from the nurses. Developed by Çakıcı [20], the Organizational Silence Scale was a five-point Likert scale with a total of 86 items and three parts. The first part of the scale, "Subjects which Employees Remain Silent about", had 26 items and five subscales. The second part of the scale, "Reasons for Remaining Silent", had 31 items and five subscales. The third part of the scale, "Possible Outcomes of Silence" had 29 items and three subscales. The scale was evaluated based on mean subscale scores and total scores. As the score obtained from the scale increased, the individual's level of organizational silence increased. The present study used the "Subjects which Employees Remain Silent about" and "Reasons for Remaining Silent" parts of the scale to determine the level of organizational silence in nurses. Table I demonstrated the information about Cronbach's Alpha reliability coefficient of the scale.

TABLE I
THE CRONBACH'S ALPHA RELIABILITY COEFFICIENTS OF THE ORGANIZATIONAL SILENCE SCALE

The "Subjects which Employees Remain Silent about" Part Subscale	The Cronbach's Alpha
1. Ethics and Responsibilities	0.874
2. Management Problem	0.901
3. Employee Performance	0.697
4. Amendment Efforts	0.796
5. Working Opportunities	0.786
The "Reasons for Remaining Silent" Part Subscale	The Cronbach's Alpha
1. Administrative and Organizational Reasons	0.957
2. Issues about Work	0.849
3. Lack of Experience	0.749
4. Fear of Isolation	0.877
5. Fear of Damaging Relationships	0.795

2.3. Ethical consideration and Data Collection

In the study, the researchers collected the data by interviewing the nurses face-to-face. The researchers informed the nurses that they were free to take or not to take part in the study, their names would not be written on the survey form and the data to be collected from the study was to be used only within the scope of the study. It took nearly ten minutes to collect the data.

2.4. Data Analysis

The researchers analyzed the study data using the SPSS 21.0 package program in the computer environment. They examined the normality test of the quantitative data via the Kolmogorov-Smirnov test. In data evaluation, the researchers used percentage calculation, the Kruskal Wallis test, and the Mann-Whitney U test. The researchers presented the results with frequency, percentage, median, minimum, and maximum values. They set the significance level at $p < 0.05$.

3. Results

Table 2 demonstrated the distribution of sociodemographic characteristics of the nurses who took part in the study.

TABLE II
THE DISTRIBUTION OF SOCIODEMOGRAPHIC CHARACTERISTICS OF THE NURSES

Characteristics	n	%	
Age groups	20-25 years	21	9.6
	26-30 years	59	26.9
	31-35 years	81	37.0
	36 years and above	58	26.5
Gender	Female	196	89.5
	Male	23	10.5
Marital status	Married	168	76.7
	Single	51	23.3
Educational status	Vocational school of health	76	34.7
	Associate degree	15	6.8
	Undergraduate education	126	57.5
	Master's degree	1	0.5
	Doctorate	1	0.5
Family type	Extended family	108	49.3
	Nuclear family	111	50.7
Number of children	1	54	33.5
	2	76	47.2
	3	30	18.6
	4	1	0.6
Total	219	100	

Of the nurses who took part in the study, 37.0% were aged 31 to 35 years, 89.5% were female, 76.7% were married, 57.5% had a bachelor's degree and 50.7% had a nuclear family structure (Table II).

Table III demonstrated the distribution of professional characteristics of the nurses who took part in the study.

TABLE III
THE DISTRIBUTION OF PROFESSIONAL CHARACTERISTICS OF THE NURSES

Characteristics	n	%	
Service worked	Surgical units	97	44.3
	Internal units	76	34.7
	Other units	46	21.0
Duty in the service	Service nurse	209	95.4
	Chief service nurse	10	4.6
Years of employment in nursing	1-7 years	93	42.5
	8-14 years	90	41.1
	15 years and above	36	16.4
Years of employment in the hospital	1-6 years	64	29.2
	7-12 years	117	53.4
	13 years and above	38	17.4
Years of employment in the service	1-5 years	65	29.7
	6-10 years	111	50.7
	11 years and above	43	19.6
Total number of nurses in the service	1-12 nurses	80	36.5
	13-24 nurses	85	38.8
	25 nurses and above	54	24.7
Working status in the hospital	Staffed	188	85.8
	Contracted	31	14.2
Manner of work	Always day shift	84	38.4
	Shift	135	61.6
State of choosing the profession willingly	Yes	170	77.6
	No	49	22.4
State of liking the profession	Likes	142	64.8
	Does not like	47	21.5
	Undecided	30	13.7
State of being satisfied with the service	Satisfied	75	34.2
	Partly satisfied	119	54.3
	Not satisfied	25	11.4
State of choosing the department willingly	Yes	124	56.6
	No	95	43.4
	Total	219	100.0

Of the nurses who took part in the study, 44.3% worked in surgical units, 95.4% worked as a service nurse, 42.5% had been working for one year to seven years, 53.4% had been working in the hospital for seven to twelve years, 50.7% had been working in the service for six to ten years, 85.8% were staffed and 61.6% worked in the shift. Of the nurses, 64.8% liked the profession, 56.6% had chosen the service willingly and 54.3% were partly satisfied with the service (Table III).

