THE CAUSES AND EFFECTS OF THE ORGANIZATIONAL SILENCE: ON WHICH ISSUES THE NURSES REMAIN SILENT?

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ABSTRACT

This study was conducted in order to determine on which issues the nurses remain silent in a medical institution. The study also analyses why they are silent on particular issues and how they perceive consequences of this silence. The study was conducted between January and February 2013, and the questionnaire, which was developed by Çakıcı (2010), was completed to 137 nurses. In the study, the issues of silence, the reasons for remaining silent and perceptional consequences of the silence were subjected to factor analysis. With regard to responsibility, the analyses revealed that the nurses, who are younger than 25 and who have less than four years of experience, remain more silent than the others. Concerning employees' performance and administrative issues, female nurses remain more silent than the others. Female nurses remain more silent due to administrative reasons and, fears of isolation and damaging the relationships.

Keywords: *Silence, Organizational Silence, Hospital.*

ÖRGÜTSEL SESSİZLİĞİN NEDENLERİ VE SONUÇLARI: HEMŞİRELER HANGİ KONULARDA SESSİZDİRLER?

ÖZET

Bu çalışma bir sağlık kurumunda, hemşirelerin hangi konularda ve neden sessiz kaldıkları ayrıca sessizliğin sonuçlarını nasıl algıladıklarını belirlemek amacıyla yürütülmüştür. Çalışma Ocak-Şubat 2013 tarihleri arasında yapılmış ve Çakıcı (2010) tarafından geliştirilmiş olan anket formu kullanılarak 137 hemşireye uygulanmıştır. Çalışmada hemşirelerin hangi konularda sessiz kaldıkları, neden sessiz kaldıkları ve sessizliğin algılanan sonuçları faktör analizine tabii tutulmuştur. Yapılan analizler sonucunda sorumluluk konusunda 25 ve daha genç yaşlardaki ve hizmet süresi 0-4 yıl olan hemşirelerin daha sessiz kaldıkları bulunmuştur. Çalışan performansı ve yönetim sorunu konusunda kadın hemşireler daha sessiz kalmaktadırlar. Kadın hemşireler, yönetsel nedenlerle ve izolasyon ve ilişkilerin zedeleneceği korkusu ile daha sessiz kalmaktadırlar.

Anahtar Kelimeler: *Sessizlik, Örgütsel Sessizlik, Hastane.*

1. Introduction

In today's new approaches of management, it is generally acknowledged that the key to the success of an organization is human resources. It is impossible for organizations without qualified human resources to provide quality service, to maintain their existence in the context of competition and to adapt novelties in time. For the system of health services, human resources are also significant in provision of effective and efficient health services. In other words, human resource is the most important asset of medical establishments where humans provide services for humans. In providing health services, the focus is mental and physical capacity of this human resource. The quality of services in medical establishments is mostly determined by humans. The success of medical establishments is closely related with the phenomena such as participation of employees, their commitment to their professions and institutions and their devotion to work (Erigüç, 2012:197).

In today's work environment, organizations are increasingly demanding more and more from their employees such as taking initiative, speaking up and accepting responsibility. The reasons of this situation are more intensive competition, higher customer expectations, more focus on quality, indicating a constant world of change. In order to survive, organizations need employees who are responsive to the challenges of the environment, which are not afraid to share information and knowledge, who can stand up for their own and their team beliefs (Vakola & Bouradas, 2005:441).

New techniques of management give particular importance to continuous development of employees' knowledge, skills and capacities and to provide mutual benefits for both employees and the organization. Organizational voice can be a strong source for organizational change. However, researches show that employees, although they are self confident, are hesitant to express their opinions. They believe that participating discussions and speaking plainly are risky businesses. Therefore, it was found that employees are generally not willing to speak. In this point, we face the concept of organizational silence. Here, a paradoxical situation is emphasized. On the one hand, many academics emphasize the necessity of right communication for the good of the organization and the significance of different and multiple opinions for an effective decision; on the other hand several employees have difficulties in communication with the upper levels of hierarchy. Although modern techniques of management focus on consolidation and open communication, occurrence of such problems creates another paradox. In this context, organization silence is considered as a threat against organizational change and development. It is underlined that many employees do not communicate with their superiors about several issues despite their awareness and it is an obvious contradiction that many organizations experience. Organizational silence, which can be defined as withholding opinions and concerns on organizational issues, is a significant topic to be researched (Çakıcı, 2007:146; Çakıcı, 2010:1-2).

To respond appropriately to dynamic business conditions, make good decisions and correct problems before they escalate, top managers need information from employees at lower levels in the organization; otherwise this information may not come to their awareness. Likewise, if groups are effective and make good decisions, they need honest input from their members. But research has shown that employees are often reluctant to speak up both to those

in positions of authority and their teammates when they have potentially important information to share. In this case, key decision makers or teams may not have the information that they need to make appropriate decisions or to correct potentially serious problems (Morrison, 2011:374).

This study was conducted in order to determine the issues that the nurses in a medical establishment remain silent and to analyse the reasons of this behaviour. The study also identifies how the nurses perceived consequences of organizational silence.

