

Relation between Organizational Silence and burnout among staff nurses

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Abstract

Background: Organizational silence is a phenomenon that occurs in organizations when employees purposefully withhold information and opinions about the organization, it has joint effect on job performance ratings, and that lead to burnout. **Aim:** This study was aimed to assess organizational silence as perceived by staff nurses and its influence on their burnout. **Research design:** A descriptive, correlational design was used. **Setting:** The study was conducted at Ain Shams Hospital affiliated to Ain Shams University Hospitals. **Subjects:** A simple random, the subjects of this study were included 169 staff nurses out of 300 staff nurses. **Tools:** Data were collected by using Organizational Silence scale and Maslach Burnout Inventory. **Results:** Revealed that one fifth of staff nurses had a high perception level regarding total organizational silence. Also, slightly less than two thirds of them had moderate perception level regarding total organizational silence. While, minority of them had low perception level regarding total organizational silence. Moreover, revealed that more than one fifth of staff nurses had a high perception level regarding total burnout. Also, slightly less than two thirds of them had moderate perception level regarding total burnout. While, minority of them had low perception level regarding total burnout. **Conclusion:** There was a highly significant correlation between total of organizational silence and burnout among staff nurses. **Recommendations:** Conduct periodical meeting between hospital managers and staff nurses for discussing work problem and develop solutions for each problem, developing effective positive work environment among nursing staff, and developing clear instructions and protocols to increase transparency and addressing organizational silence.

Keywords: Organizational Silence, Burnout, Staff Nurses.

Introduction

Organizational silence refers to the situation in which the employee refrains from talking about staff related to work for worry that this will be misunderstood by the manager, which may destructively affect the correlation with the colleagues. Organizational silence is moreover defined as "a collective phenomenon in which employees suppress the ideas and matters regarding possible

organizational troubles" (Alqarni, 2020).

The organizational silence may be caused by a lack of trust, fear of punishment, or a desire to maintain good relationships and this phenomenon harms nurses' job satisfaction and trust in the organization, while also limiting the organization's innovation capabilities (Abdelallem & Abou Zeid, 2023).

Organizational silence is expressed as the result of individual, social and organizational factors. Individual factors include being prejudiced and the desire to maintain the present structure. Social factors include a climate of mistrust and obedience to group behaviors. Finally, organizational factors include the coding of certain issues as taboo, not discussing issues that may be defined as taboo and an emphasis on manager employee relationships (Creese et al., 2021).

The role of top management is instrumental in the success of the organizations. The availability of a high degree of confidence in the administration reduces concerns of speaking freely about the problems and issues of labor. Climate of confidence in the top management reduces the feelings of uncertainty. The attitudes and values of the top management may contribute greatly to the formation of a climate of silence, as some organizations prohibit employees from saying what nurses know or feel. The top management practices may lead to increased levels of silence within the organization (Mirzapour & Baoosh, 2018).

Burnout is a critical problem among hospital medical staff, which requires clinical consideration (Khosravi et al., 2021). Burnout is a concept related to negative perception of the work environment, often linked with decisions to leave the nursing workforce (Brook et al., 2021). Burnout is a syndrome of emotional exhaustion and cynicism frequently seen in working individuals and can

lead to incompetence and low productivity at work (Kubicek et al., 2019).

Burnout can lead to many psychological and physical problems. The psychological problems include dissatisfaction, excessive demand, time pressure, overload, inability to do one's job, absenteeism, lack of motivation and support in addition to potential conflict with colleagues and supervisors. On the other hand, many studies have found that burnout may cause physical body complains such as headache, sleep disturbances, muscle pain, irritability, tiredness, hypertension, and myocardial infarction (Jalili et al., 2021).

Organizational silence is closely related to burnout Organizational silence is closely related to burnout the undesired situation is accompanied by some negative consequences among employees. Criticism levels of silent employees increase whereas the life satisfaction levels decrease. Also, these employees have lower organizational commitment and organizational citizenship they perceive less justice in their organizations, which automatically leads to employee burnout (Akin, 2019).

Significance of the study:

As a researcher I observed that nurses complain from, lack of being heard, disregarding and withholding of potentially important information in organization. Moreover, nurses can't express their opinions or discussing problems occurred at their work.