TABLE IV
THE MEAN ORGANIZATIONAL SILENCE SCALE SCORES RELATED TO THE SUBJECTS IN WHICH EMPLOYEES REMAIN SILENT ABOUT AND THE REASONS FOR REMAINING SILENT PARTS

Subjects that Employees Remain Silent about	Mean (Minimum-Maximum)
Total	92(23-115)
Subscales	
• Ethics and Responsibilities	29(7-35)
• Management Problem	24(6-30)
• Employee Performance	11(3-15)
• Amendment Efforts	16(4-20)
• Working Opportunities	12(3-15)
Reasons for Remaining Silent	Mean (Minimum-Maximum)
Total	123 (34-150)
Subscales	
• Administrative and Organizational Reasons	53(13-65)
• Issues about Work	25(9-30)
• Lack of Experience	17(5-20)
• Fear of Isolation	16(4-20)
• Fear of Damaging Relationships	12(3-15)

Table IV demonstrated the scores of the nurses related to the Organizational Silence Scale Subjects which Employees Remain Silent and Reasons for Remaining Silent parts. The mean total Subjects which Employees Remain Silent about part score was 92(23-115). The mean Subjects which Employees Remain Silent about part Ethics and Responsibilities subscale score was 29(7-35). The mean Management Problem subscale score was 24(6-30). The mean Employee Performance subscale score was 11(3-15). The mean Amendment Efforts subscale score was 16(4-20). The mean Working Opportunities subscale score was 12(3-15) (Table IV).

The mean total Reasons for Remaining Silent part score was 123 (34-150). The mean Reasons for Remaining Silent part Administrative and Organizational Reasons subscale score was 53(13-65). The mean Issues about Work subscale score was 25(9-30). The mean Lack of Experience subscale score was 17(5-20). The mean Fear of Isolation subscale score was 16(4-20). The mean Fear of Damaging Relationships subscale score was 12(3-15) (Table IV).

Table V demonstrated the comparison of sociodemographic characteristics of the nurses and their mean Organizational Silence Scale Subjects which Employees Remain Silent about part subscale scores. The mean *“Ethics and Responsibilities”* score of the nurses showed a statistically significant difference according to age group ($p=0.013$, $\chi^2= 10.804$), educational status ($p=0.001$, $\chi^2= 20.781$), family type ($p=0.001$, $U=4301.50$) and several children ($p=0.013$, $\chi^2= 10.707$). The mean *“Management Problem”* score of the nurses showed a statistically significant difference according to age group ($p=0.020$, $\chi^2= 9.891$), educational status ($p=0.004$, $\chi^2= 15.642$), and family type ($p=0.001$, $U=4222.00$). The mean *“Employee Performance”* score of the nurses showed a statistically significant difference according to educational status ($p=0.005$, $\chi^2= 15.011$) and family type ($p=0.002$, $U=4575.50$). The mean *“Amendment Efforts”* score of the nurses showed a statistically significant difference according to age group ($p=0.001$, $\chi^2=17.286$), educational status ($p=0.001$, $\chi^2=22.426$), and family type ($p=0.001$, $U=3482.0$). The mean *“Working Opportunities”* score of the nurses showed a statistically significant difference according to age group ($p=0.004$, $\chi^2= 13.30$), educational status

($p=0.001, \chi^2= 29.20$), family type ($p=0.018, \chi^2= 10.078$) and several children ($p=0.018, \chi^2= 10.078$) (Table V).

Table VI demonstrated the comparison of professional characteristics of the nurses and their mean Organizational Silence Scale Subjects which Employees Remain Silent about part subscale scores. The mean "*Ethics and Responsibilities*" score of the nurses showed a statistically significant difference according to years of employment in nursing ($p=0.004, \chi^2= 11.100$), years of employment in the hospital ($p=0.012, \chi^2= 8.785$), years of employment in the service ($p=0.030, \chi^2= 6.994$), the total number of nurses in the service ($p=0.032, \chi^2= 6.893$), working status in the hospital ($p=0.027, U=2077.50$) and state of being satisfied with the service ($p=0.003, \chi^2= 11.933$). The mean "*Management Problem*" score of the nurses showed a statistically significant difference according to duty in the service ($p=0.003, U=467.00$), years of employment in nursing ($p=0.008, \chi^2= 9.6129$), years of employment in the hospital ($p=0.020, \chi^2= 7.841$) and years of employment in the service ($p=0.011, \chi^2= 9.107$). The mean "*Employee Performance*" score of the nurses showed a statistically significant difference according to years of employment in the hospital ($p=0.003, U=1949.0$). The mean "*Amendment Efforts*" score of the nurses showed a statistically significant difference according to years of employment in nursing ($p=0.011, \chi^2=8.981$), years of employment in the hospital ($p=0.008, \chi^2=9.618$), years of employment in the service ($p=0.001, \chi^2=18.873$) and working status in the hospital ($p=0.003, \chi^2=1931.50$). The mean "*Working Opportunities*" score of the nurses showed a statistically significant difference according to years of employment in nursing ($p=0.002, \chi^2= 12.565$), years of employment in the hospital ($p=0.030, \chi^2=7.011$), working status in the hospital ($p=0.014, U=2116.00$) and state of liking the profession ($p=0.018, \chi^2= 8.031$) (Table VI).