2. The Concept of Organizational Silence

In the literature, organizational silence has been examined as an active, conscious, intentional and purposeful behaviour. The concept of silence in organizations was initially considered as a sign of loyalty. However, it is essentially it is regarded as a negative behaviour because employees consciously conceal knowledge on organizational issues (Çakıcı, 2010:9).

In the literature, research on the concept of organizational silence focuses on two conceptual basic studies. In the first study, Morrison and Milliken (2000) analysed the process of silence that has been systematically developed in organizations, its continuity and organizational conditions that have fostered that process. Scholars define organizational silence as "consciously withholding of works, ideas, knowledge and thoughts towards organizational development by the employees". In several studies, organizational silence is analysed as a collective phenomenon and the reasons for remaining silent are explored. Another prominent study in the literature was done by Pinder and Harlos (2001) who focus on the decisions of employees (to plainly talk about it or not) towards the perceived injustice. Scholars have developed the concept of employee silence and suggested a model which explains organizational conditions causing and fostering organizational silence (Çakıcı, 2008:118).

In their study, Pinder and Harlos (2001) define organizational silence as a behaviour that despite their capacity to modify or correct issues in an organizational situation and to have significant behavioural, cognitive and/or emotional evaluations, employees do not talk these issues with relevant individuals (administrators, leaders) (Pinder & Harlos, 2001:334).

3. Reasons for Remaining Silent

There can be several reasons for employee silence in organizations. Gül and Özcan, (2011) emphasize that organizational silence may appear due to mistrust between employees and administrators, consideration of talking as a risky business, the fear of exclusion and the fear of relationship damage. (Çakıcı, 2010) categorised the reasons affecting organizational silence under two major titles: Fear and the perceived risk factors and contextual factors (Table1).

Table 1: The Reasons Affecting the Choice of Silence in Organizations

Fear and the perceived risk factors	Contextual factors
The fear of being seen or labelled as a negative person (e.g. complainer, trouble maker, intriguer, cry-baby, source of trouble)	*Individual factors* (e.g. lack of experience, low position, being external locus of control, low self esteem, high level of concerns for communication, high level of self adaptation)
Fear of relationship damage (e.g. disliked by the administrators, loss of recognition and support, loss of respect and image)	*Organizational factors* (e.g. the culture of injustice, deaf-ear syndrome, silence climate, hierarchical structure)
Fear of revenge or punishment (e.g. loss of employment, lack of promotion, change of work location or position, fear of increasing work load, reprisals)	*Administrative factors* (e.g. administrators do not support the culture of open talking, they are not open to different and new opinions, distant relations, mistrust towards the administrator, being unable to reach the administrator, tacit beliefs of the administrators, fear for negative feedback)
Fear of isolation (e.g.to be accused of inadaptability, los of respect, confidence and feeling of attachment)	
Fear of negatively affecting the others (e.g. avoidance of making someone ashamed or upset or causing problems for someone)	

Source: Çakıcı, A. (2010). Örgütlerde İşgören Sessizliği. Ankara: Detay Yayıncılık.

4. Consequences of Organizational Silence

Organizational silence can lead to several consequences on organizations and employees. Employees believe that they are to be punished openly or discreetly when they express their opinions about organizational issues and faults. Therefore they avoid from expressing their opinions and remain silent about organizational progress. Organizational silence not only slows down organizational development but also cause several consequences such as decreasing in employees' commitment levels, causing interior conflicts, reducing decision making process, blocking change and innovation, preventing positive or negative feedbacks to the management. Organizational silence also cause an increase of behaviours such as breaking down of morale and motivations of employees, absenteeism, tardiness and releases which negatively affect individual and organizational activities. Employees, who are concerned and under stress, are increasingly involved in the swirl of silence (Morrison & Milliken, 2000:32).

Among the problems caused by organizational silences, employees' inability of producing new ideas and their non-progressiveness are significant. Employees can contribute in organizational development and progress by producing new ideas. Negative consequences stemming from silence both damages the organization's structure and its employees (Kahveci, 2010). Employee silence is dangerous for the organization because such employees become indifferent to their employer, the quality of work and eventually to their organization. Employee silence is ignored by administrators/leaders and this result in reckless behaviours of the employees in organization. These behaviours can damage both the employees and the organization (Nikmaram et al., 2012). It can be misleading to consider organizational silence always as a bad situation. According to Dyne and Botero, organizational silence can be beneficial in some cases, these are: decrease of administrative information overload, reducing interpersonal conflicts and storage of secret information. Despite these, organizational silence is rather regarded as a harmful phenomenon for both the employee and the organization (Tikici et al., 2011:255).

It has been emphasized that to date, in the course of their clinical work, team communication research has attended to the *presence* of speech in the form of what team members are saying to one to another, or what they should be saying to one another. According to Lingard (2012) the *lack* of speech has received very little attention. Lingard (2012) stresses that the importance of this distinction is clear for everyone who has spent time with health teams in the workplace, and that to be in communication in the team does not just involve what has been *said*, there is so much more. Teamwork is also full of meaningful *silences* (Lingard, 2012:18). Current studies shows that less than 10% of the physician, nurse or clinic staff can be faced directly when colleagues become aware that a clinical decision can hurt a patient, or is missing. Not only do nurses avoid talking to doctors and other nurses, physicians also rarely speak with the nurses about any problems they had seen in the hospital. Lack of confidence in the health service providers, having concerns about the effects of their participation and fear of revenge are important reasons for lack of communication with colleagues (Henriksen & Dayton, 2006:1540).

