Determination of Reasons For Organizational Silence of Nurses

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Extensive Summary

1. Introduction

Behaviour of individuals working in organizations, is of great importance in terms of the activities of the organization. The behaviour of employees in an organization can create positive or negative effects such as creating a hurdle in the development provide or contribute to the development of the organization. The concept of organizational silence, one of the behaviour of individuals working in the organization, constitutes one of the concepts that affect the organization's activities. In this study, in terms of health care workers to address the organizational silence behaviour to reveal the reasons to remain silent and to eliminate the silence behaviour aimed to develop solutions.

1.1 Conceptual Framework

Morrison and Milliken (2000, p. 707) announced “organizational silence” that employees don’t share their views and ideas concerning the organization. According to Hazen (2006, p. 238), silence in the organization is censorship, oppression, marginalization, exclusion and other behaviours are forms of trivialization. Pinder and Harlos (2001, p. 334) define that employees having the ability to change conditions about the organization don’t express their behavioural, informational or emotional evaluation deliberately. Vakola and Boundaries (2005) emphasized that silence prevents communication channels that help motivation of the employees.

There are three basic feature of silence behaviour. First, the organizational behaviour of silence covers the conscious behaviour. Secondly, issues which no knowledge, idea or opinion of the employees are beyond the scope of silence behaviour. Finally, the silence behaviour is seen when he made in meetings and face to face interaction, such as discussion among employees.

Based on the definitions in the literature of organizational silence and the characteristics of silence behaviour, silence behaviour of health care workers is defined that behaviours of health professionals’ consciously not expressing, filtering or pressure
knowledge, ideas or opinions which will contribute to a department or service in the hospital. In providing effective, efficient and high quality health services, determination of all kinds of factors that affect the performance of physicians and nurses work is quite important (Kıllınc, 2012, p. 90). Nurses, they are in constant communication with patients and caregivers, are faced with more risk of medical errors than other occupational groups (Tang et al., 2007, p. 449). Therefore nurses regarding the reduction of medical errors has an important place. Determining the reasons of organizational silence for nurses who constitute a vast majority among health professionals and responsible from patient care in the first degree is a necessity.

2. Materials and Methods

2.1. Purpose of the Study

The purpose of this study is to determine the reasons of organizational silence for nurses, demonstrate the differentiation the silence reasons of nurses according to the defining features of nurses and reveal the relationships among dimensions for the silence reasons.

2.2. Universe and Sample of the Research

Research universe is 507 nurses working in a university hospital in Ankara. The sample is not selected, tried to reach all nurses working in hospitals. But because of heavy workload of nurses and necessity to deal with emergency patients coming, some of nurses is not willing to participate the survey. So, reached a total of 237 nurses (46.75%). Rate is within acceptable limits (Demir 2012, p.10).

2.3. Data Collection Tool

Survey method was used as a data collection tool. In order to determine the causes of organizational silence, "Resons of Organizational Silence" questionnaire developed by Cakici (2008) was used. Managerial and organizational reasons, fears related to work, lack of experience and fear of damaging relations are the dimensions of organizational silence survey. Measured Cronbach's alpha coefficient regarding 28 expression in this study was found to be 0.96.

3. Results and Recommendations

Nurses aged 30-39 are 49.8% of the respondents and 50.6% of them have graduate degree. In addition, 30.7% of them are working for 11-20 years in this profession. 50.2% of nurses working in internal units.

It is identified that the highest average of silence factors are respectively; managerial and organizational factors (2.57 ± 0.974), fear of work (2.46 ± 0.931), fear of damaging relations (2.45 ± 0.928) and lack of experience (1.84 ± 0.766). Therefore, in managerial and organizational reasons related issues, nurses behave more silent compared to other reasons.

Age, year of study in organizations and positions variables constitute a significant difference on silence average. In addition, between the factor of managerial and organizational reasons and factors of fear of job size and fear of damaging relations were found to be a strong correlation.

The results of these studies are expected to make a significant contribution to nursing services managers, literature and health facility managers. But dissemination of
studies on organizational silence in the health field, making researches health institutions in different structures, in the different sample groups and larger samples will be useful to generalize the results to the health sector. It is suggested to the managers that creating a transparent environment in which employees articulate their ideas, concerns and views minimize the reasons pushing employees to remain silent.