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Effect of organizational silence on the job satisfaction and performance levels of nurses

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Abstract

Design and method: This is a descriptive and cross-sectional study conducted with 671 nurses at 4 hospitals in a province of Turkey. The data were collected using a questionnaire form, the Organizational Silence Scale, the Performance Scale, and the Minnesota Satisfaction Questionnaire.

Findings: In this study, it was determined that staying silent affected the job satisfaction and performance of nurses.

Practice implications: This result may be effective in developing methods to solve the issue of organizational silence, and therefore increasing nurses' levels of job satisfaction and performance.

KEYWORDS

job satisfaction, nursing, organizational silence, patient safety, performance

1 | INTRODUCTION

Organizational silence is a phenomenon that occurs in organizations when employees purposefully withhold information and opinions about the organization.[1] High job satisfaction is also linked to performance, which, in turn, is linked to higher profits. Those employees who feel happy and content in their roles are much more likely to approach the tasks that they need to carry out with enthusiasm and dedication. So, organizational silence may be a factor affecting nurses' job satisfaction and thus performance.

Due to the solidified moral codes (norms) of organizational structures, individuals may stay silent about the issues they face in the workplace owing to the fear of confronting each other, alienation, being known as a complainer, fear of misinterpretation by direct managers, or fear of damaging relationships with colleagues or the management.[2,3] Certainly, fear of losing their jobs also leads employees to knowingly or unknowingly have conforming and malleable attitudes.[4] Knowing the conditions, reasons, and situations, where organizational silence occurs, is important for managing the organizational silence behavior.[1] Organizational culture is one of the main factors that contributes to organizational silence. Organizational silence is common in developing countries because of hierarchy, centralization, and bureaucracy.[5] Hofstede et al.,[6] research shows that national cultural values can influence organizational cultural practices. Organizations operating in collectivist societies, for example, favor the group over the individual and are likely to have an acquiescent voice culture in organizational settings because individual thought is not encouraged unless the group extends permission to engage in such thought. Organizations operating in individualistic societies emphasize the individual more than the collective, and organizational members are more likely to openly express their views, opinions, and ideas, which can consequently shape an assertive voice culture.[7] In a participative culture like Japan, a large part of organizational decisions is made in teams. This is why organizational silence cannot be observed in such organizations.[5] On the contrary, the main characteristics of Turkish culture are high collectivism, hierarchy, uncertainty avoidance, and conservatism. Turkish organizations are known for their vertical hierarchical structure, low delegation, centralized decision making, and strong personality of managers.[8]

Various researchers have studied the reasons for employees' silence and in different ways, and different classifications have been established. Reasons for silence can be classified as individual factors, organizational factors, colleague factors, and organizational

culture factors.[9] Smitharajappa and Aparna[10] made the following similar classification for employee silence reasons: organizational procedures structuring the hierarchical function of the organization, individual problems caused by personality traits, organizational climate consisting of organizational values, and deficiencies in issues of team/leadership. Employees are said to remain silent due to reasons such as fear of losing self-esteem and confidence, fear of being stigmatized, for avoiding conflict, and fear of any consequent negative reactions or unacceptable results.[11,12] The reasons for organizational silence can be categorized into the following five groups: administrative and organizational reasons, issues related to the job, lack of experience, fear of isolation, and fear of harming relationships.[2]

Organizational silence is a disturbing organizational situation,[13] and staying silent reflects negatively on the organization and the employees. Silence causes employees to find themselves unworthy, perceive a lack of control over their environment, and to live in business disputes.[14] In addition, while staying silent may lead to wrong decisions on the organizational level, it also negatively affects the trust, morale, job satisfaction, and organizational function performances of individuals.[2,11,15] There is a negative relationship between employee silence and job satisfaction.[16] In organizational silence, individuals' inability to express their opinions, knowledge, and thoughts about improving their job and organization also affects their performance negatively.[4,17]

The concept of organizational silence has great importance in terms of healthcare services, especially for nurses who defend patient rights.[18] In nurses' workplaces, excessive workload and emotional stress due to being in the presence of a group of suffering people, conflicts with patients and their relatives, and long working conditions lead to burnouts and even resignations.[19] Resignations, reduced performances, absenteeism, and tardiness are inevitable in organizations where job satisfaction is low and stress is high. In Turkey and other countries worldwide, various levels of nurse shortages have led to the closing of certain hospital services or a reduction in the number of hospital beds.[20] Additionally, in institutions where organizational silence is common, problems and mistakes are ignored, and no feedback is offered.[20,21] In this sense, to offer ensured and improved patient safety, it is important for nurses to be encouraged to speak up and present their opinions and thoughts.