5. Methods

5.1. Population and Sampling of the Study

The target population of the study consists of 548 nurses who work in a public hospital. 200 individuals were chosen by using simple random sampling method. The questionnaire was distributed to 200 individuals and 137 completed questionaaires were returned due to some nurses' rejection of participation and shortcomings of some of the sheets. Thus, participation rate of the study was 68.5%.

5.2. Data Collection Tools

The study was done between January and February 2013. The questionnaire was developed by Çakıcı (2010). In the research, 5 point Likert scale was used. The first group of questions was about the issues that the nurses remain silent and they consisted of 25 expressions. These were evaluated through these points: 1= I never remain silent, 2= I rarely remain silent, 3= I sometimes remain silent, 4= I often remain silent, 5= I always remain silent. The second

group was about the reasons which caused the nurses to remain silent. 31 expressions were identified and evaluated through these points: 1= It is totally ineffective, 2= It is ineffective, 3= It is either effective or ineffective, 4=effective, 5= very effective. The third group of questions was about the possible consequences of organizational silence. 28 expressions were identified and analysed through these points: 1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree. In the reliability analysis, the cronbach alpha value was found 0,947 for the first group of questions, 0.964 for the second group and 0.983 for the third group. The questionnaire's cronbach alpha value was found 0.979 concerning all the questions.

5.3. Data Analysis

In analysing the variables such as age, gender, total working hours, seniority concerning the issues that the participants (nurses) remain silent, their reasons for remaining silent and perceptional consequences of remaining silent, were comparatively analysed through t test and One Way ANOVA test. In identifying the source of differences (which group causes the differences), the Scheffe test was employed. All statistical tests were conducted through SPSS (Statistical Package for Social Sciences) 15.0 and for all statistical tests alpha level was considered 0.05.

The issues that the nurses remain silent, their reasons for remaining silent and perceptual consequences of remaining silent were subject to factor analysis. It was decided that assumptions, whose levels of cognate were under 0.500, were removed from the analysis; then varimax rotation application was made (Çakıcı, 2008).

6. Findings

The demographic characteristics of the nurses who participated in the study are as follows. In terms of ages, 85 of them (62%) are between 26 and over. 73.7% are females and 26.3% are males. 49.6% of the nurses are married, 48.9% are single. 37.2% of the nurses are college or university graduates. In terms of seniority, it was found that the most frequent group was 1-4 years of experience in general (33.6%) and 1-4 years of experience in the same establishment (43.1%). 33.6% of the nurses feel that they can easily talk with their administrators about the issues and concerns concerning work and workplace. 29.9% of them feel that they can talk about these issues only with particular individuals. It was identified that 65.7% of the nurses never talk openly about such issues and remain silent. 37.2% do not talk openly with their administrators and sometimes remain silent about the issues that make them worried.

6.1. The Issues That the Nurses Remain Silent

Sufficient number of correlations between two variables in factor analysis is a significant assumption in a model. In order to test this, Kaiser Meyer Olkin (KMO) measure, which is also used to evaluate adequacy of sampling, is employed. KMO evaluates level of covariance between the variables. Thus, the compatibility of the factor analysis is determined. In this study, the KMO statistical value of the data set, concerning the issues that the nurses remain silent, was found 0.889. This shows that factor analysis can be applied to the data set. If KMO value is over 0.6, it is then considered as an ideal situation as stated by the literature (Tabachnick & Fidell 1996: 345). Besides, Barlett's test of sphericity was used to test factor analysis variance.

In the study, Barlett's tests of sphericity provided this result: x^2= 2171.156; df=276; p= 0,000 (p<0,001). These results show that the applied approach of factor analysis is acceptable.

Table 2 shows factors and factor loadings obtained from the factor analysis. Concerning the first question to determine the issues that the nurses remain silent, the first factor analysis revealed an assumption having a cognate less than 0.500. This assumption is "procedure at the workplace and setbacks and errors during the processes" (0.439). This assumption was removed and the analysis was repeated.

Table 2: The Factor Analysis Results Concerning the Issues that the Nurses Remain Silent

	Loadings	Eigen value	Variance %	Mean	Reliability
I. ADMINISTRATOR PERFOMANCE AND WORKING FACILITIES		**10.656**	**44.401**	**0.645**	**0.909**
Low performance of your administrators	**0.792**				
Inappropriate manners and behaviours of your administrators	**0.732**				
The rules that do not serve the purpose	**0.715**				
Infrastructural and structural problems	**0.658**				
Insufficiency of equipment	**0.637**				
My personal development and need for learning (my shortcomings)	**0.601**				
Unjust activities (discrimination, favouritism, inequities etc.)	**0.583**				
Utilisation of individual interests more than organizational interests	**0.568**				
Suggestions about improvement of your work	**0.516**				
II.EMPLOYEE PERFORMANCE AND THE ISSUE OF ADMINISTRATION		**2.267**	**9.447**	**0.706**	**0.882**
Incapacity of your colleagues (knowledge, skill and ability)	**0.791**				
Incapacity of other fellow employees	**0.774**				

