Perception of Nurse Managers' Workplace Environment and Its Impact On Organizational Silence Level

Koç S**., **Yalçın B*.,** Göktepe N*., Türkmen E*. Canbolat S**., Bakoğlu N**. & Serbest Ş.***

Presented by

Begüm Yalçın RN, PhD

*Koç University
** Acıbadem Hospitals
***Acıbadem University School of Nursing

Organizational Silence

Reasons of Organizational Silence

Miliken etal. (2003) fears and beliefs

Premaux& Bedeian (2003) factors that are effecting open communication within employees

Bowen&Blackmon (2003) organizational norms

Dyne etal. (2003) perception of organizational support system's effect on organizational silence

Bowen, F. ve Blackmon, K. (2003). Spirals of Silence: The Dynamic Effects of Diversity on Organizational Voice. *Journal of Management Studies*. 40 (6), 1393-1417.

Dyne, L. V., Ang, S. ve Botero, I. C. (2003). Conceptualizing Employee Silence and Employee Voice as Multidimensional Constructs. *Journal of Management Studies*, 40 (6), 1359-1392.

Milliken, F. J., Morrison, E. W. ve Hewlin, P. F. (2003). An Exploratory Study of Employee Silence: Issues that Employees Don't Communicate Upward and Why. *Journal of Management Studies.*. 40 (6), 1453-1476.

Premeaux, S. F. ve Bedeian, A. G. (2003). Breaking the Silence: The Moderating Effects of Self-Monitoring in Predicting Speaking Up in the Workplace. *Journal of Management Studies*. 40 (6), 1537-1562.

Organizational Silence in Healthcare

- Teamwork communication needs to be strong (Henriksen and Dayton 2006).
- A study which was conducted with OR teams showed that the doctors raise their concerns more than nurses and other healthcare professionals (Sexton etal. 2006).

Henriksen, K. ve Dayton, E. (2006). Organizational silence and hidden threats to patient safety. Health Services Research. 41 (42), 1539-1554.
Sexton, J. B., Makary, M. A., Tersigni, A. R., Pryor, D., Hendrich, A., Thomas, E. J., . . . Pronovost, P. J. (2006). Teamwork in the Operating RoomFrontline Perspectives among Hospitals and Operating Room Personnel. The Journal of the American Society of Anesthesiologists. 105 (5), 877-884.

Organizational Silence in Healthcare-2

According to the Yalcin and Baykal (2012)' s study with 220 nurses working at private hospitals;

1. Nurses are able to talk with their managers comfortably (75.5%)
2. Share problems mostly with their charge nurses (59.5%).
   - Nurses who are unhappy about work and thinking about leaving,
   - Unable to talk with their manager,
   - Had a fear of isolation

Stay Silent

A study conducted with 913 front-line nurses from thirteen university hospitals in Turkey examining the relation between leaders' integrity and employee silence in healthcare organizations indicated that a manager's behavior should be constant while interacting with subordinates, (Erkutlu and Chafra, 2018).

Yalçın, B. ve Baykal, Ü. (2012). Özel Hastanelerde Görevli Hemşirelerin Sessiz Kaldığı Konular ve Sessiz Kalma Nedenleriyle İlişkili Faktörler. *Hemşirelikte Eğitim ve Araştırma Dergisi,* 9(2), 42-50.

Erkutlu, H. & Chafra, J. (2018) Leader's integrity and employee silence in healthcare organizations. *Leadership in Health Services*. https://doi.org/10.1108/LHS-03-2018-0021

Nurses' Work Enviroment

Hospital work environments that support the professional practice of nurses are critical to improve patient, nurse and system outcomes. Poor practice environment is related to high 30-day mortality and failure-to-rescue rates.

Nurse managers are responsible for creating these professional practice environments for staff nurses

Aiken, L. H., Clarke, S. P., Sloane, D. M., Lake, E. T. & Cheney, T. J. T. J. o. n. a. (2008) Effects of hospital care environment on patient mortality and nurse outcomes. 38 (5), 223. doi: 10.1097/01.NNA.0000312773.42352.d7

Kanai-Pak, M., Aiken, L. H., Sloane, D. M. & Poghosyan, L. J. J. o. c. n. (2008) Poor work environments and nurse inexperience are associated with burnout, job dissatisfaction and quality deficits in Japanese hospitals. 17 (24), 3324-3329. https://doi.org/10.1111/j.1365-2702.2008.02639.x

Squires, A. & Juárez, A. J. I. j. o. n. s. (2012) A qualitative study of the work environments of Mexican nurses. 49 (7), 793-802. https://doi.org/10.1016/j.ijnurstu.2012.02.001

Aim of the Study

Determine the relationship between nurse managers' demographics and work-related factors that may affect the level to which nurse managers' exhibit silence behaviors.

Methods

- This descriptive cross-sectional study was conducted between March 2018 and September 2018 at a private hospital group in Turkey where 265 mid and senior level nurse managers were employed.
- 265 nurse managers, 169 who met the inclusion criteria were included in the study sample.

