

Organizational Silence and its Influence on Work Alienation among Staff Nurses

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Abstract

Background: Organizational silence one of these problems which undoubtedly lead to work alienation among staff and must be faced and managed well. **Aim of the study:** The current study aimed to assess the influence of organizational silence on work alienation among staff nurses. **Design:** A descriptive correlational design was used. **Setting:** The study was conducted at Sohag general Hospital. **Subjects:** the study subjects include 225 out of 400 staff nurses. **Tools:** Two tools were used to achieve the aim of this study namely organizational silence scale and work alienation scale. **Results:** Two fifth (40%) of staff nurses had high perception regarding total organizational silence, while near two fifth (38.2%) of them had high perception regarding total work alienation and there was a highly statistically significant positive relation ($R=0.347$, $B=0.198$, $p=0.00$) between organizational silence and work alienation among staff nurses. **Conclusion:** there was highly significant statistical positive correlation between total organizational silence and total work alienation among staff nurses. **Recommendations:** Implement regular feedback mechanisms, to allow nurses to express their thoughts and concerns. Further research is recommended as studying the effectiveness of interventions, in reducing work alienation stemming from silence.

Keywords: Organizational Silence, Work Alienation, Staff Nurses.

Introduction:

Organizations are complex adaptive systems in which organizational culture and climate promote the interactions among individuals, teams, and groups, and also the ideas, attitudes, and adaptive behaviors emerge from those interactions of their members (*Pratiawan et al., 2020*). For example, staff nurses in an organization will not only make judgments based on their rational expectations, staff nurses' behavior choices are highly influenced by local relationships, and the majority state in the organization has a significant effect on individuals (*Liu et al., 2021*).

Many staff nurses in different organizations have recognized that the organizations they work for do not support communication, information sharing and knowledge, which is a major problem for organizations. So, it can be said that the prevalence of organizational silence can be of a major threat to the organization (*Rayan et al., 2020*).

Staff nurse silence affects the efficiency of an organization, silence begins at a personal level and can occur at the organizational level in

all verticals. When people avoid conversations within, it becomes contagious. They defined silence as the paucity of being vocal and involving an array of discernment, inner feelings, and proneness, such as dissent or acceptance (*Joseph & Shetty, 2022*).

Organizational silence is the fact that staff nurses do not consciously share their concerns and ideas about organizational problems with management and keep them for themselves (*Montgomery & Lainidi, 2022*).

When staff nurses are practicing the organizational silence behavior and their supervisors are supporting silence, this may lead to many consequences including resisting change, and may be lower staff nurse organizational commitment. However, some staff nurses, when they are asked by their management, they often feel insecure about expressing their own views and opinions due to the fact they feel that their opinion and suggestions may affect the existing balance and organization or managers or even affect them negatively (*Omran & Kamal, 2021*).

This feeling of insecurity of staff nurses causes them to remain consciously or

unconsciously silent. But even though, in a changing world, the main priority for organizations is to have staff nurses who express their ideas freely, respond to the demands of the external environment, are not afraid to share any information and knowledge and they are loyal and committed to their organizations (*Yean et al., 2022*).

Work alienation entails a sense of incomprehensibility among workers about their work role, the means to accomplish the role, the future course of action, and the contribution of the work to a larger purpose. The workers become disillusioned about their work and the significance of their work roles (*McDowell et al., 2019*).

Organization's inability to satisfy staff nurse's expectations and needs is a primary cause of work alienation. Perceived over-qualification may result in feeling alienated through individual's perceptions that he/she has higher qualifications in comparison with the job requirements. Over qualified individuals would feel alienated because of the differences between work situation and their expectations and, consequently, lead to feel a sense of deprivation (*Abdelaliem & Abou Zeid, 2023*).