TABLE V
THE COMPARISON OF SOCIODEMOGRAPHIC CHARACTERISTICS OF THE NURSES AND THEIR MEAN ORGANIZATIONAL SILENCE SCALE “SUBJECTS WHICH EMPLOYEES REMAIN SILENT ABOUT” PART SUBSCALE SCORES

Characteristics		Ethics and Responsibilities Subscale		Management Problem Subscale		Employee Performance Subscale		Amendment Efforts Subscale		Working Opportunities Subscale	
		Mean (Min-Max)	p Test Value	Mean (Min-Max)	p Test Value	Mean (Min-Max)	p Test Value	Mean (Min-Max)	p Test Value	Mean (Min-Max)	p Test Value
Age groups	20-25 years	27 (11 - 35)b	p=0.013 χ²= 10.804	23 (6 - 30)ab	p=0.020 χ²= 9.891	11 (6 - 15)	p=0.191 χ ² = 4.753	14 (4 - 20)	p=0.001 χ²=17.286	10 (4 - 15)ab	p=0.004 χ²= 13.30
	26-30 years	29 (11 - 35)b		25 (7 - 30)b		11 (3 - 15)		16 (5 - 20)		13 (4 - 15)b	
	31-35 years	30 (7 - 35)ab		25 (8 - 30)b		12 (5 - 15)		16 (6 - 20)		13 (3 - 15)ab	
	36 years and above	26.5 (10 - 35)b		21 (7 - 30)a		11 (3 - 15)		14 (7 - 20)		11 (4 - 15)a	
Gender	Female	29 (7 - 35)	p=0.280 U=1825.50	24 (6 - 30)	p=0.200 U=1887.00	11 (3 - 15)	p=0.291 U=1954.50	16 (4 - 20)	p=0.285 U=1938.50	12 (3 - 15)	p=0.535 U=2077.50
	Male	30 (21 - 35)		25 (13 - 30)		11 (6 - 15)		16 (8 - 20)		13 (6 - 15)	
Marital status	Married	29 (7 - 35)	p=0.419 U=3815.00	25 (6 - 30)	p=0.076 U=3584.50	11 (3 - 15)	p=0.046 U=3504.00	16 (4 - 20)	p=0.078 U=3569.0	12 (3 - 15)	p=0.195 U=3776.00
	Single	28 (9 - 35)		23 (7 - 30)		11 (3 - 15)		15 (6 - 20)		11 (3 - 15)	
Educational status	Vocational school of health	30 (11 - 35)ac	p=0.001 χ²= 20.781	25 (6 - 30)a	p=0.004 χ²= 15.642	12 (5 - 15)a	p=0.005 χ²= 15.011	17 (4 - 20)ac	p=0.001 χ²=22.426	13 (4 - 15)bc	p=0.001 χ²= 29.20
	Associate degree	25 (18 - 32)b		21 (9 - 27)b		9 (7 - 12)b		13 (10 - 19)b		9 (5 - 14)a	
	Undergraduate education	28 (9 - 35)b		23 (7 - 30)ab		11 (3 - 15)ab		15 (5 - 20)b		12 (3 - 15)a	
	Master's degree	7 (7 - 7)bc		10 (10 - 10)ab		6 (6 - 6)ab		9 (9 - 9)bc		3 (3 - 3)ac	
	Doctorate	33 (33 - 33)ab		28 (28 - 28)ab		13 (13 - 13)ab		13(13-13)bc		15 (15 - 15)ac	
Family type	Extended family	30 (9 - 35)	p=0.001 U=4301.50	25 (7 - 29)	p=0.001 U=4222.00	12 (3 - 14)	p=0.002 U=4575.50	17 (5 - 19)	p=0.001 U=3482.0	13 (4 - 15)	p=0.018 χ²= 10.078
	Nuclear family	26 (7 - 35)		21 (6 - 30)		11 (3 - 15)		14 (4 - 20)		11 (3 - 15)	
Number of children	1	30 (7 - 35)b	p=0.013 χ²= 10.707	25.5 (6 - 30)	p=0.058 χ ² = 7.479	12 (3 - 15)	p=0.216 χ ² = 4.453	16 (4 - 20)	p=0.056 χ ² =9.269	12 (3 - 15)ab	p=0.018 χ²= 10.078
	2	28 (13 - 35)ab		24 (9 - 29)		11 (3 - 15)		15 (7 - 20)		12 (4 - 15)a	
	3	30 (15 - 35)b		25 (11 - 29)		12 (6 - 14)		17 (8 - 20)		13 (6 - 15)b	
	4	16 (16 - 16)b		12 (12 - 12)		6 (6 - 6)		10 (10 - 10)		5 (5 - 5)ab	

