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Determination of reasons for organisational silence of executive nurses

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Abstract

The research has been carried out as a descriptive way to find out to determine the factors that affect the silence of executive nurses. The research consists of a university hospital in Istanbul as 101 executive nurses employed. The relationship among the demographic features of the executive nurses, the questions as for speaking tendency and the factors that affect their silence have been tried to be identified. It has also been statistically analysed whether any relationship has existed among these. The findings of the research show that; 25.7% of the executive nurses don't shared when they reached the important information about the work and that their silence for reasons of great priority was 'managerial and organisational reasons'. The scores the nurses mentioned above got from the scales of the issue and they were reasons why they were silent were meaningful when the correlation tables studied.

Keywords: Nursing, executive nursing, organisational silence, silence in executive nurses.

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1. Introduction

In today's world as a requirement of competition conditions, meeting expectations of the consumers and keeping up with the current changes are bound to the understanding of human factors in organisations. Taking more initiatives, expressing their opinions clearly and taking on more responsibilities are expected from the employees of the organisations which aim to maintain their existence in this system. Although this communication seems like it is something that is desired by the superior management, in the end, the superior management will have employees who remain silent without stating their recommendations with the fear of potential damage to them. If the employees give a message to their organisations or managers by remaining silent, this message should be understood and explained because these given messages have a potential of affecting the behaviour and attitude or the output of the employers (Ozdemir & Ugur, 2013, p. 259).

1.1. Organisational silence

Although silence is addressed as a sign of commitment or the lack of increasing voice which means approval, later it is tried to be conceptualised as a behaviour which affects the employees and performance of the organisation (Barcin, 2012, p. 7). However, later studies focused on two main points; 'preserving knowledge and ideas intentionally' and 'the subjects and issues of the organisation'. As acknowledged by many researchers (Morrison & Milliken 2000; Parker & August, 1997; Pinder & Harlos, 2001), silence is not the approval of the current situation, agreeing on the majority, the lack of speaking clearly or sign of commitment alone. (Barcin, 2012, p. 9). Looking at the reasons that cause the employees' this behaviour, silence is a complicated situation that has various meanings. Organisational silence concept was introduced to the literature with the studies of Morrison and Milliken (2000). Morrison and Milliken (2000) approached organisational silence as 'a result of attitude and beliefs of the manager'. Silence in organisation can be described as intentionally preserving the opinions and thoughts of the employees on work or technical and behavioural subjects related to their works in terms of improvement and development (Cakici, 2007, p. 49). Pinder and Harlos theorised the silence of employees as the limitation of the actual ideas of some organisational members who have the positions that can change their own conditions (Fletcher & Watson, 2007, pp. 155–175). When organisational silence is studied, on which conditions the employees prefer to remain silent and when they raise their voice is also should be evaluated (Bowen & Blackmon, 2003, pp. 1393–1417). In order to understand about remaining silent and reluctance of speaking, getting the root of the silence will be meaningful. From literature, individual and contextual factors affecting the decision of not speaking clearly or triggering silence (Premeaux and Bedeian, 2003) and organisational factors such as perceived organisational and administrative support (Dyne vd. 2003), perceived risk (Piderit and Ashford, 2003), organisational norms (Bowen & Blackmon, 2003), cultural power distance (Huang vd. 2005), transparency of the management and participation of the employees (Huang vd. 2003) interpersonal climate at work (Edmondson & Detert, 2005) silence climate at work (Morrison & Milliken, 2000) should be mentioned (trn. Cakici, 2007, p. 154). Analysing the reasons for organisational silence behaviour of the executive nurses who have an important role in giving patient care services, development and application of health and organisation policies are also required. The purpose of this study is a descriptive and relational research regarding the identification of the reasons for remaining silent of the executive nurses working in university hospitals.

The research questions are:

- What are the reasons for executive nurses for remaining silent?
- Is there any difference between the reasons for remaining silent of the executive nurses according to their individual-occupational features and tendencies to speak with their managers?

2. Method

This study which aims to identify the reasons for the silence of executive nurses and how those reasons change according to some demographic variables is designed with a descriptive survey model.