Hence, Organizational silence is a behavioral choice that can deteriorate or improve organizational performance, excluding its emotionally difficult expression, silence can convey approval and sharing or disfavor and opposition thus becoming a pressure mechanism for both individuals and organizations. Managers need to figure out the reasons of organizational silence from their employees; as it affects their burnout at work.

Aim of the study

To assess relation between Organizational Silence and burnout among staff nurses

Research Question

Is there relationship between organizational silence and burnout among staff nurses?

Subjects and methods

Research Design:

This study utilized a descriptive-correlational research design in its attempt to describe and determine the relationship between the organizational silence and burnout among staff nurses. Descriptive correlational research design describes the variables and measures the extent of the relationships that occur between and among the variables (Barrot et al, 2021).

Research Settings:

This study was carried out in Ain Shams Hospital which affiliated to Ain Shams University Hospitals.

Ain Shams Hospital consist of two buildings contain first building contains 5 floors consist of inpatient department, while the second building consist of one floor called internal medicine intensive care unit, there is also a separate building which is a building for outpatient clinics with specialties between the internal medicine hospital and the surgery hospital consists of 75 clinic include all specialists of internal medicine and surgery such as ENT, orthopedic, ophthalmology, surgery, GIT, oncology, neurology, urology, and stroke.

Subjects:

A simple random sampling, the subjects of this study was included 169 staff nurses out of 300 staff nurses, using the following statistical equation.

$$n = \frac{NP(1-p)}{(N-1)(d^2 - /z^2) + p(1-p)}$$

n = sample size

N = population size

d = the error rate is 0.05

z = the standard score corresponding to the significance level is 0.95 and is equal to 1.96

p = availability of property and neutral=0.50

Thompson (2012)

Tools of Data Collection:

Data are collected by using two tools were used for data collection namely: Organizational Silence Scale and Maslach Burnout Inventory.

Tool-I: Organizational Silence

Scale: The scale developed by (Yalçın & Baykal, (2019), and modified by the investigator. This tool consists of two part as following:

Part (I): Personal and job characteristics data.

This part was intended to collect data related to personal characteristics of the respondents included workplace, age, gender, marital status, qualifications, number of years of experience, and number of years of experience in current department.

Part (II): Organizational Silence:

It was aimed to measure organizational silence as perceived by staff nurses, which was included three sections:

- (1) Causes of organizational silence (7 items).
- (2) Effects of organizational silence (10 items).
- (3) Strategies for organizational silence (6 items).

Scoring:

The subject's responses were measured on a five-point Likert scale, it was giving a response weighting as the following, strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5).

Perception level of study subjects is considered low level if total score was less than 60%. While it is considered moderate level if score was ranged from 60-75% and it is considered high level if total score

was more than 75% (Yalçın & Baykal, (2019).

Tool-II: Maslach Burnout Inventory (MBI).

It was aimed to assess burnout among nurses. It was developed by Maslach, Jackson, & Leiter (1996) and adopted from El Sisy (2016). It consisted of (22) items divided into three dimensions include:

1. Emotional exhaustion included (9) items.
2. Depersonalization included (5) items.
3. Personal accomplishment included (8) items.

Scoring:

The subject's responses in this part were scored in seven-point Likert scale from zero to six; everyday(6), few times a week(5), once a week (4), few times a month(3), once a month (2), few times a year(1)and never(Zero). While personal accomplishment was scored in opposite direction. These scores were summed and were converted into a percent score

Perception level of study subjects is considered low level if total score was less than 60%. While it is considered moderate level if score was ranged from 60-75% and it is considered high level if total score was more than 75% (El sisy, 2016).

II - Operational Design

The operational design for this study involves the three phases

namely: preparatory phase, pilot study, and field work phase

Preparatory Phase:

This phase the researcher prepared the study design and tools of data collection based on reviewing of national, international current and past related literature, and using text books, articles, journals and thesis concerning the topic of the study.

Content Validity:

After the construction of data collection tool (Organizational Silence Scale), two types of validity tests were used in this stage, face validity and content validity. Face validity aimed at determining the extent to which the tool represents all facts of organizational silence. Content validity was conducted to determine whether the tool cover the necessary contents.

The validity of the tool was judged by five jury members having experiences in nursing administration. They were asked to express their opinions regarding face and content of the proposed tool.

Reliability:

The reliability test was done to assure the consistency, determine how strongly the attributes were related to each other and to the composite score. Reliability of tools was tested using Cronbach Alpha Coefficient test, its value for perception of nurses regarding organizational silence was 0.897. While, the value of perception of burnout was 0.922. Both of two

results indicates accepted internal consistency of the tools.