The issue of staff nurse silence may be another reason behind the feeling of alienation. Organizational silence including fear of dismissal, lack of experience, and fear of isolation can affect work alienation. In this sense, staff nurses prefer to keep silence to avoid the negative results such as sabotaging any relationship, failure to respond, or the fear of losing their jobs, therefore, a sense of alienation will grow (*Cetinkaya & Karayel 2019*). While alienation had the potential of reflecting negatively on performance, indeed, the productivity will be affected as well. In this sense, focusing on the interaction process with staff nurses and the improvement of relationships quality can help managers in reducing work alienation (*Usman et al., 2020*).

Nurses on the front line frequently are in a better position than their leaders to identify appropriate responses when problems exist or arise in the facilities where they work. Unfortunately, nurses often choose not to share their views or make suggestions for a variety of reasons. Organizational silence occurs when

most staff nurses choose to remain silent (*Yang et al., 2022*).

Significance of the Study

Staff nurses who withhold their ideas and feedbacks, this affect both themselves and their organization alike. At the individual level, higher levels of stress, lack of motivation and other negative emotions such as feeling weak or worthless are observed. At the organizational level, staff nurse's silence might result in lower performance and productivity and decrease the levels of commitment. Those staff nurses' who remain silent are more likely to experience negative behaviors such as alienation, intention to leave and another negative behavior toward the organization (*Robinson & Shuck, 2019*).

Organizational silence had an effect on both nurses' performance levels and job satisfaction levels. It is important to determine the influencing factors and the reasons for the organizational silence among staff nurses working at institutions (*Bacaksiz, 2018*). It is considered that clearly presenting the effects of the reasons for organizational silence among nurses on the job satisfaction and alienation of nurses may be effective in developing methods to solve the issue of organizational silence, which could consequently increase nurses' levels of job satisfaction and performance, and decrease work alienation among staff nurses. Accordingly, it is important to explore the influence of organizational silence and work alienation among staff nurses.

Aim of the study:

This study aims to assess the influence of organizational silence on work alienation among staff nurses through:

- 1- Assessing the organizational silence level as perceived by staff nurses.
- 2- Assessing the work alienation level as perceived by staff nurses.
- 3- Finding out the relation between organizational silence and work alienation among staff nurses

Research question:

What is the influence of organizational silence on work alienation among staff nurses?

Subjects and Methods

1. Research design

A descriptive correlational design was used in this study.

2. The study setting:

This study was conducted at Suhag general hospital which is affiliated to ministry of health and population. And containing 14 departments (Emergency room department, Intensive care unit, Cardiac care unit, neurology care unit, pediatric care unit, neonatal care unit, intermediate care unit for adult, intermediate care unit for pediatric, dialysis unit, orthopedic department, burn and plastic surgery department, general surgery department, obstetrics and gynecology department, outpatient clinics department) with bed occupancy rate is (238 beds).

3. Subjects of the study:

The subject of the study composed of (225) out of (400) staff nurses from all departments at Suhag general hospital.

- Inclusion criteria

Staff nurses who are eligible to be selected in the study sample selected by the simple random sampling technique with inclusion criteria of being a full-time staff nurse with at least one year of experience.

Their selections by simple random sampling technique. calculated by this equation developed by **Thompson (2012)**.

$$n = \frac{N \times P (1- p)}{[N-1(d2/z2)] + p(1-p)}$$

N = population size (280)

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

So, sample size (n) = (225)

4. Tools of data collection:

Data for this study was collected by using two tools namely; organizational silence scale, and work alienation scale.

First tool: Organizational Silence Scale:

It consisted of two parts.

Part I:

Personal and job characteristics data:

This part includes data related to personal and job characteristics such as personal code, department name, age, gender, marital status, educational level, job position, and years of experience.

Part II:

This part of this tool aims to assess the organizational silence levels among staff nurses and adopted from **Youssef, (2014)**. It consists of 44 items which divided into two factors namely: **Organizational factors** which consist of **27** items and categorized into five dimensions as following:

- Support senior management of silence: (5 items).
- Weak communication opportunities: (6 items).
- Support the supervisor or direct supervisor for silence: (5 items).
- Incompatibility of the working group: (6 items).
- The official, Formal or Authoritative: (5 items).