TABLE VI
THE COMPARISON OF PROFESSIONAL CHARACTERISTICS OF THE NURSES AND THEIR MEAN ORGANIZATIONAL SILENCE SCALE

Characteristics	Ethics and Responsibilities Subscale		Management Problem Subscale		Employee Performance Subscale		Amendment Efforts Subscale		Working Opportunities Subscale		
	Mean (Min-Max)	p and Test Value	Mean (Min-Max)	p and Test Value	Mean (Min-Max)	p and Test Value	Mean (Min-Max)	p and Test Value	Mean (Min-Max)	p and Test Value	
Service worked	Surgical units	29 (7 - 35)	25 (6 - 30)	11 (3 - 15)	16 (4 - 20)	13 (3 - 15)	p=0.633	p=0.913	p=0.607	p=0.771	p=0.768
	Internal units	29 (9 - 35)	24 (8 - 30)	11 (5 - 14)	15.5 (6 - 20)	12 (5 - 15)	$\chi^2=0.915$	$\chi^2=0.181$	$\chi^2=0.999$	$\chi^2=0.520$	$\chi^2=0.528$
	Other units	29 (11 - 34)	25 (7 - 29)	11 (3 - 15)	16 (5 - 19)	12 (3 - 15)					
Duty in the service	Service nurse	29 (7 - 35)	25 (6 - 30)	11 (3 - 15)	16 (4 - 20)	12 (3 - 15)	p=0.792	p=0.003	p=0.052	p=0.061	
	Chief service nurse	27 (18 - 35)	19 (12 - 25)	10 (8 - 14)	11.5 (7 - 20)	9.5 (4 - 15)	U=879.00	U=467.00	U=663.50	U=682.50	
Years of employment in nursing	1-7 years	30 (11 - 35)a	25 (6 - 30)a	11 (3 - 15)	16 (4 - 20)a	13 (4 - 15)a	p=0.004 $\chi^2=11.100$	p=0.008 $\chi^2=9.612$	p=0.148 $\chi^2=3.820$	p=0.011 $\chi^2=8.981$	p=0.002 $\chi^2=12.565$
	8-14 years	29 (7 - 35)a	24.5 (8 - 30)a	11 (5 - 15)	16 (6 - 20)a	13 (3 - 15)a					
	15 years and above	24.5 (10 - 35)b	20 (7 - 30)b	10.5 (3 - 14)	14 (7 - 20)b	10 (4 - 15)b					
Years of employment in the hospital	1-6 years	29 (11 - 35)a	24.5 (6 - 30)a	11 (6 - 15)	15 (4 - 20)ab	12.5 (4 - 15)ab	p=0.012 $\chi^2=8.785$	p=0.020 $\chi^2=7.841$	p=0.556 $\chi^2=1.173$	p=0.008 $\chi^2=9.618$	p=0.030 $\chi^2=7.011$
	7-12 years	29 (7 - 35)a	25 (7 - 30)ab	11 (3 - 15)	16 (5 - 20)b	13 (3 - 15)a					
	13 years and above	25.5 (10 - 35)b	20.5 (7 - 30)b	11 (3 - 15)	14 (7 - 20)a	10.5 (4 - 15)b					
Years of employment in the service	1-5 years	28 (10 - 35)ab	24 (6 - 30)ab	11 (3 - 15)	14 (4 - 20)a	12 (3 - 15)	p=0.030 $\chi^2=6.994$	p=0.011 $\chi^2=9.107$	p=0.168 $\chi^2=3.573$	p=0.001 $\chi^2=18.873$	p=0.051 $\chi^2=7.691$
	6-10 years	30 (7 - 35)b	25 (7 - 30)b	12 (3 - 15)	17 (5 - 19)b	13 (3 - 15)					
	11 years and above	27 (15 - 35)a	22 (11 - 30)a	11 (6 - 14)	15 (7 - 20)a	11 (4 - 15)					
Total number of nurses in the service	1-12 nurses	29 (9 - 35)b	25 (7 - 30)	11 (3 - 15)	16 (6 - 20)	12 (3 - 15)	p=0.032 $\chi^2=6.893$	p=0.051 $\chi^2=6.054$	p=0.059 $\chi^2=6.480$	p=0.255 $\chi^2=2.733$	p=0.193 $\chi^2=3.294$
	13-24 nurses	29 (11 - 35)ab	25 (6 - 29)	12 (6 - 15)	16 (4 - 20)	13 (4 - 15)					
	25 nurses and above	27 (7 - 35)a	22.5 (7 - 30)	10.5 (3 - 15)	15 (5 - 20)	11 (3 - 15)					
Working status in the hospital	Staffed	29 (7 - 35)	25 (6 - 30)	11 (3 - 15)	16 (4 - 20)	12.5 (3 - 15)	p=0.027 U=2077.50	p=0.186 U=2483.50	p=0.003 U=1949.0	p=0.003 $\chi^2=1931.50$	p=0.014 U=2116.00
	Contracted	25 (17 - 35)	23 (13 - 30)	10 (6 - 15)	13 (8 - 20)	10 (5 - 15)					
Manner of work	Always day shift	29 (11 - 35)	24 (6 - 29)	11 (3 - 15)	16 (4 - 20)	13 (4 - 15)	p=0.858 U=5399.00	p=0.208 U=5098.00	p=0.842 U=5580.50	p=0.881 U=5560.50	p=0.271 U=5173.50
	Shift	29 (7 - 35)	25 (7 - 30)	11 (3 - 15)	16 (6 - 20)	12 (3 - 15)					
State of choosing the profession willingly	Yes	29 (9 - 35)	25 (6 - 30)	11 (3 - 15)	16 (4 - 20)	12(3-15)	p=0.737 U=3881.00	p=0.896 U=4114.00	p=0.944 U=4138.00	p=0.327 U=3762.00	p=0.965 U=4148.00
	No	28 (7 - 35)	23 (10 - 30)	11 (5 - 15)	15 (7 - 20)	12(3-15)					
State of liking the profession	Likes	29 (9 - 35)	25 (7 - 30)	11 (3 - 15)	16 (5 - 20)	12 (3 - 15)a	p=0.118 $\chi^2=4.270$	p=0.151 $\chi^2=3.787$	p=0.493 $\chi^2=1.415$	p=0.200 $\chi^2=3.218$	p=0.018 $\chi^2=8.031$
	Does not like	29 (7 - 35)	25 (7 - 29)	11 (5 - 14)	16 (8 - 19)	13 (3 - 15)ba					
	Undecided	24.5 (11 - 35)	20.5 (6 - 30)	11 (3 - 15)	13.5 (4 - 20)	9.5 (3 - 15)b					
State of being satisfied with the service	Satisfied	30 (9 - 35)b	25 (8 - 30)	11 (5 - 15)	16 (6 - 20)	13 (3 - 15)	p=0.003 $\chi^2=11.933$	p=0.087 $\chi^2=4.874$	p=0.155 $\chi^2=3.725$	p=0.658 $\chi^2=0.836$	p=0.241 $\chi^2=2.849$
	Partly satisfied	29 (7 - 35)a	24 (6 - 30)	11 (3 - 15)	16 (4 - 20)	12 (3 - 15)					
	Not satisfied	26 (12 - 31)a	24 (7 - 28)	11 (3 - 14)	15 (4 - 18)	12 (4 - 14)					
State of choosing the department	Yes	29 (7 - 35)	25 (7 - 30)	11 (3 - 15)	16 (5 - 20)	12.5 (3 - 15)	p=0.902 U=5644.50	p=0.605 U=5651.0	p=0.347 U=5458.50	p=0.219 U=5278.50	p=0.358 U=5468.00
	No	28 (10 - 35)	24 (6 - 30)	11 (3 - 15)	15 (4 - 20)	12 (4 - 15)					