2.1. Population and sampling

Population of the research consist of 142 executive nurses working in Istanbul University Cerrahpasa Faculty of Medicine (chief nurse, responsible, management officer, manager and deputy managers and infection control nurse). A sampling is not chosen in this research; however, 101 executive nurses who work in Istanbul University Faculty of Medicine between August 2013–2014 and who are willing to participate in research and completely reply to the data collecting tools constitute the sampling of the research.

2.2. Data collecting tools

Data collecting tools consist of two parts. ‘Socio-demographic Background’ questionnaire belonging to the sample group and reasons of organisational silence scale developed by Cakici in 2007 are used to determine the reasons for remaining silence. The sample consists of 31 articles and five sub-dimensions and the evaluation of sample is conducted via five Likert-type scale (1—No affect, 2—Minor affect, 3—Neutral, 4—Moderate affect and 5—Major affect). Total variance was found as 62.8% and Cronbach’s Alpha Value was found as 0.975. When looked at the sub-dimensions of the reasons for remaining silence, sample of these results were found; Organisational and Administrative Reasons (13 articles) Cronbach’s Alpha Value 0.947, Fears Associated with Employment (6 articles) Cronbach’s Alpha Value 0.911, Fear of Isolation (4 articles) Cronbach’s Alpha Value 0.872, Lack of Experience (5 article) Cronbach’s Alpha Value 0.889 and Harming Relations (3 articles) Cronbach’s Alpha Value 0.869.

2.3. Data analysis

SPSS 20.0 program was used for the evaluations and analysis of the data. Descriptive statistics such as standard deviation, mode, median, minimum and maximum values were also utilised. In hypothesis test section, nonparametric Kruskal–Wallis test was also used when seemed required.

3. Findings

Looking at the individual features of the nurses who participated the research, these findings were found; 41.6% of them were 36–43 years old, 2.0% of them were 27 and below, 19.8% of them were 28–35, 36.6% of them were 43 and above, 82.2% of them were married, 17.8% of them were single and also 7% of them were graduated from vocational high school/higher education schools, 43% of them had a bachelor degree and 50.5% of them had undergraduate degrees. This study is limited to the association where the research is conducted and the results cannot be generalised ($n = 101$).

Table 1. Occupational features of the nurses participated in the research ($n = 101$)

	Occupational features	N	%
Employment Unit	Nursing Services	9	8.9
	Surgical Sciences	37	36.6
	Internal Sciences	42	41.6
	Infection Control Committee	1	1
	Other	12	11.9
Duties in Hospital	Nursing Services Manager	1	1
	Nursing Services Deputy Manager	1	1
	Chief Nurse	19	18.8

	Supervisor	4	4
	Infection Control Committee Member	1	1
	Responsible Nurse	73	72.3
	Other	2	2
Total Employment Years in Nursing	5 years and below	2	2
	6–12 years	14	13.9
	13–20 years	42	41.6
	21 years and above	43	42.6
Total Employment Years in the Institution	5 years and below	24	23.8
	6–12 years	34	33.7
	13–20 years	26	25.7
	21 years and above	17	16.8
If the Participant Chose the Institution Willingly	Yes	95	94.1
	No	6	5.9
Institutionary Satisfaction	I am not satisfied, I want to leave	8	7.9
	I am satisfied	66	65.3
	I am not satisfied	22	21.8
	I am very satisfied	5	5
Thought of Leaving the Job	I think about leaving the job	10	9.9
	I don't think about leaving the job	37	36.6
	I sometimes think about leaving the job	54	53.5

The 41.6% of the participants were employed in internal sciences, 72.3% of them were responsible nurse and 41.6% of them had been working for 13–20 years, 42.6% of them for 21 years and above. When looked at their total employment years in nursing, 33.7% of them had been working for 6–12 years and 25.7% for 13–20. 94.1% of them stated that they chose the institution willingly, 65.3% were satisfied with the institution, 9.9% of them stated that they were thinking about leaving the job and 53.5% were sometimes thinking about leaving the job.

Table 2. The average points taken by the executive nurses in 'Reasons for Remaining Silence Sample' (n:101)

Sub-dimensions of the reasons for remaining silence sample	Average	Min.	Max.	SS
Organisational and Administrative Reasons	3.28	1.46	5.00	0.98
Fears Associated with Employment	3.69	1.17	5.00	1.03
Fear of Isolation	3.32	1.25	5.00	1.05
Lack of Experience	3.67	1.20	5.00	0.98
Fear of Harming Relations	3.39	1.67	5.00	1.08

The minimum reasons for silence were lack of experience and fears associated with employment. The most primary reasons for silence were calculated as organisational and administrative reasons and fear of isolation.