Pilot Study:

A pilot study was carried out with a sample of 17 nurses. It carried out before data collection to evaluate the feasibility, time, cost, adverse events, and improve upon the study design before the performance of a full-scale research study. The necessary modifications were accordingly done. Participants in the pilot study were included in the sample.

Fieldwork:

Data collection extended over a period of three months period from the 1st of November 2023 to the end of January 2024. The researcher was available in the morning and afternoon and nights shifts five days per week for data collection. The researcher started by introducing herself to nurses' staff and explain purpose and nature of the study. An oral / written approval obtained from each nurse after explaining the aim of the study. Then, each nurse received a copy of the questionnaire sheets and took about 15 minutes to answer the questionnaires after the researcher explain how to answer them. Finally, the filled questionnaires were handed back to researcher to check them for its completeness.

Ethical Considerations:

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Nursing, Ain Shams University. Oral/written approval were obtained

from every nurse after an explanation of the aim of the study. Nurses were informed that their participation in the study is voluntary, and they have the right to withdraw from the study at any time. Anonymity and confidentiality of subject data were assured. The study procedures do not entail any harmful effects on study subjects.

Administrative Design:

An official letter was issued from the faculty of Nursing, Ain Shams University to the appropriate authorities in the selected setting to take permission for carrying out the study.

Oral permissions to conduct the study were obtained from head nurses of every unit of the previously mentioned setting. The aim of the study was discussed with them and time of data collection to gain their approval and cooperation.

IV. Statistical Analysis:

The collected data was revised, coded and entered to the statistical package of social sciences (SPSS) version 25. After complete entry, data was explored for detecting any error, then, it was analyzed by the same program for presenting frequency tables with percentages. Qualitative data was presented as number and percent. Besides, Quantitative data were described as mean / SD as appropriate. Pearson's correlation was used to assess the correlation between variables, simple linear regression was used to assess the effect of variables. Independent t test and one-way ANOVA test were used to assess

the relationship between variables and participants' personal data. Statistical significance was depending on probability (p-value) which was defined as follows:

$P \leq 0.05$ was considered significance

$P \leq 0.001$ was considered as highly significance

$P > 0.05$ was considered insignificance.

Results

Table (1): shows that more than half (58.6%) of the staff nurses working at critical workplace, more than two fifths (47.3%) were less than 30 years old, more than half (53.8%), (54.4%) of them were female, and married. In addition, more than half (53.3%) of them had a bachelor degree in nursing, about slightly less than three fifths (58%), (59.2) of them had experienced less than 5 years, and had experienced less than 5 years in current department.

Table (2): reveals that about more than one fifth (23.7%) of staff nurses had a high perception level regarding strategies for managing organizational silence. Also, near to two thirds (69.2%) of them had moderate perception level regarding causes of organizational silence. While, one fifth (17.7%) of them had low perception level regarding strategies for managing organizational silence.

Figure (1): reveals that one fifth (20.1%) of staff nurses had a high perception level regarding total organizational silence. Also, slightly less than two thirds (64%) of them

had moderate perception level regarding total organizational silence. While, minority (15.9%) of them had low perception level regarding total organizational silence.

Table (3): reveals that about more than one quarter (27.2%) of staff nurses had a high perception level regarding personal accomplishment. Also, more than two thirds (69.8%) of them had moderate perception level regarding depersonalization. While, minority (13%) of them had low perception level regarding depersonalization.

Figure (2): reveals that more than one fifth (23%) of staff nurses had a high perception level regarding total burnout. Also, slightly less than two thirds (64.6%) of them had moderate perception level regarding total burnout. While, minority (12.4%) of them had low perception level regarding total burnout.

Table (4): illustrates that there was a highly significant correlation between total of organizational silence and burnout among staff nurses.

Table 1: Personal and job characteristics of study sample (n = 169).