Previous studies have investigated organizational silence and reasons for organizational silence among nurses.[20,22] In addition, the relationship between organizational silence and performance has also been examined.[19] However, no studies so far have investigated the effect of the reasons for organizational silence on the job satisfaction and performance level of nurses. Based on all these informations, this study hopes that its findings will become a resource that will guide improvements in nurses' working conditions. It hoped that understanding reasons for nurse organizational silence and reduction in nurse silent behavior will improve patient outcomes.

The purpose of this study is to determine the effects of the reasons for organizational silence among nurses on their job satisfaction and performance levels.

2 | METHOD

2.1 | Research design

This descriptive and cross-sectional study was conducted between June and November 2016 at four institutions that approved it, including two state and two private hospitals in a province of Turkey. In the study, it was aimed to reach all the nurses working in the hospital, no sample was selected. The study sample consisted of 671 nurses who were employed in these hospitals in the given time interval and agreed to participate in the study. A total of 245 nurses who did not agree to participate were excluded. Inclusion criteria were as follows: employed at the clinic for at least six months and voluntary participation in the study. Nurses who did not meet these criteria were excluded from the study. The overall response rate for all the groups was 73.3% (671/916).

2.2 | Research questions

- Does affect the reasons for organizational silence among nurses on their job satisfaction?
- Does affect the reasons for organizational silence among nurses on performance levels?

2.3 | Data collection

Data for the research were collected through a questionnaire form between June and November 2016 that was developed by the researchers based on the literature.[18,22] The participants also completed the Organizational Silence Scale, the Minnesota Satisfaction Questionnaire, and the Performance Scale. Data were collected after being filled in a face-to-face interview with the nurses at the hospital by a single investigator. It took approximately 10–15 min to complete the forms.

2.4 | Questionnaire form

In this form, a total of 12 questions collected information about the nurses. The questionnaire and the scales were administered via face-to-face interviews after the nurses had briefed about the study.

2.5 | Organizational silence scale

The Organizational Silence Scale developed by Çakıcı[23] has a total of 84 items and 3 subscales. The first subscale "Issues About Which

There is Silence" consists of 25 items and 5 subdimensions, the second subscale "Reasons for Organizational Silence" consists of 31 items and 5 subdimensions, and the third subscale "Possible Consequences of Organizational Silence" consists of 28 items and 3 subdimensions. Given the objectives of the present study, the subscale "Reasons for Organizational Silence" was used here, as it contained items related to the reasons for staying silent. The other two subscales were not used in the present study.[23,24] There are other studies in which only one or two subscales of this scale were used.[20,22,25] The subscale "Reasons for Organizational Silence" consists of the following five subdimensions: administrative and organizational reasons (13 items), fears related to work (6 items), lack of work experience (4 items), fear of isolation (4 items), and "fear of damaging relationships (3 items). The scale has a five-point Likert-type and the subscale "Reasons for Organizational Silence" has scoring scheme with the following response options: "has no effect (1)," "ineffective (2)," "neither effective nor ineffective (3)," "effective (4)," and "very effective (5)." The scale is evaluated based on the subdimensional average scores and the total score, and it is assumed that levels of silence increase as the score increases. The Cronbach's alpha coefficient of the scale related to the reasons for organizational silent was found to be 0.94.[24] In this study, Cronbach's alpha coefficient was found to be 0.93.

2.6 | Minnesota satisfaction questionnaire

This study measured the job satisfaction of the nurses using the Minnesota Satisfaction Questionnaire developed by Weiss et al.[26] and adapted into Turkish by Baycan.[27] The scale, which consists of 20 items, is a 5-point Likert-type scale. The general job satisfaction score is obtained by dividing the sum of all scores by 20.[28] Obtaining a high score on the scale indicates high job satisfaction.[26,29] Baycan[27] found the Cronbach's alpha value of the scale to be 0.77. In this study, Cronbach's alpha coefficient was found to be 0.89.