Method-2

- **Demographic Form:** 16 items questions the socio-demographic and professional characteristics of the participating nurses.
- **Nurse Manager Practice Environment Scale:** The scale developed by Warshawsky et al. (2013) was adapted to Turkish in 2017 by Tosun and Yıldırım who also conducted the reliability and validity study of the Turkish version of the scale.
- **Organizational Silence Behavior Scale:** The scale aimed at assessing the level of organizational silence was developed by Yalçın and Baykal (2019).

- Tosun A. (2017). The adaptation of the nurse manager practice environment scale into Turkish: An application in private, public and University Hospitals (PhD Programme Unpublished PhD). Thesis _Istanbul:Institute of Health Sciences, Department of Nursing Management. (Original Work Published in Turkish)
- Warshawsky, N. E., Lake, S. W. & Brandford, A. (2013) Nurse managers describe their practice environments. *Nursing administration quarterly,* 37 (4), 317-325. doi: 10.1097/NAQ.0b013e3182a2f9c3
- Yalçın, B. & Baykal, Ü. (2019) Development and psychometric testing of the Organizational Silence Behavior Scale for healthcare professionals. *Nursing & health sciences*. https://doi.org/10.1111/nhs.12619

DOI: 10.1111/nhs.12619

RESEARCH ARTICLE

Nursing & Health Sciences WILEY

Development and psychometric testing of the Organizational Silence Behavior Scale for healthcare professionals

Begüm Yalçın RN, PhD[1] | Ülkü Baykal RN, PhD[2]

[1]School of Nursing, Koc University, Istanbul, Turkey

[2]Florence Nightingale Faculty of Nursing, Istanbul University-Cerrahpasa, Istanbul, Turkey

Correspondence
Begüm Yalçın, School of Nursing, Koc University, Davutpaşa Caddesi No. 4 34010 Topkapı Istanbul, Turkey.
Email: beyalcin@ku.edu.tr

Abstract

Organizational silence maintained by professionals working in the healthcare sector could result in various moral dilemmas and might negatively affect patient care. The aim of this methodological study was to develop a scale that measured the organizational silence behaviors of healthcare professionals. During the development of the scale, researchers conducted in-depth interviews with 30 healthcare professionals in order to create a draft pool of 66 scale items. After content validity, a 62 item scale was drafted. In the second stage of development, psychometric properties of the scale were evaluated. The results of the confirmatory factor analysis indicated that adequate fit indices (χ^2 value to degrees of freedom = 3.54; goodness-of-fit index = .92; root mean square error of approximation = .90) were achieved and resulted in a 32 item scale with four subscales. These subscales were assessed using a 5 point Likert scale. The Cronbach's alpha for the scale was .93, and for the subscales, it was as follows: silence climate: α = .91, silence based on fear: = .91, acquiesce silence: α = .93, and silence based on protecting the organization: α = .85. The Organizational Silence Behavior Scale was successfully developed and showed satisfactory validity and reliability. It is usable among healthcare professionals.

KEYWORDS

organizational silence, reliability, scale development, validity

Yalçın, B. & Baykal, Ü. (2019) Development and psychometric testing of the Organizational Silence Behavior Scale for healthcare professionals. *Nursing & health sciences*. https://doi.org/10.1111/nhs.12619

Results-1

Variables	n	%
Gender		
Man	32	18.9
Woman	137	81.1
Age		
≤ 35	86	50.9
> 35	83	49.1
Marital Status		
Married	111	65.7
Single	58	34.3

Variables	n	%
Education background		
High school & Associate degree	50	29.6
Bachelor degree	74	43.8
Postgraduate degree	45	26.6
Total professional experience		
≤ 15 years	116	68.6
> 15 years	53	31.4
Employment duration at current hospital		
≤ 11 years	100	59.2
> 11 years	69	40.8

Results-2

Variables	n	%
Duration management experience		
> 7 years	52	30.8
≤ 7 years	117	69.2
Leadership education program		
Participated	123	72.8
NO	46	27.2
Satisfaction with working at current hospital		
Satisfy	157	92.9
Not satisfy	12	7.1
Expressing ideas freely in the institution		
Yes	79	46.7
No/Partially	90	53.3

Results-3

NM Work Environment Scale	Min-max (1-6)	$\bar{x}$ ±SD
Total scale	3.5-6.0	4.94±.55
Subscales		
Empowering administrative leaders create a culture of patient safety	2.1-6.0	4.94±.64
Culture of meaning	3.0-6.0	5.20±.60
Culture of generativity	2.5-6.0	4.97±.67
Adequate budgeted resources	1.0-6.0	4.34±.87
Fair and manageable workload	1.3-6.0	4.56±.97
Constructive NM-director relationships	2.1-6.0	5.01±.72
Collegial relationships between NMs and physicians	2.0-6.0	5.05±.77
Effective NM- unit staff relationships	3.6-6.0	5.51±.50

Nurse managers spend most of their time engaging with their staff. The work environment should allow new ideas to emerge in order to ensure change and continuous quality improvement, to consider staff opinions and suggestions and to discuss mistakes in a free environment

Knowledge of financial planning is defined as a key competence for nurse managers However, nurse managers often state that they have insufficient knowledge and have almost no training prior to their management position regarding budget planning

Results-4

Organizational Silence Behavior Scale	Min-max (1-5)	x̄ ±SD
Total Scale Scores	1.0-4.5	2.46±.69
Sub-scale scores		
Silence Climate	1.0-5.0	2.59±.77
Silence Based On Fear	1.0-4.8	2.05±.79
Acquiesce Silence	1.0-4.9	2.77±.92
Silence Based on Protecting the Organization	1.0-5.0	2.68±.90

The Organizational Silence Behavior Scale scores indicate that nurse managers occasionally stay silent. Their "acquiesce silence" subscale scores are the highest.