Items	N	%
Work place		
Critical	99	58.6
Non critical	70	41.4
Age		
< 30 years	80	47.3
30-40	40	23.7
More than 40 years	49	29
Gender		
Male	78	46.2
Female	91	53.8
Marital status		
Single	92	54.4
Married	77	45.6
Qualification		
Nursing Diploma	17	10
High average degree	43	25.5
Bachelor of Nursing	90	53.3
Master degree	8	4.7
Doctorate degree	11	6.5
Number of Years of Experience		
>5	98	58
5>10	49	29
10>15	11	6.5
15 or more	11	6.5
Mean ±SD	5.58±0.86	
Number of Years of Experience in current department		
>5	100	59.2
5>10	39	23
10>15	10	5.9
15 or more	20	11.8

Table 2: Organizational silence as perceived by staff nurses regarding total dimensions of resilience (n=169)

Organizational silence Dimensions	Perception level					
	Low < 60%.		Moderate 60≥75%		High <75	
	N	%	N	%	N	%
Causes of Organizational Silence	23	13.6	117	69.2	29	17.2
Effects of Organizational Silence	29	17.2	101	59.8	34	20.1
Strategies for Managing Organizational Silence	30	17.7	99	58.6	40	23.7

Figure 1: Total organizational silence as perceived by staff nurses (n= 169).

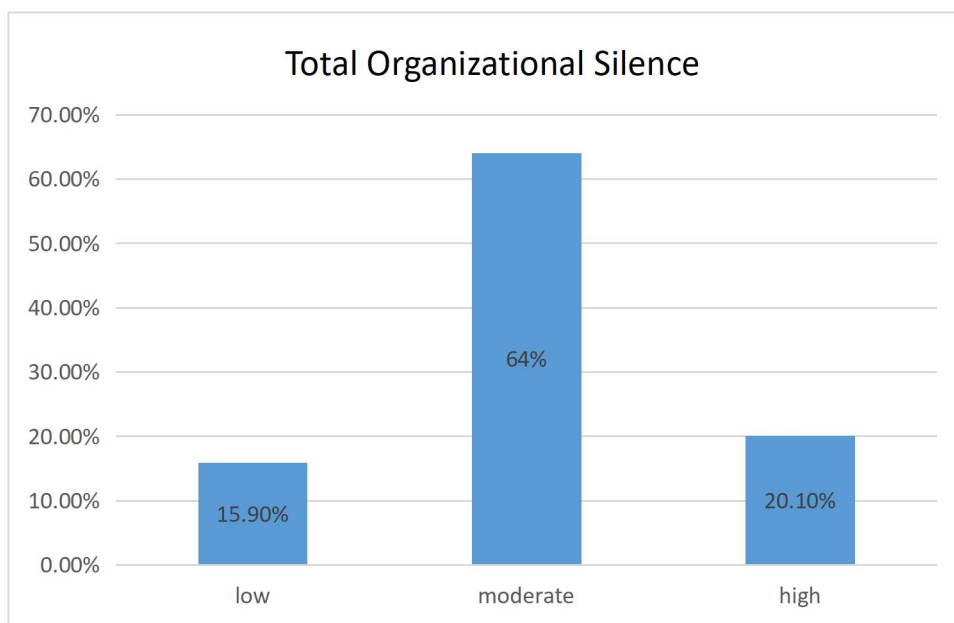


Table 3: Burnout level among staff nurses regarding total dimensions of organizational citizenship behavior (n= 169).

Burnout Dimensions	Low < 60%.		Moderate 60≥75%		High <75 %.	
	No.	%	No.	%	No	%
	Emotional exhaustion	20	11.8	116	68.6	33
Depersonalization	22	13	118	69.8	29	17.2
Personal accomplishment	21	12.4	102	60.4	46	27.2

Figure (2): Total burnout level among staff nurses (n= 169).

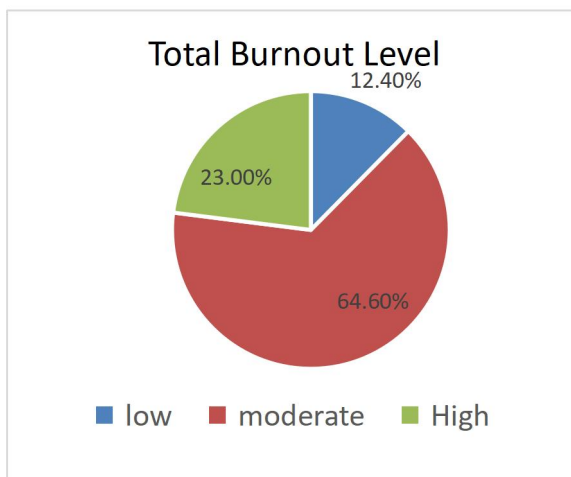


Table (4): Correlation between of organizational silence and burnout among staff nurses (n=169).