Regarding nurses' reasons for remaining silent;

Table 3. The reasons for remaining silent sample points of the executive nurses participated in the research (n = 101)

	n	Min.	Max.	Average	Standard Deviation
1. Fear of being evaluated as a troublemaker/complainer	101	1.00	5.00	3.52	1.10
2. Negative responses of the managers to the negative feedbacks	101	1.00	5.00	3.00	1.24
3. Fear of losing trust and respect	101	1.00	5.00	3.46	1.26
4. The belief that speaking clearly is useless	101	1.00	5.00	3.10	1.34
5. Fear of losing a job or being fired	101	1.00	5.00	4.00	1.24
6. Fear of a change in place of duty or position	101	1.00	5.00	3.78	1.32
7. Fear of bad behaviour to the people who report a problem	101	1.00	5.00	3.51	1.20
8. Lack of experience of speaking openly	101	1.00	5.00	3.63	1.20
9. Strictness of hierarchical structure	101	1.00	5.00	3.14	1.21
10. Managers' not being supportive of speaking	101	1.00	5.00	3.35	1.22
11. The thought that managers won't like their ideas	101	1.00	5.00	3.36	1.18
12. Fear of being evaluated as divisive	101	1.00	5.00	3.30	1.33
13. Fear of losing support	101	1.00	5.00	3.40	1.22
14. The thought that the managers won't listen	101	1.00	5.00	3.13	1.39
15. Managers' attitude of 'I know the best'	101	1.00	5.00	3.16	1.33
16. Fear of not getting promoted	101	1.00	5.00	3.88	1.19
17. The thought that the problems of the work and workplace are not my concern, but the management	101	1.00	5.00	3.72	1.16
18. Being in lower positions	101	1.00	5.00	3,68	1.17
19. Lack of confidence in managers	101	1.00	5.00	3.34	1.20
20. Existence of a culture that does not support speaking openly in the workplace	101	1.00	5.00	3.29	1.19
21. Distance in relations	101	2.00	5.00	3.54	1.14
22. Managers' being 'so-called' interested	101	1.00	5.00	3.30	1.23
23. Fear of harming relations	101	1.00	5.00	3.40	1.22
24. The opinion that there is a discrepancy between the truths and principals required by the work and managers	101	1.00	5.00	3.39	1.19
25. The examples of openly speaking people's being subjected to injustice and maltreatment	101	1.00	5.00	3.44	1.27652
26. The belief that managers don't keep their promises	101	1.00	5.00	3.15	1.21
27. Fear of a retaliation by the managers or colleagues	101	1.00	5.00	3.35	1.26
28. Fear of increase in workload	101	1.00	5.00	3.62	1.21
29. The worry that ignorance and inexperience will be understood	101	1.00	5.00	3.79	1.13
30. Not having a formal mechanism to speak openly	101	1.00	5.00	3.27	1.29
31. The belief that the managers have to know everything	101	1.00	5.00	3.52	1.26

The proposition of 'Negative responses of the managers to the negative feedbacks' is seen as the highest proposition with the average of 4.00 ± 1.24 . The participants gave the answer of 'not affective' in remaining silent instead of speaking to this proposition. 'Fear of losing job or being fired' is the

proposition with the lowest average with the rate of 3.00 ± 1.24 . The participants gave the answer of 'neutral' in remaining silent instead of speaking to this proposition.

Table 4. Comparison of the descriptive information of executive nurses according to the sub-dimension environments of organisational silence (n = 101)