Individual factors which consist of **17** items and categorized into three dimensions as following:

- Fear of subordinates from negative reactions: (6 items).
- Personal Control Center: (6 items).
- Feeling of job alienation: (5 items).

❖ Scoring system:

Each item response was measured on five-points Likert scale, ranging from: (strongly agree = 5, Agree 4, Neutral 3, Disagree 2, strongly disagree 1). The scores of the items of each dimension and of the total scale were summed-up and the total divided by the corresponding number of the items, giving a mean score for the part. These were converted into percentage scores.

- Low level of organizational silence: <50%.
- Moderate level of organizational silence: 50% - < 75%.
- High level of organizational silence: 75% and more. **Youssef, (2014)**.

Second tool: Work Alienation Scale (WAS)

This tool aims to assess the work alienation levels among staff nurses. It adopted from **Ucanok, (2014)** based on **Mottaz (1981)**, The scale consists of 24 elements categorized under four dimensions as following:

- Powerlessness: (4 items)
- Meaninglessness: (6 items)
- Self-Estrangement: (9 items)
- Work centrality: (5 items)

❖ Scoring system:

Each item response was measured on five-points Likert scale, ranging from: (strongly

agree = 5, Agree 4, Neutral 3, Disagree 2, strongly disagree 1). The scores of the items of each dimension and of the total scale were summed-up and the total divided by the corresponding number of the items, giving a mean score for the part. These were converted into percentage scores.

- Low level of work alienation: <50%.
- Moderate level of work alienation: 50% - < 75%.
- High level of work alienation: 75% and more. (*Ucanok, 2014*).

❖ Operational Design:

The operational design for this study included three phases namely; preparatory phase, pilot study, and field work.

Preparatory phase:

This phase started with a review of current and past, national and international related literature concerning the subjects of the study, using textbooks, articles, journals, and websites. This review was helpful to the researcher in reviewing and developing the data collection tools to be acquainted with study subject.

The reliability:

Reliability of the tools was tested using Cronbach's alpha coefficient to determine the extent to which the questionnaire items were related to each other.

Data Collection Tools	NO. of items	Cronbach's Alpha
Organizational Silence Scale	44	0.877
Work Alienation Scale	24	0.808

Pilot study:

The pilot study was carried out on (23) staff nurses that represents (10%) of the total of the study subjects. the aim of the pilot study was to examine the applicability of the tool, clarity of language, test the feasibility and suitability of the designated tools. It also served to estimate the time needed to complete the forms by each study subject and identifying potential obstacles and problems that may be encountered during data collection. Data collected from pilot study were analyzed and reviewed prior to the final application of study tools and there weren't any modifications on the tools. The time for filling the questionnaires

took around 15-25 minutes. The study subjects who participated in the pilot study included in the main study samples.

Field work:

Data collection of the study was started from the beginning of August 2023 and completed by the end of October 2023, three days per week from 9am to 3pm. The researcher introduced himself to staff nurses, explained the aim of the study and its implications and how to fill organizational silence scale, and work alienation scale, and sought their cooperation. The researcher distributed the questionnaire to staff nurses in their working settings and was present all the time for any needed clarification.

The time estimated to fill organizational silence scale, and work alienation scale was ranged from 15 to 25 minutes. Each participant filled in the questionnaire and handed it back to the researcher in the same day. The researcher attended Sohag general hospital three times weekly in the morning shifts. The researcher checked the completeness of each filled sheet after to ensure the absence of any missing data

Ethical Consideration

Prior study conduction, ethical approval was obtained from the scientific research ethical committee of the faculty of nursing, Ain Shams University. The researcher met both medical and nursing directors of the pre-mentioned hospital where the staff nurses worked to clarify the aim of the study and take their approval. The researcher also met the study subjects to explain the purpose of the study and to obtain their approval to participate. They were reassured about the anonymity and confidentiality of the collected data, which was used only for the purpose of scientific research. The subjects' right to withdraw from the study at any time was assured.