Table 2 continued

Low performance of your colleagues	**0.728**				
Incapacity of your administrators (knowledge, skill and ability)	**0.684**				
Company policies or decision that you disagree	**0.651**				
Personal carrier topics or issues	**0.607**				
III. RESPONSIBILITY		**1.447**	**6.031**	**0.761**	**0.832**
Wastage and losses at your workplace	**0.845**				
Shrinking and laziness	**0.767**				
Responsibility towards the environment (environmental pollution, improper practices against the society)	**0.672**				
IV. ETHICS		**1.042**	**4.341**	**0.631**	**0.764**
Ill-treatment (profanity, insult, accusation, violence, overworking, conscious damages etc.)	**0.715**				
Ethical issues (malpractice, absenteeism, falsity, theft, dishonest behaviours etc.)	**0.661**				
Personal rivalries and conflicts that paralyse work)	**0.601**				
Molestation	**0.549**				
V. DEPARTMENT PERFORMANCE		**0.936**	**3.902**	**0.538**	**0.745**
Low performance at the department/unit that you work	**0.560**				
Suggestions about improvement for the department/unit that you work	**0.516**				

The analysis revealed that 24 variables were categorised under five factors concerning the issues that the nurses remain silent. Total variance of these five factors was calculated 68.123%. The first factor explains 44.401% of the total variance. This factor includes low performance of administrators, inappropriate manners and behaviours of your administrators, the rules that do not serve the purpose, infrastructural and structural problems, insufficiency of equipment, utilisation of individual interests more than organizational interests and suggestions about improvement of your work. There the factor was labelled as "Administrator performance

and working facilities". The main variable in the factor was found "low performance of administrators" (0.792). The second factor explains 9.447 % of the total variance. This factor consists of incapacity of the colleagues, incapacity of other fellow employees, low performance of the colleagues, company policies or decision that are disagreed and personal carrier topics or issues. The main variable in the factor was found "incapacity of the colleagues" (0.791). The third factor explains 6.031% of the total variance and consists of wastage, shrinking and responsibility towards the environment. The main variable in the factor was identified "wastage and losses at the worked place". The fourth factor explains 4.341% of the total variance. This factor includes ill-treatment, ethical issues, molestation and personal rivalries that paralyse work. The main variable was identified ill-treatment (0.715). The fifth factor explains 3.902 % of the total variance. This factor consists of low performance at the worked unit and suggestions towards improvement for the worked unit. The main variable was found "low performance at the worked unit" (0.560).

6.2. Reasons for Remaining Silent

KMO statistics of the data set concerning the reasons of the nurses to remain silent was found 0.918. According to Barlett's test of sphericity, x^2= 3563.898; df=465; p= 0,000 (p<0,001)

Table 3 shows 32 variables which were categorised as five factors concerning the reasons of the nurses to remain silent. Total variance of these five factors was calculated 70.235 %. The first factor explains 48.584 % of the total variance. The main variables are "mistrust towards the administrators "and "Administrators seem like as if they were interested" (0.781). The second factor explains 7.289 % of the total variance. In this factor, the main variables are "fear of being called as a trouble maker/complainer" (0.776) and negative reactions of the administrators towards negative feedback (0.746). The third factor explains 6.147% of the total variance. The main variable here is "the change of workplace or position" (0.746). The fourth factor explains factor explains % 6.147 of the total variance. The main variables of the fourth factor are "the concern that ignorance and inexperience are noticed" (0.747) and "the belief that the administrator should know everything" (0.745). The fifth factor explains 3.834 % of the total variance. The main variable here is "the idea that topics and issues are not a concern of employees but of administration" (0.847).

Table 3: The Factor Analysis Results Concerning the Reasons of the Nurses to Remain Silent

	Loadings	Eigen value	Variance %	Mean	Reliability
I. ADMINISTRATIVE REASONS		**15.061**	**48.584**	**0.704**	**0.951**
Mistrust towards the administrators	**0.781**				
Administrators seem like "as if" they were interested.	**0.781**				
Individuals, who spoke plainly, were treated unfairly or subject to ill-treatment and they set a precedent	**0.768**				

Table 3 continued

A working culture that does not support open talking	**0.758**				
The belief that the administrators do not keep their promises	**0.729**				
Distant relations	**0.710**				
The opinion that the administrators are not compatible with the right manners and principles of the work/ profession	**0.709**				
The fear of reprisal of administrators and colleagues	**0.702**				
The idea that the administrators do not pay attention	**0.681**				
No support given by the administrators for talking plainly.	**0.676**				
The administrators' attitude of "I know the best"	**0.625**				
Fear of relationship damage	**0.535**				
II. ISOLATION AND FEAR OF RELATIONSHIP DAMAGE		**2.260**	**7.289**	**0.657**	**0.911**
Fear of being called as a trouble maker/complainer	**0.776**				
Negative reactions of the administrators towards negative feedback	**0.746**				
Fear of the loss of trust and reputation	**0.718**				
Fear of being called as a mischief maker	**0.705**				
The thought that the administrators would not like	**0.657**				
The belief that plainly speaking is useless	**0.592**				
The strict structure of the hierarchical structure (chain of command)	**0.540**				
Fear of the loss of support	**0.524**				