2.7 | Performance scale

To determine the performance levels of the nurses, the study used the Performance Scale developed by Erdoğan,[30] who utilized the scales developed by Kirkman and Rosen,[31] Fuentes et al.,[32] and Rahman and Bullock.[33] The scale consists of six statements and five-point Likert-type scale. A high score on the scale indicates a high level of performance. The Cronbach's alpha value of the scale was found to be 0.83.[30] In this study, the value was found to be 0.80.

2.8 | Data analyses

The statistical evaluation of the data obtained as a result of the study was performed using the SPSS software (v. 22.0; SPSS Inc.). Normal distribution of the data was checked through the Kolmogorov-Smirnov test. The correlations between performance levels, job satisfaction, subdimensional scores on the Reasons for Organizational Silent subscale, and variable characteristics were analyzed using the Kruskal–Wallis test, independent *t* test, and ANOVA analysis. Nonparametric data were analyzed using the Kruskal Wallis test and parametric data were analyzed using the independent *t* test, and ANOVA analysis. The relationship between the performance levels, nurses' job satisfaction, and the subdimensional scores of the Reasons for Organizational Silent subscale was tested using Pearson's correlation analysis. Statistical significance was considered at p-value < .05.

2.9 | Ethical consideration

This study was approved by the Ethics Committee of the University's Faculty of Medicine (approval no. 14.06.2016/09) and by the head physicians of the hospitals where the study was conducted. All the participants were informed that they were free to not participate and that they could withdraw from the study at any time without prejudice. All the participating nurses provided written and verbal informed consent before participating in this study.

3 | RESULTS

The mean age of the participants was 29.39 ± 7.20 (min: 18, max: 58) years, and the mean duration of employment was 8.52 ± 6.93 (min: 1, max: 40) years. 80.3% of the nurses were women, 52.3% were married, 49.3% were university graduates, 45.0% worked in surgery departments, 95.4% worked as service nurses, 48.4% had a job experience of 5 years or less, and 54.7% worked in shifts. 72.4% of the nurses stated that 1–10 patients on average visited the department they worked at per day (Table 1).

Mean scores of sub-dimensions of reasons for organizational silence in nurses and levels of performance and job satisfaction are shown in Table 2. The mean total job satisfaction score of the nurses was 3.03 ± 0.68, their mean performance level score was 3.61 ± 0.74, and their mean general organizational silence reasons score was 3.18 ± 0.79. In the subdimensions of the general reasons for organizational silence scale, the mean scores in the order from the highest to the lowest in order were in; "administrative and organizational reasons" (3.42 ± 1.00), "fear of isolation" (3.41 ± 0.89), "fear of harming relationships" (3.22 ± 0.94), "fears related to the job" (2.98 ± 0.94) and "lack of experience" (2.85 ± 0.93; Table 2).

Comparison of the mean scores of reasons for organizational silence subdimensions, job satisfaction, and performance-based on nurses' descriptive information was shown in Table 3. Considering the reasons for organizational silence mean scores of the nurses; the means of administrative and organizational reasons (3.46 ± 0.90), lack of experience (2.95 ± 0.93), and fear of isolation (3.47 ± 1.03) were the highest among the nurses at the age of 29 or younger (p < .05). Based on the working statuses of the nurses, all

TABLE 1 Descriptive information on nurses

Descriptive information	*N*	%
Mean age (mean ± SD)	29.39 ± 7.20	
Mean working years (mean ± SD)	8.52 ± 6.93	
Sex		
Female	539	80.3
Male	132	19.7
Age groups		
29 years or below	378	56.3
30–39 years	219	32.6
40 year or above	74	11.0
Marital status		
Married	351	52.3
Single	320	47.7
Education level		
Vocational High School of Health	145	21.6
Associate's	182	27.1
Bachelor's	331	49.3
Master's	13	1.9
Clinic/department		
Internal departments	119	17.7
Surgical departments	302	45.0
Pediatrics department	22	3.3
Emergency services	46	6.9
Intensive care unit	182	27.1
Work position		
Head nurse	31	4.6
Clinical nurse	640	95.4
Years worked		
5 years of less	325	48.4
6–12 years	196	29.2
13–20 years	96	14.3
20 years or above	54	8.0
Type of work		
Rotation (16:00–24:00 or 24:00–08:00)	97	14.5
Daytime (08:00–16:00)	207	30.8
Shift	367	54.7
Frequency of shifts (*n* = 367)		
Once a week	47	12.8
Twice a week	61	16.6
Three times a week	19	5.2
Four times a week	240	65.4
Total	671	100.0