In this study, nurse managers obtained higher scores from the "acquiesce silence" subscale. A study conducted by Harmanci et. al. (2018) indicated that nurse managers tended to stay more silent than staff nurses regarding administrative and organizational problems. This finding can be interpreted as nurse managers accepting their situation and thinking they cannot change it, and as a result, they stay silent.

Harmanci, A. S. K., Topçu, İ., Eşkin Bacaksiz, F., Ünaldi, N., Tokgöz Ekicİ, E. & Yildirim, A. (2018) Organizational silence among nurses and physicians in public hospitals. *Journal of clinical nursing*. doi.org/10.1111/jocn.14294

Results-5

Factors Associated with Organizational Silence-1

Subscales	Variable	B	S. Error	β	t	p	95% Confidence Interval		
							Lower limit	Upper limit	
Silence Climate	Constant	4.64	.64		7.296	.000*	3.39	5.90	R: .44 Adjusted R^2: .18 F: 19.80 p:.000 Durbin Watson: 1.83
	NM Work Environment Scale	-.49	.11	-.35	4.528	.000*	-.71	-.28	
	Expressing ideas	.25	.12	.16	2.110	.036***	.02	.48	
Silence Based On Fear	Constant	3.82	.64		5.926	.000*	2.55	5.00	R: .45 Adjusted R^2: .19 F: 20.54 p: .000 Durbin Watson: 2.04
	NM Work Environment Scale	-.46	.11	-.32	4.162	.000*	-.68	-.24	
	Expressing ideas	.33	.12	.21	2.720	.007**	.09	.56	

Results-6

Factors Associated with Organizational Silence-2

Subscales	Variable	B	S. Error	β	t	p	95% Confidence Interval		
							Lower limit	Upper limit	
Acquiesce Silence	Constant	6.00	.65		9.166	.000*	4.70	7.29	R: .59 Adjusted R^2: .33 F: 28.71 p: .000 Durbin Watson: 2.26
	NM Work Environment Scale	-.89	.11	-.53	8.307	.000*	-1.10	-.68	
	Duration of management experience	.36	.13	.18	2.821	.005**	.11	.61	
	Gender	.32	.15	13	2.121	.035***	.02	.61	
Silence Based on Protecting the Organization	Constant	4.35	.72		6.030	.000*	2.92	5.77	R: .41 Adjusted R^2: .15 F: 10.88 p: .000 Durbin Watson: 1.76
	NM Work Environment Scale	-.56	.12	-.34	4.710	.000*	-.79	-.32	
	Gender	.34	.16	.15	2.063	.041***	.01	.66	
	Duration of management experience	.28	.14	.14	2.010	.046***	-.01	.55	

Conclusion

To the best of our knowledge, this is the first study examining the work environment and silence behavior of nurse managers.

This study found that the most affective factors for nurses remaining silent were;

- ✓ Found to be the work environment,
- ✓ The inability to express opinions freely
- ✓ Gender
- ✓ Having less than seven years of managerial experience.

Limitations

- This study was conducted in a one nation-wide internationally accredited hospital chain and the results are limited with this organization. The organizational culture might be an effect on communication styles within organization.

Implication for Practice

Determining organizational silence level and its effecting factors can be useful for hospital boards

- to make essential changes
- empower their managers to create a work environment with **open communication**.

thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
bedankt
dziękuję
go raibh maith agat
mochchakkeram
sukriya
kop khun krap
terima kasih
grazie
arigatô
dakujem
takk
tapadh leat
dank je
спасибо
Баярлалаа
рахмат
mersi
barka
welalin
tack
spas
kia ora
vinaka
спасибі
blagodaram
misaotra
matondo
paldies
grazzi
mahalo
хвала
asante
manana
obrigada
tenki
murakoze
chokrane
mamnun
дякую
djiere dieuf
tau
faafetai lava
kiitos
dankie
dhanyavad
nanni
nandri
bayarlalaa
gràçie
hvala
mauruuru
köszönöm
enkosi
akun
dankon
aciu
chnorakaloutioun
gratias ago
gràcies
sulpáy
taiku
sobodi
děkuji
sagolun
mèsi
didi madloba
najis tuke
kam sah hamnida
rahmat
ありがとう
tanemirt
rahmet
diolch
dhanyavadagalu
shukriya
mercé
мерси
trugarez
xièxie
ευχαριστώ
감사합니다
তোমাকে ধন্যবাদ

Begüm Yalçın

beyalcin@ku.edu.tr

Koc University School of Nursing

Istanbul/Turkey