Table 3 continued

III. FEARS ABOUT THE WORK		**1.906**	**6.147**	**0.644**	**0.876**
The change of workplace or position	**0.746**				
Fear of unemployment or dismission	**0.743**				
Lack of experience concerning speaking openly (junior works, young workers etc.)	**0.695**				
Fear of lack of promotion	**0.574**				
The opinion that informers of the problems are not treated well	**0.573**				
Fear of the increase of workload	**0.536**				
IV. LACK OF EXPERIENCE		**1.358**	**4.381**	**0.736**	**0.852**
The concern that ignorance and inexperience are noticed.	**0.747**				
The belief that the administrator should know everything	**0.745**				
Lack of a formal mechanism that facilitates open speech	**0.717**				
V. ORGANIZATIONAL POSITION		**1.189**	**3.834**	**0.705**	**0.732**
The idea that topics and issues are not a concern of employees but of administration	**0.847**				
Having a low position (lack of status)	**0.563**				

6.3. Perceptional Consequences of Silence

KMO statistics of the data set concerning the perceptional consequences of silence was found 0.954. According to Barlett's test of sphericity, x^2= 4575.988; df=378; p= 0,000 (p<0,001).

As it can be seen on Table 4, it was found that 28 variables were categorised under three factors concerning perceptional consequences of silence which was expressed by the nurses. Total variance of these three factors was calculated 75.946 %. The first factor explains 69.132 % of the total variance. The main variables are "employee loses his motivation towards his work and workplace" (0.768) and "sharing knowledge and experiences is out of question" (0.767). The second factor explains 3.885% of the total variance. Here, the main variables are "the employees lose their trust towards their administrators" (0.759) and "faults/setbacks/ problems are pigeonholed" (0.717). The third factor explains 2.930 % of the total variance. The main variable in this factor is "effective and productive results are not achieved with the current sources" (0.767).

Table 4: The Factor Analysis Results Concerning the Perceptional Consequences of Silence

	Loadings	Eigen value	Variance %	Mean	Reliability
I. THE CONSEQUENCES AFFECTING PERFORMANCE AND SYNERGY		**19.357**	**69.132**	**0.677**	**0.973**
Employee loses his motivation towards his work and workplace	**0.768**				
Sharing knowledge and experiences is out of question	**0.767**				
Lack of multi-perspectives and options	**0.760**				
The employee does not make an effort for self improvement.	**0.755**				
Status quo in the organization is maintained	**0.725**				
No practical solutions are produced for problem solving.	**0.708**				
The employees turn into individuals who do only the given tasks without contributing to the organization	**0.694**				
Lack of ideas and diversity is experienced in the organization	**0.677**				
The employees lose their respect towards their administrators	**0.665**				
Open communication and constructive dialogs are prevented at the workplace.	**0.639**				
The employee feels agony and unable as he cannot speak	**0.601**				
The employee gets stressed	**0.586**				
Employees' feeling of ownage/adoption diminishes	**0.582**				
The employee thinks of changing workplace	**0.552**				

Table 4 continued

II. THE CONSEQUENCES HINDERING IDENTIFICATION OF PROBLEMS AND EMPLOYEES' TRUST		**1.088**	**3.885**	**0.660**	**0.961**
The employees lose their trust towards their administrators	**0.759**				
Faults/setbacks/problems are pigeonholed.	**0.717**				
Negativities are ignored.	**0.701**				
No organizational learning occurs by taking lessons from mistakes.	**0.688**				
The employee thinks of changing his unit/department.	**0.662**				
The sense of "do your work and do not get involved in anything" is settled.	**0.644**				
Insensitivity and desperation become accepted behaviours	**0.642**				
Activation of working process and services and their improvement are neglected.	**0.628**				
Ideas and opinions remained behind closed doors; they are not delivered to the authorities.	**0.604**				
The problems are not solved on time, they grow bigger.	**0.563**				
III. THE CONSEQUENCES PREVENTING ORGANIZATONAL DEVELOPMENT		**0.820**	**2.930**	**0.707**	**0.906**
Effective and productive results are not achieved with the current sources.	**0.767**				
The administrators lack of significant knowledge and data while they are making decisions.	**0.718**				
The speed of desired changes in the organization slows down.	**0.701**				
The speed of organizational development and progress slows down.	**0.644**				

According to the t test results which was applied in order to compare the issues that the nurses remain silent, the reasons of remaining silent and perceptional consequences of silence, a significant difference was identified for the third factor (responsibility) concerning the issues of silence between the nurses who are below 25 and the nurses who are over 26 years old ($p<0.05$) (Table 5). Accordingly, the nurses who are below 25 remain more silent in comparison to the nurses who are older than 26. No significant differences were identified between other factors ($p>0.05$).