subdimension score means were the highest among service nurses ($p < .05$). Based on the duration of the nurses' employment at the organization, the mean score of the fear of isolation subdimension was the highest in nurses who worked for 13–19 years (3.59 ± 0.46), while the mean scores in all other subdimensions were higher in nurses who worked for 21 years or longer ($p < .05$). Among the cases of nurses being able to comfortably talk to the managers, administrative and organizational reasons (3.70 ± 0.82), fear of harming relationships (3.34 ± 0.88), and fear of isolation (3.56 ± 0.82) had the highest means in participants who were not able to talk to their managers comfortably ($p < .05$) (Table 3).

Nurses at or over the age of 40 (3.27 ± 0.74), those who worked as head nurses (3.60 ± 0.67), those who worked for 6–12 years (3.23 ± 0.64), and those who were able to talk to their managers comfortably (3.27 ± 0.67) had the highest mean scores of total job satisfaction ($p < .05$) (Table 3).

Nurses who worked as head nurses (3.92 ± 0.74) and those who were able to talk to their managers (3.75 ± 0.79) had the highest mean scores of performance levels ($p < .05$; Table 3).

Nurses who over 40 years had the lowest scores subscales of administrative and organizational reasons, lack of work experience, fear of isolation, and highest job satisfaction scores. Head nurses had a lower score on all subscales of reasons for organizational silence scale excluding administrative and organizational reasons subscale. Head nurses had a high score of total satisfaction and performance score. Nurses with 6–12 organizational years had the lowest scores on all subscales of reasons for organizational silence scale and have upper score others scales. Nurses who able to talk to managers comfortably had the lowest scores for administrative and organizational reasons, fear of damaging relationships, fear of isolation, and had upper score others scales (Table 3).

The present study revealed that all subdimensions of the reasons for organizational silence had a negative relationship between total scores of job satisfaction and performance levels (Table 4).

4 | DISCUSSION

Organizational silence is common in nurses[21]; however, it was seen that there is limited research determining the effects of the reasons for organizational silence among nurses on their job satisfaction and performance levels. This study revealed that nurses' had medium scores on the Reasons for Staying Silent subscale and that they were more silent about issues related to "administrative and

TABLE 2 Mean scores of subdimensions of reasons for organizational silence in nurses, and levels of performance and job satisfaction

Reasons for organizational silence	Cronbach's Alpha	Mean	SD
Administrative and organizational reasons	0.853	3.42	1.00
Lack of trust in the manager		3.33	1.18
Manager "pretending" to care		3.42	1.16
Belief that managers do not keep their promises		3.43	1.14
Managers unsupportive of open expression		3.49	1.13
The 'I know the best' attitudes of managers		3.61	2.86
No formal mechanism to speak openly		3.26	1.15
Idea that managers will not listen		3.53	1.11
Idea that there is an incompatibility with managers regarding facts and principles required by the job/profession		3.36	2.49
Belief that open expression is useless		3.55	1.10
Strictness of hierarchy (chain of command)		3.33	1.13
Distant relationships		3.32	1.13
People who spoke openly who set precedence by being exposed to injustice or bad treatment		3.30	1.19
Existence of a workplace culture that is unsupportive of open expression		3.40	1.13
Fears related to work	0.862	2.98	0.94
Fear of losing job or getting fired		2.65	1.30
Fear of position of duty or location change		3.07	1.30
Belief that people who express problems are not treated well		3.23	1.22
Fear of no promotion		2.63	1.19
Fear that managers and colleagues will retaliate		3.26	1.14
Fear of increased workload		3.01	1.19
Lack of work experience	0.782	2.85	0.93
Lack of experience in speaking openly (being new in the job, being young, etc.)		2.91	1.22
Idea that issues and subjects about the job and the organization are none of the employee's business but should concern the management		2.92	1.12
Fear that ignorance or inexperience will be revealed		2.68	1.23
Being in a lower position (lack of authority)		2.91	1.22
Fear of Isolation	0.690	3.41	0.89
Fear of being perceived as a problem-creating/complaining person		3.40	1.16
Fear of losing trust and respect		3.41	1.96
Managers reacting negatively to unfavorable feedback		3.64	1.04
Fear of assessment as a conflict-creating, provocative person		3.23	1.21
Fear of damaging relationships	0.765	3.22	0.94
Fear of harming relationships		3.14	1.13
Fear of losing support		3.16	1.13
Idea that managers will not like it		3.36	1.15
Total scores		3.18	0.79
Total job satisfaction	0.899	3.03	0.68
Performance Level	0.800	3.61	0.74