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TABLE VII

THE COMPARISON OF SOCIODEMOGRAPHIC CHARACTERISTICS OF THE NURSES AND THEIR MEAN ORGANIZATIONAL SILENCE SCALE “REASONS FOR REMAINING SILENT” PART SUBSCALE SCORES

Characteristics	Administrative and Organizational Reasons Subscale		Issues about Work Subscale		Lack of Experience Subscale		Fear of Isolation Subscale		Fear of Damaging Relationships Subscale	
	Mean (Min-Max)	p Test Value	Mean (Min-Max)	p Test Value	Mean (Min-Max)	p Test Value	Mean (Min-Max)	p Test Value	Mean (Min-Max)	p Test Value
Age groups	20-25 years	41 (13 - 65)bc	22 (10 - 30)	p=0.373 $\chi^2=3.120$	16 (7 - 20)	p=0.302 $\chi^2=3.645$	15 (5 - 20)ab	p=0.001 $\chi^2=20.248$	10 (3 - 15)ac	p=0.001 $\chi^2=21.226$
	26-30 years	56 (23 - 65)ac								
	31-35 years	54 (20 - 65)ac								
	36 years and above	42.5 (13 - 65)b								
Gender	Female	53 (13 - 65)	25 (9 - 30)	p=0.724 U=2153.00	17 (5 - 20)	p=0.945 U=2234.50	16 (4 - 20)	p=0.324 U=1972.50	12 (3 - 15)	p=0.109 U=1800.00
	Male	54 (36 - 65)	24 (15 - 30)	U=4205.50	17 (10 - 20)	U=3946.00	17 (10 - 20)	U=3781.00	13 (8 - 15)	U=4020.50
Marital status	Married	54 (17 - 65)	25 (10 - 30)	p=0.842 U=4205.50	17 (5 - 20)	p=0.389 U=3946.00	17 (4 - 20)	p=0.201 U=3781.00	12 (4 - 15)	p=0.500 U=4020.50
	Single	49 (13 - 65)	25 (9 - 30)		16 (6 - 20)		15 (4 - 20)		12 (3 - 15)	
Educational status	Vocational school of health	56 (17 - 65)ac	26 (11 - 30)	p=0.053 $\chi^2=11.343$	17 (7 - 20)	p=0.138 $\chi^2=6.969$	17 (5 - 20)ab	p=0.001 $\chi^2=20.730$	12 (4 - 15)a	p=0.004 $\chi^2=15.589$
	Associate degree	41 (13 - 64)b	22 (10 - 30)		16 (10 - 20)		13 (7 - 20)bc		10 (3 - 15)b	
	Undergraduate education	51 (13 - 65)b	25 (9 - 30)		17 (5 - 20)		16 (4 - 20)c		12 (4 - 15)ab	
	Master's degree	25 (25 - 25)bc	21 (21 - 21)		10 (10 - 10)		7 (7 - 7)bc		10 (10 - 10)b	
	Doctorate	65 (65 - 65)bc	30 (30 - 30)		20 (20 - 20)		20 (20 - 20)bc		15 (15 - 15)ab	
Family type	Extended family	56 (20 - 65)	26 (9 - 30)	p=0.037 U=5018.00	17 (5 - 20)	p=0.157 U=5337.50	17 (4 - 20)	p=0.001 U=4192.00	12 (4 - 15)	p=0.002 U=4536.00
	Nuclear family	44 (13 - 65)	23 (10 - 30)		16 (7 - 20)		14 (4 - 20)		11 (3 - 15)	
Number of children	1	54.5 (17 - 65)ab	26 (9 - 30)	p=0.059 $\chi^2=8.999$	17 (7 - 20)	p=0.105 $\chi^2=6.146$	17 (5 - 20)	p=0.056 $\chi^2=9.248$	12.5 (4 - 15)a	p=0.001 U=17.210
	2	51.5 (19 - 62)a	23 (10 - 30)		16.5 (7 - 20)		16 (4 - 20)		12 (4 - 14)b	
	3	56 (21 - 65)b	24 (10 - 30)		17 (5 - 20)		17 (10 - 20)		13 (8 - 15)a	
	4	20 (20 - 20)ab	25 (9 - 30)		7 (7 - 7)		5 (5 - 5)		6 (6 - 6)ab	