Table 5: The Comparison of Results According to the Ages: Issues, Reasons and Perceptional Consequences of Silence

The Issues that the Nurses Remain Silent	Age (years)	Number	Means	Standard Deviations	t-value	p value
I. Adminisrator Performance And Working Facilities	< 25 26 >	52 85	2.33 2.19	0.84 0.76	1.012	0.313
II. Employee Performance And The Issue of Administration	< 25 26 >	52 85	2.51 2.52	0.78 0.85	-0.038	0.970
III. Responsibility	< 25 26 >	52 85	2.01 1.74	0.68 0.76	2.136	**0.035***
IV. Ethics	< 25 26 >	52 85	1.84 1.63	0.76 0.72	1.659	0.099
V. Department Performance	< 25 26 >	52 85	2.29 2.07	0.89 0.92	1.360	0.176
The Reasons of the Nurses to Remain Silent						
I. Administrative Reasons	< 25 26 >	52 85	2.94 2.98	0.97 0.99	-0.208	0.837
II. Isolation And Fear of Relationship Damage	< 25 26 >	52 85	2.80 2.91	0.85 0.99	-0.630	0.529
III. Fears About the Work	< 25 26 >	52 85	2.76 2.46	0.92 0.97	1.779	0.077
IV. Lack of Experience	< 25 26 >	52 85	2.56 2.54	1.13 1.10	0.084	0.933
V. Organizational Position	< 25 26 >	52 85	2.53 2.44	1.12 0.98	0.481	0.632
The Perceptional Consequences of Silence						
I. The Consequences Affecting Performance And Synergy	< 25 26 >	52 85	3.44 3.40	1.00 1.03	0.239	0.811

Table 5 continued

II. The Consequences Hindering Identification of Problems and Employess' Trust	< 25 26 >	52 85	3.45 3.35	1.03 1.05	0.594	0.554
III. The Consequences Preventing Organizational Development	< 25 26 >	52 85	3.17 3.30	1.03 1.07	-0.700	0.485

*p<0,05 significant difference

As Table 6 presents, significant differences between the nurses' working experience (0-4, 5-10 and 11 years and over) duration were identified for the third factor (responsibility) according to the one way variance (ANOVA) analysis (p<0.05). The Scheffe test was employed in order to find which groups cause these differences. Accordingly, a significant difference was found between the nurses who worked 0-4 years and the ones who worked 5-10 years. The nurses whose term of employment is between 0 and 4 years remain more silent that the ones whose term of employment is between 5 and 10 years on the issues concerning the responsibility factor. No significant differences were identified between other factors (p>0.05).

Table 6: The Comparison of Results According to Working Experience: Issues, Reasons and Perceptional Consequences of Silence

The Issues that the Nurses Remain Silent	Working experience (years)	Number	Means	Standard Deviations	F value	p value
I. Adminisrator Performance And Working Facilities	0-4 5-10 11 >	64 34 39	2.22 2.14 2.37	0.84 0.67 0.82	0.806	0.449
II. Employee Performance And The Issue of Administration	0-4 5-10 11 >	64 34 39	2.42 2.46 2.72	0.79 0.81 0.87	1.684	0.190
III. Responsibility	0-4 5-10 11 >	64 34 39	1.99 1.60 1.85	0.71 0.74 0.73	3.237	**0.042***
IV. Ethics	0-4 5-10 11 >	64 34 39	1.76 1.59 1.72	0.73 0.74 0.76	0.639	0.530
V. Department Performance	0-4 5-10 11 >	64 34 39	2.17 2.07 2.19	0.84 0.94 1.02	0.177	0.838

Table 6 continued

The Reasons of the Nurses to Remain Silent						
I. Administrative Reasons	0-4	64	2.89	0.99	1.063	0.348
	5-10	34	2.87	1.04		
	11 >	39	3.16	0.90		
II. Isolation And Fear of Relationship Damage	0-4	64	2.73	0.91	1.998	0.140
	5-10	34	2.85	0.97		
	11 >	39	3.11	0.95		
III. Fears About the Work	0-4	64	2.64	0.96	1.771	0.174
	5-10	34	2.30	0.91		
	11 >	39	2.68	0.99		
IV. Lack of Experience	0-4	64	2.55	1.15	0.037	0.964
	5-10	34	2.51	1.18		
	11 >	39	2.58	1.00		
V. Organizational Position	0-4	64	2.45	1.07	0.066	0.936
	5-10	34	2.45	0.95		
	11 >	39	2.52	1.05		
The Perceptional Consequences of Silence						
I. The Consequences Affecting Performance And Synergy	0-4	64	3.35	1.05	0.252	0.777
	5-10	34	3.50	0.97		
	11 >	39	3.44	1.02		
II. The Consequences Hindering Identification of Problems and Employess' Trust	0-4	64	3.34	1.07	0.268	0.765
	5-10	34	3.50	1.00		
	11 >	39	3.37	1.03		
III. The Consequences Preventing Organizational Development	0-4	64	3.14	1.09	0.759	0.470
	5-10	34	3.38	0.99		
	11 >	39	3.33	1.04		

*p<0,05 significant difference

According to the comparison concerning the nurses' terms of employment in the (same) establishment (Table 7), no significant differences were observed concerning the issues that the nurses remain silent, the reasons of the nurses to remain silent or perceptional consequences of silence ($p<0.05$).