Administrative design:

To carry out the study, the necessary approvals were obtained. An official letter was issued from the Dean of the faculty of nursing Ain-Shams University to obtain permission from the manager of Sohag General Hospital. The researcher met both hospital directors medical and nursing to explain the aim of the study and get their approval to collect data and seek their support.

Statistical Design:

Data entry and statistical analysis were done using (SPSS) statistical software package Version (26). Quality control was at the stage of coding and data entry. Data were presented using descriptive statistics in the form of frequencies and percentage for qualitative variables; mean and standard deviation for quantitative variable. Qualitative categorical variables were compared Chi-square (χ^2) test and (T test); the hypothesis that the row and column variables are independent, without indicating strength or direction of the relationship. Cronbach alpha coefficient was calculated to assess the reliability of the scales used through examining their internal consistency. Pearson correlation was used to determine the correlation between study variables. Statistical significance was considered at (P-value <0.05).

Results:

Table (1): Shows that more than two thirds (70.7%) of them were females, While more than two thirds (67.1%) of them were married, more than two fifth (42.7%) of them were 25-< 30 years old, also more than two thirds (40.4%) of them had 1-<5 years of experience, near two thirds (65.8%) of them had bachelor's degree, and all of them didn't attend

any training course about work alienation or organizational silence.

Figure (1): Illustrates that near one fifth (17.3%) of the staff nurses had low perception, more than two fifth (42.7%) of them had moderate perception, while two fifth (40%) of them had high perception regarding total organizational silence.

Figure (2): Illustrates that more than one fifth (21.3%) of the staff nurses had low perception, two fifth (40.4%) of them had moderate perception, while near two fifth (38.2%) of them had high perception regarding total work alienation.

Table (2): Indicates that there were insignificant statistical relationships between organizational silence and personal data ($p > 0.05$) except with the age ($\chi^2 = 19.04$, $p = 0.02$) among staff nurses.

Table (3): Indicates that there were insignificant statistical relationships between work alienation and personal data ($p > 0.05$) except with experience ($\chi^2 = 13.71$, $p = 0.03$) among staff nurses

Table (4): concludes that there was highly significant statistical positive correlation between total organizational silence and total work alienation ($r = 0.347$, $p = 0.00$) among staff nurses.

Table (5): Concludes that there was a highly significant statistical positive effect ($R = 0.347$, $B = 0.198$, $p = 0.00$) of organizational silence on work alienation among staff nurses.

Table (1): Frequency Distribution of Staff Nurses’ Personal and job characteristics data among study sample (n=225) :

Personal and job characteristics data		No.	%
Gender:	Male	66	29.3
	Female	159	70.7
Marital status:	Single	72	32.0
	Married	151	67.1
	Divorced	2	.9
Age:	20-<25 years	26	11.6
	25-<30 years	96	42.7
	30-<35 years	66	29.3
	35-<40 years	27	12.0
	≥40 years	10	4.4
	Mean ±SD	32.60±2.09	
	Median	29.7	
Experience:	1-<5 years	91	40.4
	5-<10 years	77	34.2
	10-<15 years	29	12.9
	≥15 years	28	12.4
	Mean ±SD	4.97±1.02	
	Median	5.0	
Qualification:	Nursing diploma	3	1.3
	Nursing institute	50	22.2
	Bachelors’ degree	148	65.8
	Specialized diploma	19	8.4
	Master	5	2.2
Attending training courses:	No	225	100

