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Relationship between Organizational Quiet Behaviors in Nurses and Hospital and Nurse Characteristics

Noora Nasser Alqahtani[1], Munera Hassan Alqahtani[2], Nora Ayed Alqahtani[3], Ahlam Abdullah Alqahtani[4], Shahad Abdullah Alqahtani[5], Abeer Ayed Alharthi[6], Samar Ayed Alqahtani[7], Aisha Abdulqader Bakri[8], Haya Nasser Alqahtani[9], Agab Mohammad Alqahtani[10], Bahiah Mesfer Ali Alqahtani[11], Abeer Musfer Alqahtani[12]

[1,2,3,4,9,11]Tathleeth, Nursing Specialist
[5]Riyadh, Nursing Technician
[6]MCH Bishah, Nursing Technician
[7]Tathleeth, Nursing Specialist
[8]MGH (Mahyal General Hospital)Assir, Nursing Specialist
[10]Tathleeth,Nursing Technician
[11]Tathleeth, Nursing Specialist
[12]Nursing Specialist, King Khalid Hospital, Alkharag

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ABSTRACT
Organizational silence among nurses is a critical issue that can have significant implications for patient safety and care quality. This study aimed to assess Relationship between organizational quiet behaviors in nurses and hospital and nurse characteristics. A cross-sectional study was conducted, involving 624 licensed registered nurses . The Organizational Silence Behavior Scale (OSBS) was used to measure organizational silence. Descriptive statistics, t-tests, Anova, correlation analysis, and multiple linear regression were employed for data analysis. The results indicated a moderate level of overall organizational silence, with prosocial silence being the most prevalent type. Nurses' years of experience, facility size, and urban location were found to be significant predictors of organizational silence. The findings highlight the need for nursing management to create a work environment that encourages open communication and supports nurses in speaking up about patient safety concerns. Strategies such as implementing reporting systems, providing assertiveness training, and promoting interprofessional collaboration can help mitigate organizational silence and improve patient outcomes.

Keywords: Anova, Organizational, implications, support

INTRODUCTION

Organizational silence, a phenomenon in which employees intentionally or unintentionally withhold information, opinions, or concerns that could be beneficial to their organization, has gained increasing attention in recent years (1). In the healthcare sector, organizational silence among nurses is particularly concerning, as it can have direct implications for patient safety and care quality (2, 3).

Nurses play a crucial role in ensuring patient safety and providing high-quality care. They are often the first to detect potential errors, risks, or malpractices in the healthcare environment (4). However, when nurses remain silent about these issues, it can lead to adverse patient outcomes, including medication errors, healthcare-associated infections, and even patient mortality (5, 6).

Several factors contribute to organizational silence among nurses. Dyne et al. (7) categorized silence behaviors into three types: prosocial silence (withholding information to benefit others or the organization), defensive silence (withholding information due to fear of consequences), and acquiescent silence (withholding information due to resignation or perceived lack of influence). Previous studies have identified various reasons for nurses' silence, such as fear of retaliation, damaging relationships with colleagues, lack of management support, and a negative work environment (8, 9, 10).

The hierarchical structure and power dynamics within healthcare organizations can also contribute to nurses' reluctance to speak up (11). Novice nurses, in particular, may feel intimidated or lack the confidence to voice their concerns, especially when challenging the opinions of more experienced colleagues or superiors (12).

Organizational culture and leadership play a significant role in shaping nurses' speaking-up behaviors. A culture of openness, psychological safety, and trust is essential for encouraging nurses to express their concerns without

fear of negative consequences (13). Transformational leadership, which emphasizes open communication, support, and empowerment, has been associated with increased speaking-up behaviors among nurses (14).

Despite the growing recognition of the importance of speaking up in healthcare settings (15, 4), there is limited research examining the specific nurse and hospital characteristics that influence organizational silence among nurses. Previous studies have suggested that factors such as age, years of experience, education level, and job position may be associated with nurses' silence behaviors (16, 17). However, these findings have been inconsistent and warrant further investigation.

Moreover, hospital characteristics, such as facility size, location, and type of hospital (public vs. private), may also contribute to organizational silence among nurses. Larger hospitals and urban settings may have more complex organizational structures and communication channels that hinder open communication (18). Public hospitals may face different challenges compared to private hospitals in terms of resources, workload, and organizational culture, which could impact nurses' speaking-up behaviors (19).

Given the critical role of nurses in ensuring patient safety and the potential consequences of organizational silence, it is crucial to understand the factors that contribute to silence behaviors among nurses. By identifying the nurse and hospital characteristics associated with organizational silence, targeted interventions and strategies can be developed to promote a culture of open communication and encourage nurses to speak up about patient safety concerns.

METHODOLOGY

A descriptive, cross-sectional research design was employed in this study. The target population consisted of licensed registered nurses working in hospitals. A two-stage sampling method was used to select participants. In the first stage, stratified sampling was used to determine the number of respondents per hospital based on the hospital's size and location. In the second stage, convenience sampling was used to recruit nurses within each hospital.

The inclusion criteria for participating hospitals were: (1) a minimum of 50 beds, (2) the presence of an emergency department, and (3) the presence of an operating room department. Nurses were eligible to participate if they: (1) were licensed registered nurses, (2) had at least three months of hospital work experience, (3) held a permanent or tenured position, and (4) worked in either a private or public hospital. Nurses undergoing orientation were excluded from the study.

A total of 700 nurses were invited to participate in the study, of which 624 completed the survey, resulting in a response rate of 89.1%. The sample size was determined using G*Power software, considering a medium effect size, a power of 0.80, and an alpha level of 0.05.