TABLE VIII
THE COMPARISON OF PROFESSIONAL CHARACTERISTICS OF THE NURSES AND THEIR MEAN ORGANIZATIONAL SILENCE SCALE “REASONS FOR REMAINING SILENT” PART
SUBSCALE SCORES

Characteristics	Administrative and Organizational Reasons Subscale		Issues about Work Subscale		Lack of Experience Subscale		Fear of Isolation Subscale		Fear of Damaging Relationships Subscale			
	Mean (Min-Max)	p and Test Value	Mean (Min-Max)	p and Test Value	Mean (Min-Max)	p and Test Value	Mean (Min-Max)	p and Test Value	Mean (Min-Max)	p and Test Value		
Service worked	Surgical units	54 (13 - 65)	p=0.605	26 (11 - 30)	p=0.628	17 (7 - 20)	p=0.847	16 (5 - 20)	p=0.718	12 (4 - 15)	p=0.402	
	Internal units	53 (13 - 65)	$\chi^2=1.006$	24 (10 - 30)	$\chi^2=0.932$	17 (6 - 20)	$\chi^2=0.332$	16 (4 - 20)	$\chi^2=0.664$	12 (3 - 15)	$\chi^2=1.824$	
	Other units	53 (20 - 61)		25 (9 - 30)		17 (5 - 20)		17 (4 - 20)		13 (4 - 15)		
Duty in the service	Service nurse	54 (13 - 65)	p=0.562	26 (11 - 30)	p=0.269	17 (5 - 20)	p=0.840	16 (4 - 20)	p=0.698	12 (3 - 15)	p=0.944	
	Chief service nurse	45.5 (36 - 65)	U=931.50	24 (10 - 30)	U=829.50	15.5 (11 - 20)	U=1006.00	14 (9 - 20)	U=969.50	10.5 (9 - 15)	U=1031.50	
Years of employment in nursing	1-7 years	54 (13 - 65)a	p=0.001 $\chi^2=23.205$	25 (9 - 30)a	p=0.018 $\chi^2=8.016$	17 (7 - 20)	p=0.117	17 (5 - 20)	p=0.001 $\chi^2=13.074$	12 (3 - 15)a	p=0.001 $\chi^2=14.413$	
	8-14 years	54 (20 - 65)a		26 (11 - 30)a		17 (6 - 20)		17 (4 - 20)		12 (4 - 15)a		
	15 years and above	38.5 (13 - 65)b		26 (10 - 30)b		16 (5 - 20)		12 (4 - 20)		9 (4 - 15)b		
Years of employment in the hospital	1-6 years	51.5 (13 - 65)a	p=0.001 $\chi^2=19.895$	26 (9 - 30)	p=0.172	17 (7 - 20)	p=0.698	17 (5 - 20)ab	p=0.003 $\chi^2=11.923$	12 (3 - 15)ab	p=0.029 $\chi^2=7.082$	
	7-12 years	55 (20 - 65)a		22 (10 - 30)		17 (6 - 20)		17 (4 - 20)b		12 (4 - 15)b		
	13 years and above	39 (13 - 65)b		25 (10 - 30)		16 (5 - 20)		12 (4 - 20)a		10 (4 - 15)a		
Years of employment in the service	1-5 years	46 (13 - 65)a	p=0.001	26 (9 - 30)	p=0.077	16 (7 - 20)	p=0.437	15 (4 - 20)a	p=0.016 $\chi^2=8.294$	12 (3 - 15)a	p=0.017 $\chi^2=8.110$	
	6-10 years	55 (20 - 65)b		22 (10 - 30)		17 (6 - 20)		17 (4 - 20)b		12 (4 - 15)b		
	11 years and above	51 (19 - 65)a		23 (10 - 30)		17 (5 - 20)		15 (6 - 20)ab		12 (4 - 15)ab		
Total number of nurses in the service	1-12 nurses	53 (13 - 65)	p=0.076	26 (9 - 30)	p=0.343	17 (6 - 20)	p=0.162	17 (4 - 20)a	p=0.022 $\chi^2=7.658$	12 (4 - 15)	p=0.257	
	13-24 nurses	54 (13 - 65)		24 (10 - 30)		17 (9 - 20)		17 (5 - 20)ab		12 (3 - 15)		$\chi^2=2.720$
	25 nurses and above	44.5 (20 - 65)		26 (9 - 30)		16 (5 - 20)		15 (4 - 19)b		12 (4 - 15)		
Working status in the hospital	Staffed	54 (13 - 65)	p=0.001 U=1560.50	25 (10 - 30)	p=0.010 U=2078.00	17 (5 - 20)	p=0.007 U=2048.50	17 (4 - 20)	p=0.007 U=2032.00	12 (4 - 15)	p=0.001 U=1799.50	
	Contracted	40 (13 - 65)		24 (11 - 30)		16 (7 - 20)		14 (6 - 20)		9 (3 - 15)		
Manner of work	Always day shift	54 (19 - 65)	p=0.959	25 (9 - 30)	p=0.320	17 (5 - 20)	p=0.810	16 (5 - 20)	p=0.891	12 (4 - 15)	p=0.995	
	Shift	53 (13 - 65)		21 (10 - 30)		17 (6 - 20)		16 (4 - 20)		12 (3 - 15)		U=5667.00
State of choosing the profession willingly	Yes	54 (13 - 65)	p=0.297	25 (9 - 30)	p=0.989	17 (5 - 20)	p=0.530	17 (4 - 20)	p=0.247	12 (3 - 15)	p=0.542	
	No	51 (17 - 65)		24 (11 - 30)		17 (7 - 20)		16 (6 - 20)		12 (6 - 15)		U=3930.00
State of liking the profession	Likes	54 (13 - 65)a	p=0.016 $\chi^2=8.258$	25 (9 - 30)	p=0.072	17 (5 - 20)	p=0.169	17 (4 - 20)a	p=0.030 $\chi^2=7.043$	12 (3 - 15)a	p=0.013 $\chi^2=8.670$	
	Does not like	54 (17 - 64)ba		24 (11 - 30)		17 (7 - 20)		17 (6 - 20)ab		12 (4 - 15)a		
	Undecided	40.5 (19 - 62)b		26 (9 - 30)		16 (7 - 20)		14 (4 - 19)b		10 (4 - 14)b		