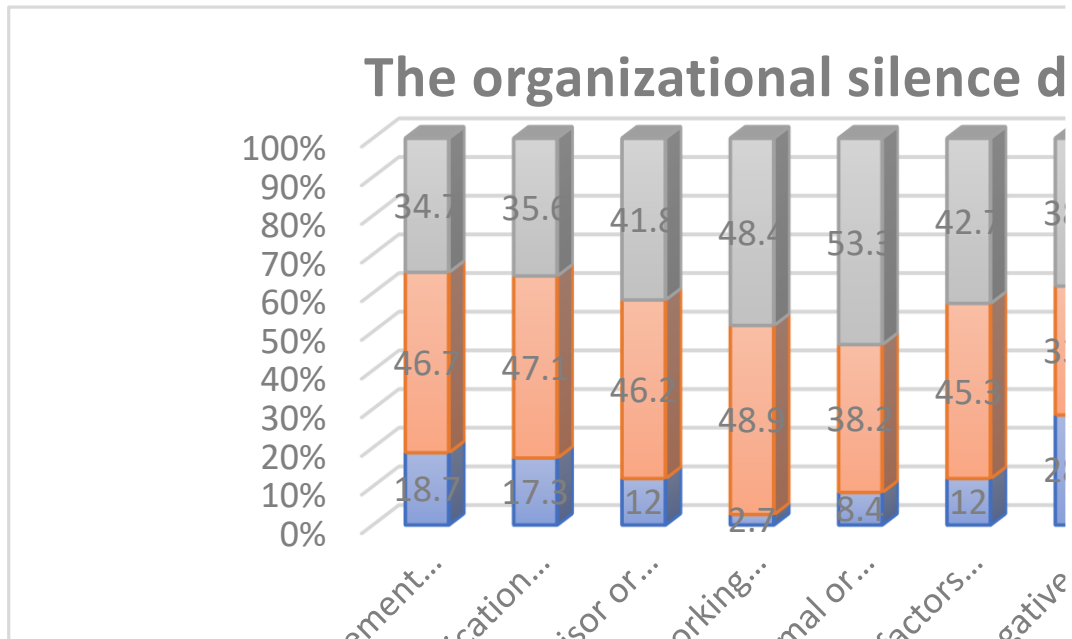


Figure (1): Figure (1): Percentage Distribution of Staff Nurses’ Perception Regarding Factors Leading to the Organizational Silence Dimensions.