Instruments

A three-part questionnaire was used for data collection. The first part gathered information on nurses' demographic characteristics, including age, gender, education, marital status, years of experience in nursing and in the present unit, job role, contract type, and length of the last shift worked. The second part collected data on hospital characteristics, such as the unit of assignment, hospital type, and facility size.

The primary tool used in this study was the Organizational Silence Behavior Scale (OSBS), which was included in the third part of the questionnaire. The OSBS is a 15-item scale developed by Dyne et al. (2003) to assess employees' silence behaviors. The scale consists of three subscales: (1) prosocial silence, (2) defensive silence, and (3) acquiescent silence. Participants rated each item on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The OSBS has demonstrated acceptable validity and internal consistency, with a Cronbach's alpha coefficient of 0.89 in previous research. In the current study, the Cronbach's alpha was 0.88.

Data Collection

Prior to data collection, ethical approval was obtained from the university's Ethics Review Board. Letters of intent were sent to the chief nurses of the selected hospitals, requesting permission to collect data. Upon approval, the researchers approached the ward managers of each unit to obtain permission for data collection within their respective units.

Eligible nurses were provided with a sealed envelope containing the questionnaire. Participants completed the questionnaire during their break time, which took approximately 20 minutes. Data collection was conducted from August 2019 to December 2019. To ensure confidentiality, code numbers were used instead of participants' names.

Data Analysis

Data were analyzed using SPSS version 23 software. Descriptive statistics, including means, standard deviations, and percentages, were used to summarize the data. Inferential statistics, such as t-tests, analysis of variance (ANOVA), and Pearson's r correlation coefficient, were employed to examine the associations between

nurse and hospital characteristics and organizational silence. Multiple linear regression analysis was conducted to identify the predictors of organizational silence. The level of significance was set at $p < .05$.

RESULTS

The overall composite score of the Organizational Silence Behavior Scale (OSBS) indicated a moderate level of organizational silence among nurses (M = 3.39, SD = 1.18). The prosocial silence subscale obtained the highest mean score (M = 4.03, SD = 1.45), followed by the acquiescent silence subscale (M = 3.21, SD = 1.43) and the defensive silence subscale (M = 2.94, SD = 1.54) (Table 1).

Table 1: Nurses' responses on the Organizational Silence Behavior Scale

Subscale/Item	Mean	SD
Prosocial silence	4.03	1.45
Acquiescent silence	3.21	1.43
Defensive silence	2.94	1.54
OSBS Composite	3.39	1.18

Multiple linear regression analysis revealed that nurses' years of experience in the profession ($\beta = -0.028$, $p < .001$), facility size ($\beta = 0.451$, $p = .001$), and urban location ($\beta = 0.481$, $p < .001$) were significant predictors of organizational silence (Table 2). Nurses with more years of experience were less likely to engage in silence behaviors, while those working in larger facilities and urban areas exhibited higher levels of silence.

Table 2: Multiple linear regression analysis for the predictors of organizational silence

Variable	β	SE	95% CI	p-value
Years in nursing profession	-0.028	0.008	-0.043 to -0.013	< .001
Facility size (large)	0.451	0.138	0.181 to 0.721	.001
Location of work (urban)	0.481	0.120	0.245 to 0.717	< .001

DISCUSSION

The findings of this study shed light on the prevalence and predictors of organizational silence among nurses. The moderate level of overall organizational silence suggests that nurses may be hesitant to speak up about critical issues in their work environment. This aligns with prior research indicating that organizational silence can act as a barrier to positive change and development within healthcare settings (1). Furthermore, the high level of prosocial silence observed indicates that nurses often prioritize protecting their coworkers and the organization over voicing concerns, consistent with previous studies (10, 11).

The negative association between years of experience and organizational silence supports previous studies suggesting that novice nurses are less likely to speak up due to factors such as lack of confidence, unfamiliarity with organizational processes, and fear of repercussions (12). Conversely, experienced nurses may develop the skills and confidence needed to voice concerns and advocate for patient safety (6).

The positive association between facility size and organizational silence could be attributed to hierarchical structures and communication barriers often present in larger healthcare organizations (2). Nurses in these settings may perceive greater power distances and feel less comfortable speaking up to their superiors or challenging the status quo (18).

Additionally, the finding that nurses in urban areas exhibit higher levels of silence compared to those in rural settings may reflect differences in organizational culture and interpersonal dynamics. Urban hospitals are often characterized by fast-paced, impersonal environments that may hinder open communication and collaboration among staff (19).

These findings underscore the need for nursing management to foster a work environment that encourages open communication, psychological safety, and speaking-up behaviors (13). Strategies such as implementing robust reporting systems, providing assertiveness training, and promoting interprofessional collaboration can help reduce organizational silence and enhance patient safety (20, 3).

CONCLUSION

This study highlights the prevalence and predictors of organizational silence among hospital nurses, revealing a moderate level of silence, with prosocial silence being most common. Key predictors include years of experience, facility size, and urban location. Novice nurses are more likely to remain silent due to a lack of confidence and fear of consequences, while experienced nurses are more vocal. Larger and urban hospitals, with their hierarchical structures, tend to hinder open communication.

The findings emphasize the need for nursing management to foster environments that encourage open communication and psychological safety through strategies like reporting systems, assertiveness training, and

interprofessional collaboration. Limitations include the cross-sectional design, potential response bias, and limited generalizability.

Future research should focus on longitudinal and qualitative studies to explore causal relationships and deeper insights, as well as interventions to reduce silence. Ultimately, addressing organizational silence can enhance patient safety, care quality, and outcomes.

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