Variable	Type	Administrative and Organisational Reasons Ort ± SS	Fears Associated with Employment Ort ± SS	Fear of isolation Ort ± SS	Lack of Experience Ort ± SS	Fear of Harming Relations Ort ± SS
Employment Unit	Nursing Services	60.28	63.61	56.33	61.61	67.72
	Surgical Units	57.32	53.93	57.39	52.66	55.31
	Internal Units	50.25	52.96	53.36	53.08	50.94
	Infection Control Committee	63.50	71.50	46.50	95.50	52.00
	Others	26.13	23.92	19.42	26.92	25.29
		Kw:11.49 p:0.02	Kw:13.05 p:0.01	Kw:16.41 p:0.003	Kw:12.00 p:0.01	Kw:13.16 p:0.01
Total Experience in Nursing	5 years and less		46.50		30.75	
	6–12 years		60.86		59.79	
	13–20 years		40.56		42.08	
	21 years and more		58.20		57.79	
			Kw:9.62 p:0.02		Kw:8.47 p:0.03	
Total Experience in the Institution	5 years and less	62.19	61.81	63.46	58.48	63.69
	6–12 years	52.09	48.07	47.41	52.26	51.25
	13–20 years	33.37	36.46	39.17	34.92	36.10
	21 years and more	60.00	63.82	58.68	62.50	55.38
		Kw:14.58 P:0.002	Kw:13.35 P:0.004	Kw:10.32 P:0.01	Kw:12.15 P:0.007	Kw:11.17 P:0.008

According to Table 4, there is a meaningful difference between the divisions where the nurses work and the reasons for remaining silent. The mid-range of people working in infection control committee is seen as higher than people working in other units. Fears associated with employment appear to be higher than other units for the nurses working in infection control committee. Moreover, fear of isolation is found to be more apparent in surgical units. In addition, worries relating to the lack of experience are detected as to be more distinct in infection control committee. Finally, for the fears of harming the relations, nursing services unit is analysed to have a higher rate. It is also seen that nurses with the experience of 6–12 years are silent because of fears associated with employment and lack of experience more than the other nurses. There is a meaningful difference between the reasons for remaining silent and the experience in the institution. In order to analyse this meaningful difference, it is required to check the mid-range rates in the table. Accordingly, nurses with less than 5 years of experience in the institution are more silent because of administrative and organisational reasons, fear of isolation and harming relations than the other nurses. Furthermore, nurses with 21 or more years of experience are more silent in the subjects of fears associated with employment and lack of experience.

4. Discussion and result

This study has been conducted with the purpose of determining the factors that are causing the silence of executive nurses working in a university hospital. According to the data obtained from the research, the proposition of 'Negative responses of the managers to the negative feedbacks' is observed to be the highest proposition with the rate of 4.00 ± 1.24 . The most primary reasons for silence are calculated as organisational and administrative reasons and fear of isolation. In her study regarding the relation between the leadership styles, organisational silence and organisational commitment, Bildik (2009, p. 79) found that the most important factor affecting the silence of the employees is organisational and administrative factors. Again, the study conducted by Yalcin and Baykal (2012, p. 48) has similar features to the results of organisational and administrative factors as the causes of silence. In a research carried out by Eriguc, Ozer, Songur and Turac (2014, p. 79) on nurses in a public hospital, the two major most effective reasons for the nurses being silent were determined to be as 'managers' being "so called" interested' and 'negative responses of the managers to the negative feedbacks'. In addition, nurses being tend to be silent when faced with these kinds of behaviour and also the distance in relationships, managers' attitude of 'I know the best' and 'openly speaking people's being exposed to injustice and bad behaviour' were seen to be effective on the silence of the nurses. It is observed that the nurses with the experience of 6–12 years have the characteristics of being silent because of fear regarding the job and lack of experience more than the other nurses do. Moreover, this finding is similar to Ruclar's (2013, p. 123) finding of lack of experience on the research made on university instructors, besides the silence rate of instructors, especially who have been working for 1–5 years was observed to be the highest. The nurses who have been working less than 5 years in the institution are more silent than other nurses on the subjects of 'administrative and organisational reasons' ($p < 0.002$), 'fear of isolation' ($P < 0.016$) and 'harming relations' ($p < 0.008$). The nurses working for 21 years and more in this institution are silent on the subjects of 'fear of employment' ($p < 0.004$) and 'lack of experience' ($p < 0.007$). When the reasons for remaining silence of the nurses were analysed, administrative and organisational reasons, fear of isolation and fears of employment were determined to be primary. Although there are many research studies on organisational silence carried out with nurses or other sample groups, there is no study done with the sample of executive nurses. With this research, the reasons for remaining silence of the nurses working in university hospitals are aimed to be detected. Especially senior management has important roles in removing the reasons causing the silence of the executive nurses. Moreover, for the further research studies, it can be favourable to analyse the relationship between the individual variables and organisational variables of the silence of executive nurses.

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