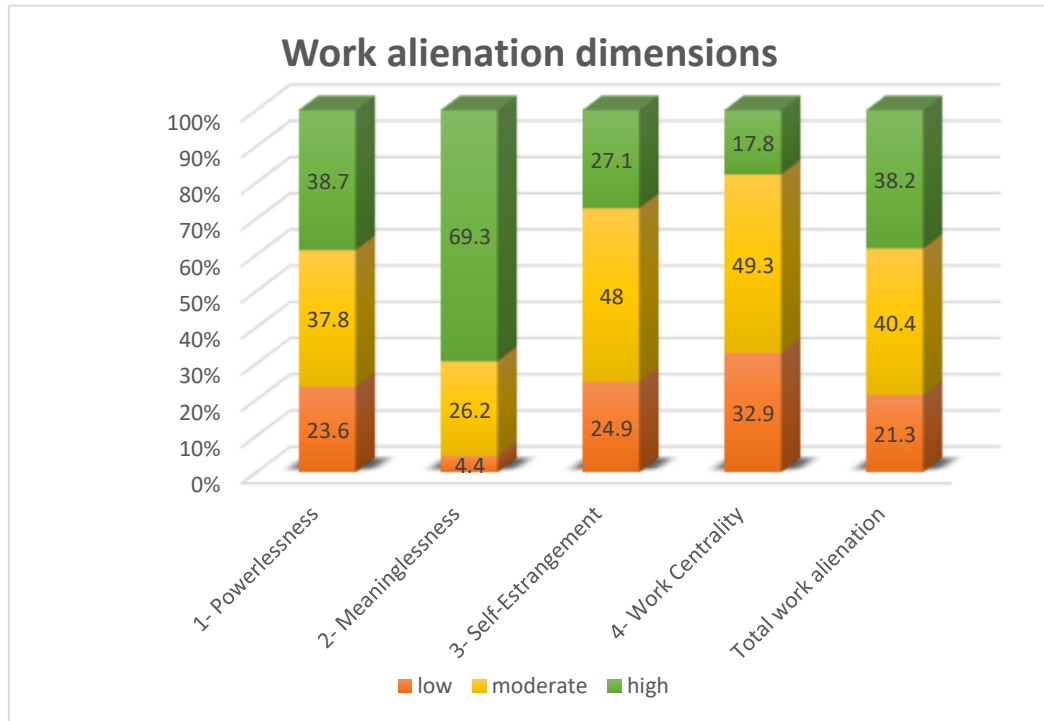


Figure (2): Percentage Distribution of Staff Nurses' Perception Regarding Factors Leading to the Organizational Silence Dimensions.

Table (2): Relationships between the Organizational Silence among Staff Nurses with their Personal Data.

Personal data		Organizational silence						Chi square test	
		Low		Moderate		High			
		No.	%	No.	%	No.	%	χ^2	P
Gender:	Male	1	1.5	48	72.7	17	25.8	.03	.99
	Female	2	1.3	116	73	41	25.8		
Marital status:	Single	1	1.4	54	75	17	23.6	5.94	.20
	Married	2	1.3	110	72.8	39	25.8		
	Divorced	0	0	0	0	2	100		
Age:	20-<25 years	0	0	24	92.3	2	7.7	19.04	.02
	25-<30 years	2	2.1	76	79.2	18	18.8		
	30-<35 years	0	0	40	60.6	26	39.4		
	35-<40 years	1	3.7	19	40.4	7	25.9		
	≥40 years	0	0	5	50	5	50		
Experience:	1-<5 years	2	2.2	73	80.2	16	17.6	10.66	.10
	5-<10 years	0	0	54	70.1	23	29.9		
	10-<15 years	1	3.4	21	72.4	7	24.1		
	≥15 years	0	0	16	57.1	12	42.9		
Qualification:	Nursing school	0	0	1	33.3	2	66.7	10.18	.25
	Nursing institute	0	0	36	72	14	28		
	Bachelors' degree	1	0.7	114	77	33	22.3		
	Specialized diploma	1	5.3	12	63.2	6	31.6		
	Master	1	20	1	20	3	60		

Table (3): Relationships between Work Alienation among Staff Nurses with their Personal Data

Personal data		Work alienation						Chi square test	
		Low		Moderate		High			
		No.	%	No.	%	No.	%	χ^2	P
Gender:	Male	0	0	63	80.3	13	19.7	3.90	.14
	Female	8	5	115	72.3	36	22.6		
Marital status:	Single	3	4.2	51	70.8	18	25	1.42	.84
	Married	5	3.3	115	76.2	31	20.5		
	Divorced	0	0	2	100	0	0		
Age:	20-<25 years	0	0	22	84.6	4	15.4	6.02	.65
	25-<30 years	2	2.1	74	77.1	20	20.8		
	30-<35 years	4	6.1	47	71.2	15	22.7		
	35-<40 years	2	7.4	18	66.7	7	25.9		
	≥40 years	0	0	7	70	3	30		
Experience:	1-<5 years	2	2.2	75	82.4	14	15.4	13.71	.03
	5-<10 years	4	5.2	54	70.1	19	24.7		
	10-<15 years	2	6.9	23	79.3	4	13.8		
	≥15 years	0	0	16	57.1	12	42.9		
Qualification:	Nursing school	0	0	1	33.3	2	66.7	11.96	.15
	Nursing institute	0	0	35	70	15	30		
	Bachelors' degree	8	5.4	113	76.4	27	18.2		
	Specialized diploma	0	0	16	84.2	3	15.8		
	Master	0	0	3	60	2	40		

Table (4): Correlation between Total Organizational Silence and Total Work Alienation among Staff Nurses.