Table 7: The Comparison of Results According to Working Experience in Hospital: Issues, Reasons and Perceptional Consequences of Silence

The Issues that the Nurses Remain Silent	Working experience in hospital(years)	Number	Means	Standard Deviations	F value	p value
I. Adminisrator Performance And Working Facilities	0-4	94	2.26	0.82	0.057	0.945
	5-10	28	2.20	0.76		
	11 >	15	2.21	0.75		
II. Employee Performance And The Issue of Administration	0-4	94	2.50	0.85	0.069	0.933
	5-10	28	2.55	0.80		
	11 >	15	2.57	0.76		
III. Responsibility	0-4	94	1.94	0.74	2.241	0.110
	5-10	28	1.64	0.77		
	11 >	15	1.66	0.53		
IV. Ethics	0-4	94	1.80	0.76	2.900	0.058
	5-10	28	1.52	0.74		
	11 >	15	1.43	0.43		
V. Department Performance	0-4	94	2.19	0.89	0.195	0.823
	5-10	28	2.09	0.97		
	11 >	15	2.07	0.98		
The Reasons of the Nurses to Remain Silent						
I. Administrative Reasons	0-4	94	2.94	0.97	2.748	0.068
	5-10	28	0.76	0.5		
	11 >	15	3.48	0.7		
II. Isolation And Fear of Relationship Damage	0-4	94	2.75	0.88	2.726	0.059
	5-10	28	3.08	0.99		
	11 >	15	3.25	1.08		
III. Fears About the Work	0-4	94	2.59	0.94	0.289	0.749
	5-10	28	2.45	1.07		
	11 >	15	2.65	0.93		
IV. Lack of Experience	0-4	94	2.58	1.17	0.290	0.749
	5-10	28	2.40	1.01		
	11 >	15	2.60	0.87		
V. Organizational Position	0-4	94	2.52	1.06	0.305	0.738
	5-10	28	2.37	0.97		
	11 >	15	2.37	1.04		

Table 7 continued

The Perceptional Consequences of Silence						
I. The Consequences Affecting Performance And Synergy	0-4 5-10 11 >	94 28 15	3.36 3.51 3.55	1.04 1.02 0.97	0.389	0.679
II. The Consequences Hindering Identification of Problems and Employess' Trust	0-4 5-10 11 >	94 28 15	3.35 3.52 3.41	1.05 1.04 1.01	0.293	0.747
III. The Consequences Preventing Organizational Development	0-4 5-10 11 >	94 28 15	3.18 3.45 3.32	1.07 1.04 0.95	0.748	0.475

*p<0,05 significant difference

The comparison made according to the nurses' gender (Table 8) indicate that there is significant differences for the second factor (employee performance and administrative issues) concerning the issues that the nurses remain silent, for the first (administrative reasons) and the second factor (isolation and fear of relationship damage) concerning the reasons of the nurses to remain silent and for all factors concerning perceptional consequences of silence ($p<0.05$).

Table 8: The Comparison of Results According to Gender: Issues, Reasons and Perceptional Consequences of Silence

The Issues that the Nurses Remain Silent	Gender	Number	Means	Standard Deviations	t- value	p value
I. Adminisrator Performance And Working Facilities	Female Male	101 36	2.30 2.08	0.77 0.86	1.439	0.153
II. Employee Performance And The Issue of Administration	Female Male	101 36	2.61 2.25	0.79 0.88	2.279	**0.024***
III. Responsibility	Female Male	101 36	1.86 1.81	0.70 0.85	0.301	0.764
IV. Ethics	Female Male	101 36	1.73 1.64	0.71 0.83	0.651	0.516
V. Department Performance	Female Male	101 36	2.20 2.03	0.87 1.00	0.900	0.372

Table 8 continued

The Reasons of the Nurses to Remain Silent						
I. Administrative Reasons	Female Male	101 36	3.11 2.55	0.89 1.10	2.723	**0.009***
II. Isolation And Fear of Relationship Damage	Female Male	101 36	2.99 2.51	0.85 1.09	2.426	**0.019***
III. Fears About the Work	Female Male	101 36	2.65 2.36	0.94 1.01	1.560	0.121
IV. Lack of Experience	Female Male	101 36	2.65 2.25	1.08 1.15	1.891	0.061
V. Organizational Position	Female Male	101 36	2.49 2.42	1.04 1.02	0.390	0.697
The Perceptional Consequences of Silence						
I. The Consequences Affecting Performance And Synergy	Female Male	101 36	3.62 2.81	0.88 1.16	3.821	**0.000***
II. The Consequences Hindering Identification of Problems and Employess' Trust	Female Male	101 36	3.58 2.85	0.92 1.17	3.390	**0.001***
III. The Consequences Preventing Organizational Development	Female Male	101 36	3.47 2.64	0.91 1.18	3.796	**0.000***

*p<0,05 significant difference

According to the findings shown on Table 8, female nurses were find more silent for the issues concerning employee performance and administrative issues. With regard to the reasons of the nurses to remain silent, administrative reasons and isolation and fear of relationship damage affects female nurses more. The gender comparison shows that there are significant differences on all three factors. Female nurses think more than male nurses that effective and efficient use of sources and the consequences preventing organizational development influence silence.