	Pearson Correlation	Burnout
Organizational silence	R	0.613**
	P	0.000**

**highly significant correlation $p < 0.01$.

Discussion

Strengthening the organizational voice of staff and their comments about organizational issues is one of the organizational managers concerns. By strengthening the Organizational voice and reducing organizational silence they will reduce staff burnout while improving job satisfaction and organizational commitment. Organizational silence makes employees to suspect to the management and to each other and cause one to withdraw from the job (Al Haraisa, 2023). This study aimed to assess organizational silence as perceived by staff nurses and its influence on their burnout.

Regarding personal and job characteristics of studied sample, this current result revealed that more than half of the staff nurses working at critical department, more than two fifths were less than 30 years old, more than half of them were female, and married. In addition, more than half of them had a bachelor degree in nursing, about slightly less than three fifths of them had experienced less than 5 years, and had experienced less than 5 years in current department.

This current result disagreed with Abdou,(2023) revealed that the demographic characteristics of studied staff nurses, as indicated in the table, more than half of them their age ranged between (30≤40) ,

and had experience years ranged between (5 ≤10), and More than half of them had academic certificate from nursing technical health institute.

Regarding correlation between of organizational silence and burnout among staff nurses, this current result revealed that that there was a highly significant correlation between total of organizational silence and burnout among staff nurses.

This might be due to organizational silence makes employees to suspect to the management and to each other and cause one to withdraw from the job and related programs and to show his organizational silence by this withdrawal. Since the organizational silence makes employees feel less involved in work, therefore deterioration or depersonalization is created and people suffer emotional exhaustion; found no significant correlation between any dimension of organizational silence and emotional exhaustion, while it found that there is a significant positive correlation between acquiescent silence, defensive silence, depersonalization, and a negative correlation between the acquiescent silence, the defensive silence, and the reduced professional accomplishment.

This current result agreed with **Al-Rousan and Omoush (2018)** who studied "The Effect of Organizational Silence on Burnout" and found that there is a direct

statistically correlation between organizational silence and every aspect of burnout. While, this result disagreed with **Abied & Khalil (2019) & Kumbali, & Sarikaya, (2020)** who found that there was a negative significant correlation between total of organizational silence and burnout

Regarding relationship between the studied nurses' personal characteristics and burnout, the current study result demonstrated that there was highly significant statistical relationship between organizational silence, age, marital, qualification, experience years, and experience years in current unit. This might be due to age, marital, qualification, experience years, and experience years are predictor factors of burnout. Meanwhile the job demands, work overload, and over responsibilities are impact on level of burnout.

Meanwhile, in contrary to the present study findings a study conducted by **Wu et al (2017)** where they find that the prevalence of burnout was similar among women and men. Age and marital status are also determined as variables that affect the burnout levels.

These findings are being inconsistent with the findings of **Gunasingam, et al., (2015)**, where there was no association between burnout and the demographic variables of age and marital status, respectively. The finding of the present study disagreed by **Peckham (2018)** who reported that there wasn't relationship

between the studied sample personal characteristics and burnout.

Conclusion

This study was undertaken to assess relation between Organizational Silence and burnout among staff nurses. The study findings concluded that there was a highly significant correlation between total of organizational silence and burnout among staff nurses. In addition, revealed that one fifth of staff nurses had a high perception level regarding total organizational silence. Also, slightly less than two thirds of them had moderate perception level regarding total organizational silence. While, minority of them had low perception level regarding total organizational silence. Moreover, revealed that more than one fifth of staff nurses had a high perception level regarding total burnout. Also, slightly less than two thirds of them had moderate perception level regarding total burnout. While, minority of them had low perception level regarding total burnout. There was a relation between organizational silence and burnout among staff nurses, this confirmed the research question.

Recommendations

1. Developing clear instructions and protocols to increase transparency and addressing organizational silence.

2. Develop effective strategies to decrease staffs' experience of silence need to be developed.
3. Conduct periodical meeting between hospital managers and staff nurses for discussing work problem and develop solutions for each problem.

Further studies

- 1-The relationship between toxic leadership and organizational silence
- 2-The impact of organizational silence on work family conflict
- 3- Developing the program of organizational silence management for staff nurses and its effect on work engagement.

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