Pearson Correlation		Total work alienation
Total organizational silence	R	.347
	P	.000

Table (5): Best fitting multiple linear regression model for organizational silence score.

Simple linear regression	R	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
(Constant)	.347	32.808	3.497		9.382	.000
Total organizational silence		.198	.036	.347	5.521	.000

a. Dependent Variable: Total work alienation

Discussion:

Organizational silence is also one of the most important problems that organizations may face at the current time, which is a relatively recent concept that expresses staff nurses deliberately refraining from expressing ideas innovation, information and opinions that may benefit the work environment (Saber, 2023). Work alienation is a common problem and can be definite as the loss of capacity to express oneself, lack concern, interest and attachment against to their work. The feeling of alienation can lead to a decrease in motivation and negative consequences in terms of agency and its members or equally (Sarwar, et al., 2022).

This study aims to Assess the influence of organizational silence on work alienation among staff nurses through: Assessing perception of staff nurses about organizational silence, assessing perception of staff nurses about work alienation, and Finding out the relation between organizational silence and work alienation among staff nurses.

As regard to gender the current study result showed that more than two thirds of them were females, while more than two thirds of them were married, this may be due to the nature of nursing profession worldwide and in Egypt, where the predominance is for females,

also females were found empathic and more flexible as well as stronger in interpersonal skills than males.

This result in accordance with *Elhanafy, & Ebrahim, (2022)* who applied study entitled "The Influence of Workplace Ostracism and Organizational Cynicism on Organizational Silence among Nursing Staff" and found that less than two thirds of the studied nurses were females. And this result in the same line with *ÖZİŞLİ, (2022)* who applied study entitled "Effect of workplace ostracism on organizational silence and workplace loneliness a study on health care workers" and found that less than three quarters of the studied subjects were married.

Concerning to level of education, the current study result showed that near two thirds of them had bachelor's degree. This may be due to a national trend to appoint newly bachelor-nursing graduates in ICUs to improve the quality of care delivery. Indeed, nurses should be well prepared and highly qualified to be able to provide the best care to improve outcomes. This result was contrasted with *El Abdou et al., (2023)* who applied study entitled "Organizational Silence as Perceived by Staff Nurses and its Relation to their Self-Efficacy" and revealed that more than half of the studied nurses had Technical Health Institute

The current study result showed that all of them didn't attend any training course about work alienation or organizational silence. This finding may be attributed to the lack of in-service education and training for nurses in the study settings. Inadequate nurses' training could be due to organizational factors such as unavailable of training funds and shortage in nursing staff which hinders their attendance of training programs outside the hospital. Health care institutions must allocate funds for nurses' in-service training to enhance their knowledge and skills, and consequently improve the quality of care they deliver.

From the investigator point of view this finding may be because most nurses were females with family commitments which can hinder them to attended training program or workshops; also they may have lack of time, heavy workload in their units, no availability of training program produced to them from hospital which may be the reason behind.

Regarding to staff nurses' perception regarding factors leading to the organizational silence dimensions, the current illustrated that near one fifth of the staff nurses had low perception, more than two fifth of them had moderate perception, while two fifth of them had high perception regarding total organizational silence. This result might be due to nurses tend to remain silent fearing of being fired or not getting promoted, in order not to be seen as a complaining person and so that their social relations are not damaged.

This result was similar with *El Abdou et al., (2023)* who revealed that more than half of the studied nurses had high level of organizational silence. Meanwhile, more than one quarter of them had low level of organizational silence. Hence, one fifth of them had moderate level of organizational silence. And in the same line with *Elhanafy & Ebrahim, (2022)* who showed that less than half of nursing staff had a high level of total issues for remaining organizational silence

While contrasted with *Atalla, et al., (2022)* who conducted a cross sectional study entitled "Exploring the relationship between organizational silence and organizational learning in nurses" and showed that the organizational silence level is moderate among the studied nurses. And disagreed with *Yang et al., (2022)* who applied A Cross-Sectional Study entitled "Organizational Silence among Hospital Nurses in China" and showed that the studied nurses had moderate level of organizational silence. Also *Elbadry, (2019)* who showed that more than half of the total study sample didn't supported organizational silence.