State of being satisfied with the service	Satisfied	53 (19 - 65)	p=0.486	25 (10 - 30)	p=0.095	17 (6 - 20)	p=0.399	16 (4 - 20)	p=0.556	12 (4 - 15)	p=0.830
	Partly satisfied	54 (13 - 65)	$\chi^2=1.442$	21.5 (11 - 30)	$\chi^2=4.713$	17 (5 - 20)	$\chi^2=1.836$	17 (5 - 20)	$\chi^2=1.175$	12 (3 - 15)	$\chi^2=0.373$
	Not satisfied	50 (19 - 60)		26 (9 - 30)		16 (7 - 20)		15 (4 - 20)		12 (4 - 15)	
State of choosing the department willingly	Yes	54 (20 - 65)	p=0.301	25 (10 - 30)	p=0.742	17 (5 - 20)	p=0.720	17 (4 - 20)	p=0.112	12 (4 - 15)	p=0.395
	No	52 (13 - 65)	U=5409.50	23 (11 - 30)	U=5737.50	17 (7 - 20)	U=5725.00	16 (4 - 20)	U=5157.50	12 (3 - 15)	U=5500.50

Table VII demonstrated the comparison of sociodemographic characteristics of the nurses and their mean Organizational Silence Scale Reasons for Remaining Silent part subscale scores. The mean *“Administrative and Organizational Reasons”* score of the nurses showed a statistically significant difference according to age group ($p=0.001$, $\chi^2=22.519$), educational status ($p=0.001$, $\chi^2=31.447$), family type ($p=0.001$, $U=3419.50$) and several children ($p=0.009$, $U=11.471$). The mean *“Issues about Work”* score of the nurses showed a statistically significant difference according to family type ($p=0.037$, $U=5018.00$). The mean *“Fear of Isolation”* score of the nurses showed a statistically significant difference according to age group ($p=0.001$, $\chi^2=20.248$), educational status ($p=0.001$, $\chi^2=20.730$), and family type ($p=0.001$, $U=4192.00$). The mean *“Fear of Damaging Relationships”* score of the nurses showed a statistically significant difference according to age group ($p=0.001$, $\chi^2=21.226$), educational status ($p=0.004$, $\chi^2=15.589$), family type ($p=0.002$, $U=4536.00$) and several children ($p=0.001$, $U=17.210$) (Table VII).