7. Conclusion

Contemporary approaches on organizations emphasize that humans should be considered as the most importance source of organization. Because human resources is the most significant factor that affects the success of the organization. This assumption is also correct for medical establishments. Nowadays several approaches are concerned with developing methods and

models for individuals to contribute themselves and to the effective and efficient functioning of the organizations. Despite such efforts, several things can hinder possible contributions of the employees to organizations and their expectations from professional life. The issue of silence that might appear in organizations is one of these. For this reason this study was made in order to identify issues that the nurses remain silent, reasons for remaining silent and the consequences of remaining silent which are perceived by both the nurses and the hospital. There is limited research on organizational and employee silence in Turkey. In this study, it is aimed to understand the nurses' behaviour of silence and to overcome it. The study also aims to contribute the field of medical establishment administration and to draw attention of authorities to this subject.

According to the research findings, the issues that the nurses remain silent were identified: administrator performance and working facilities, employee performance and administrative issues, responsibility, ethics and department performance. Among these five factors, differences were identified for the responsibility factor according to age groups and terms of employment and for the employee performance and administrative issues according to gender. In this sense the nurses, who are below 25 years and whose term of employment is less than 4 year, remain more silent on the issues concerning the responsibility factor. For the factor employee performance and administrative issues, female nurses were more silent. According to Çakıcı (2008)'s research on academic and administrative staff, it was found that academics remain more silent on the issues of ethics and responsibilities and administrative issues. However, administrative staff remains silent on working facilities. The faculty members and research assistants remain silent on different issues. Research assistants mostly prefer to more remain silent than faculty members on ethical issues and responsibility, employee performances, suggestions for improvement and working facilities.

According to the findings of this current research, the leading reason of nurses to remain silent is the administrative reasons factor. No significant differences were identified on all factors according to age groups, seniority or term of employment concerning reasons of silence. In other words, these aspects have similar effects on both talking and remaining silent. Nevertheless, for the factors administrative issues and isolation and fear of relationship damage, it was found that there is a difference according to gender. It was identified that these factors affect female nurses more. In Çakıcı (2008)'s research, the leading reason of silence was "administrative and organizational reasons". In addition, "fear" appeared to be a significant factor. Factors concerning work do not present a difference for academic and administrative staff. Therefore, academic and administrative staff expresses their opinions or remains silent due to similar reasons. When academic staff was categorised into two groups as faculty members and research assistants, it was found that research assistants were more affected by issues connected to work, lack of experience, fear of isolation and fear of relationship damage than faculty members.

This current research classified perceptional consequences of silence into three categories: the consequences affecting performance and synergy, the consequences hindering identification of problems and employees' trust and the consequences preventing organizational development. Perceptional consequences of silence vary according to gender. Female nurses that effective and efficient use of sources and the consequences preventing organizational

development influence silence. Similarly Çakıcı (2008) found that perceptional consequences of silence vary according to gender. In comparison to male nurses, female nurses are more concerned that silence can prevent performance and synergy, limit improvement and make employees unhappy. In comparison to administrative staff, academic staff is more concerned that silence can limit improvement and development. Similarly, in comparison to research assistants, faculty members are more concerned that silence can limit improvement.

According to a research done by Altınöz and Çöp (2012), it was observed that organizational silence decreases when working hours are increased in hotels. In other words, it can be said that when working hours of the employees are increased, they begin to express their opinions more about their work. The research also showed that high level of education decreases organizational silences. In Özdemir and Uğur (2013)'s research, the perception of organizational silence varies according to the status. In addition, significant differences were found according to positions and sectors. In the research, no significance differences were reached concerning the perceptions of organizational silence according to age, terms of employment and education groups. However, it was found that status plays an important role in the perceptions of organizational silence. Accordingly, civil servants have higher perceptions of organizational silence than workers. The research also identified significant differences on employees' perception of organizational voice and silence according to position. Accordingly, administrators have higher perceptions of organizational voice than employees whereas employees have higher perceptions of organizational silence than administrators. Finally the research underlined that employees' perception of organizational voice and silence varies significantly according to the sector. In this sense, public sector employees have higher perceptions of organizational silence than private sector employees. Kahveci and Demirtaş (2013)'s research focuses on school administrators' and teachers' perceptions of organizational silence. In the research, it was found that female participants remain more silent than male participants on behaviours that stem from administrative issues. In other words, female participants express their feelings and opinions less frequently than male participants at school. Another finding of the research is that the items of 'the teacher factor' were perceived similarly by both female and male participants. In addition, their perceptions of silences that stem from the environment were found similar.

Administrators play an important role in determining administrative decisions and policies in terms of management of the medical establishments. Medical establishments cannot provide health services without employees. The contribution of the employees in medical establishments cannot be underestimated. Therefore, organizational silence is not a desirable situation for medical establishments. In dealing with this problem, the role of administrators of medical establishments is particularly critical. The administrators have the capacity to eliminate administrative and organizational reasons of silence and to create an organizational climate in which employees can freely express their opinions. In conclusion, this study provides a general framework of silence of the nurses for a medical establishment. The research mostly focused on organizational and administrative dimensions of silence. Although silence is a popular but relatively new topic, further studies are needed in the healthcare field.

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