Regarding work alienation total dimensions among study sample, the current study result illustrated that more than one fifth of the staff nurses had low perception, two fifth of them had moderate perception, while near two fifth of them had high perception regarding total work alienation. This is may be due to the nurse managers not pay attention to the general job alienation of clinical nurses to improve their general self-efficacy to feel successful, respect for support etc.

This result was supported with *Durrah (2020)* in a study entitled "Injustice Perception and Work Alienation: Exploring the Mediating

Role of Staff nurse's Cynicism in Healthcare Sector" and concluded that the level of work alienation was found to be at moderate. Also similar with *Abd-Elrhaman et al., (2020)* who indicated that less than two thirds of staff nurses' were alienated level at work, otherwise nearly two fifth of staff nurses' were not alienated level. Also in agreement with *Özçelik et al. (2020)* found a moderate level of work alienation among nurses confronted with organizational changes. While contrasted with *Mohamed et al., (2022)* in a study entitled "Influence of Perceived Organizational Injustice on Workplace Alienation among Nursing Staff during COVID-19 Pandemic" and the overall nursing staff's perceptions of workplace alienation is significantly high.

Concerning to relationships between the organizational silence among staff nurses with their personal data, the current study result showed that there were significant statistical relationships between organizational silence with age among staff nurses. This result was supported with *Bayin, Yesilaydin, & Esatoglu, (2015)* in a study entitled "Determination of reasons for organizational silence of nurses" and showed that age, year of experiences study in organizations and positions variables constitute a significant difference on silence average. While contrasted with *Yang et al., (2022)* who showed that there was no significant statistically association were found between individual demographic characteristics and organizational silence.

As regard to relationships between work alienation among staff nurses with their personal data, the current study result revealed that there was no statistically significant relationship between work alienation and personal data except with experience among staff nurses. This result disagreed with *Mohamed et al., (2022)* who demonstrated that there were positively significant relations between an overall score of work alienation factors and the nursing staff level of education and position respectively.

As regard correlation between total organizational silence and total work alienation among staff nurses, the current study results concluded that there was highly significant statistical positive correlation between total organizational silence and total work alienation

among staff nurses. This result was supported with *Cetinkaya, & Karayel, (2019)* who revealed that there was a significant relationship between organizational silence and work alienation in service enterprises.

Conclusion:

In the light of the present study findings, it can be concluded that, there were significant statistical relationships between organizational silence with both work department and age among staff nurses in sohag general hospital. Additionally, there was no statistically significant relation between work alienation and personal data except with experience among staff nurses in sohag general hospital. There was slight elevation of the high level of organizational silence and work alienation in sohag general hospital. And, there was highly significant statistical positive correlation between total organizational silence and total work alienation among staff nurses .

Recommendation:

In the light of results of this study, the following recommendations were suggested:

- Improve communication opportunities and formal systems for the exchange of information, views, concerns or ideas through conferences, workshops, meeting and sharing knowledge with them.
- Maintain high self-esteem, high job satisfaction of staff members which lead to break silence and improve positive behaviors to avoid feeling of alienation.
- Encourage nurses with highly active participation in daily activities and decisions through motivation and reward them to maintain their positive behaviors and reduce feelings of alienation.
- Conduct continuous and regular in-service educational programs and other development activities such as workshops, conferences, and seminars to break silence.
- Implement regular feedback mechanisms, such as suggestion boxes, anonymous surveys, or open-door policies, to allow nurses to express their thoughts and concerns.

For further studies:

- Study the effectiveness of organizational culture changes on work alienation.

- Examine the impact of remote work and digital communication tools on organizational silence and work alienation.
- Assess the relationship between organizational silence, work alienation, and staff nurse well-being.

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