Table VIII demonstrated the comparison of professional characteristics of the nurses and their mean Organizational Silence Scale Reasons for Remaining Silent part subscale scores. The mean *“Administrative and Organizational Reasons”* score of the nurses showed a statistically significant difference according to years of employment in nursing ($p=0.001$, $\chi^2=23.205$), years of employment in the hospital ($p=0.001$, $\chi^2=19.895$), working status in the hospital ($p=0.001$, $U=1560.50$) and state of the state of liking the profession ($p=0.016$, $\chi^2=8.258$). The mean *“Issues about Work”* score of the nurses showed a statistically significant difference according to years of employment in nursing ($p=0.018$, $\chi^2=8.016$) and working status in the hospital ($p=0.010$, $U=2078.00$). The mean *“Lack of Experience”* score of the nurses showed a statistically significant difference according to working status in the hospital ($p=0.007$, $U=2048.50$). The mean *“Fear of Isolation”* score of the nurses showed a statistically significant difference according to years of employment in nursing ($p=0.001$, $\chi^2=13.074$), years of employment in the hospital ($p=0.003$, $\chi^2=11.923$), years of employment in the service ($p=0.016$, $\chi^2=8.294$), the total number of nurses in the service ($p=0.022$, $\chi^2=7.658$), working status in the hospital ($p=0.007$, $U=2032.00$) and state of liking the profession ($p=0.030$, $\chi^2=7.043$). The mean *“Fear of Damaging Relationships”* score of the nurses showed a statistically significant difference according to years of employment in nursing ($p=0.001$, $\chi^2=14.413$), years of employment in the hospital ($p=0.029$, $\chi^2=7.082$), years of employment in the service ($p=0.017$, $\chi^2=8.110$), working status in the hospital ($p=0.001$, $U=1799.50$) and state of liking the profession ($p=0.013$, $\chi^2=8.670$) (Table VIII).

4. Discussion

The researchers discussed the findings obtained from the current study which sought to examine the factors related to organizational silence in nurses working in a university hospital, in line with the literature. Examining the scores obtained by the nurses from the Organizational Silence Scale *“Subjects which Employees Remain Silent about”* part subscale, they mainly remained silent about the subjects of Ethics and Responsibilities 29(7-35) and Management Problems 24(6-30), which were followed by the subjects of Amendment Efforts 16(4-20); Working Opportunities 12(3-15) and Employee Performance 11(3-15).

Examining the scores obtained by the nurses from the Organizational Silence Scale *“Reasons for Remaining Silent”* part subscale, they mainly remained silent due to Administrative and Organizational Reasons 53(13-65), which were followed by Issues about Work 25(9-30), Lack of Experience 17(5-20), Fear of Isolation 16(4-20) and Fear of Damaging Relationships 12(3-15). A study conducted by Çakıcı [21] on organizational silence behavior found that nurses sometimes remained silent about a subject or an issue with their managers and most of them displayed behavior of remaining silent. A study conducted by Çaylak and Altuntaş [1] obtained findings that were in agreement with the findings of the present study. It is possible to state that nurses mainly remain silent about the subjects of Ethics and Responsibilities and Management Problems. They keep away from remaining silent and express their opinions about the subjects of Employee Performance and

Working Opportunities. Fear of Isolation and Damaging Relationships is not effective for nurses to remain silent.

Examining the scores obtained by the nurses from the Subjects which Employees Remain Silent about part subscale, the nurses' age, educational status, years of employment in nursing, working status in the hospital (staffed/contracted) and family type affected the Ethics and Responsibilities, Management Problem, Employee Performance, Amendment Efforts, and Working Opportunities subscale scores. The number of children affected the Ethics and Responsibilities and Working Opportunities subscale scores. Duty in the service affected the Management Problem subscale scores. Years of employment in the service affected the Ethics and Responsibilities, Management Problems, and Employee Performance subscale scores. A study conducted by Erigüç et al. [6] on organizational silence in nursing reported that the factors causing nurses to remain silent were the low performance of managers and inadequate knowledge, skills, and abilities in colleagues of nurses.

Examining sociodemographic and professional characteristics and the Reasons for Remaining Silent part subscale scores of the nurses, their working status in the hospital (staffed/contracted) affected all subscales. Age, educational status, years of employment in the hospital, and state of liking the profession affected the Administrative and Organizational Reasons, Fear of Isolation, and Fear of Damaging Relationships subscale scores. Family type and years of employment in nursing affected the Administrative and Organizational Reasons, Issues about Work, Fear of Isolation, and Fear of Damaging Relationships subscale scores. The total number of nurses in the service and years of employment in the service affected the Fear of Isolation subscale scores.

Bilgin et al. [14] reported the professional factors causing silent behavior to be the workplace, strict hierarchical structure, norms in the organization, sense of making a central decision, and the importance of business relations rather than human relations. In line with the findings obtained from the current study, it is possible to state that working status (staffed/contracted), educational level supporting experience and competence, professional experience, years of employment in the organization and in the service, and state of liking the profession particularly affect organizational silence [14, 22].

5. Conclusion

The state of remaining silent may vary according to an individual's characteristics, present problem, and present status. The individual may choose to remain silent with his/her manager when he/she shares a problem with his/her colleagues. Demographic and professional factors may be effective in the state of remaining silent. The literature stresses that individual qualities such as risk-taking tendency, self-respect, self-esteem, presence of social support, family structure, and locus of control may be effective in the behavior of remaining silent. Accordingly, it is of prime importance to consider personal, professional, and cultural characteristics which may affect the organizational silence of the individual.

The present study found that the Organizational Silence Scale Subjects in which Employees Remain Silent and Reasons for Remaining Silent part subscale scores of the nurses varied according to specific sociodemographic and professional characteristics. In line with the findings obtained from the current study, the researchers recommended that sociodemographic and professional characteristics of nurses affecting their organizational silence behavior be taken into consideration, awareness be raised in organization managers in this regard and qualitative and quantitative research methods be used in further relevant studies.

Conflict of interests

We have no conflicts of interest to disclose.

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