TABLE 3 Comparison of the mean scores of reasons for organizational silence subdimensions, job satisfaction and performance based on nurses' descriptive information

	Score of subdimensions of reasons for organizational silence						
Variable	Administrative and organizational reasons (Mean ± SD)	Fears related to work (Mean ± SD)	Lack of work experience (Mean ± SD)	Fear of damaging relationships (Mean ± SD)	Fear of isolation (Mean ± SD)	Total job satisfaction score (Mean ± SD)	Performance level score (Mean ± SD)
Age							
29 years or under	3.46 ± 0.90	3.02 ± 0.90	2.95 ± 0.93	3.25 ± 0.89	3.47 ± 1.03	2.97 ± 0.69	3.59 ± 0.73
30–39 years	3.44 ± 0.82	2.97 ± 0.99	2.78 ± 0.90	3.25 ± 0.94	3.43 ± 0.94	3.05 ± 0.64	3.61 ± 0.78
40 years of over	3.08 ± 1.00	2.75 ± 0.98	2.58 ± 0.96	3.97 ± 1.13	3.15 ± 0.99	3.27 ± 0.74	3.66 ± 0.68
	0.003[a]	0.078[a]	0.003[a]	0.060[a]	0.039[a]	0.002[a]	0.766[a]
Work position							
Head nurse	3.16 ± 0.91	2.60 ± 1.16	2.41 ± 0.85	2.84 ± 1.14	2.95 ± 1.04	3.60 ± 0.67	3.92 ± 0.74
Clinical nurse	3.42 ± 0.89	2.99 ± 0.93	2.88 ± 0.93	3.24 ± 0.92	3.44 ± 0.99	3.00 ± 0.67	3.59 ± 0.74
	0.117[b]	0.024[b]	0.007[b]	0.024[b]	0.008[b]	<0.001[b]	0.017[b]
Years at the Organization							
5 years or less	3.48 ± 0.87	3.02 ± 0.91	2.93 ± 0.93	3.28 ± 0.90	3.51 ± 0.98	2.96 ± 0.68	3.60 ± 0.73
6-12 years	3.21 ± 0.96	2.81 ± 1.04	2.61 ± 0.90	3.03 ± 1.04	3.15 ± 1.05	3.23 ± 0.64	3.66 ± 0.78
13-19 years	3.27 ± 0.51	2.95 ± 0.54	2.95 ± 0.74	3.22 ± 0.44	3.59 ± 0.46	3.22 ± 0.54	3.43 ± 0.78
20 years or more	3.72 ± 0.78	3.46 ± 0.97	3.36 ± 0.86	3.57 ± 1.13	3.43 ± 0.95	2.75 ± 1.11	3.38 ± 052
	0.006[c]	0.027[c]	<0.001[c]	0.016[c]	0.001[c]	<0.001[c]	0.405[c]
Is able to talk to managers comfortably							
Generally yes	3.13 ± 0.96	2.88 ± 1.07	2.82 ± 0.93	3.06 ± 1.07	3.26 ± 1.06	3.27 ± 0.67	3.75 ± 0.79
Generally no	3.70 ± 0.82	3.07 ± 0.85	2.85 ± 0.88	3.34 ± 0.88	3.56 ± 0.82	2.69 ± 0.67	3.48 ± 0.71
Only to certain people	3.41 ± 0.85	3.00 ± 0.90	2.92 ± 0.96	3.25 ± 0.85	3.43 ± 1.06	3.05 ± 0.65	3.61 ± 0.71
Only on certain issues	3.52 ± 0,76	2.87 ± 0.86	2.69 ± 0.95	3.26 ± 0.92	3.54 ± 0.98	3.09 ± 0.50	3.47 ± 0.67
	<0.001[a]	0.206[a]	0.352[a]	0.031[a]	0.027[a]	<0.001[a]	0.003[a]

[a]One-way analysis of variance (ANOVA).

[b]*t* test.

[c]Kruskal Wallis test.

organizational reasons" in comparison to other sub-dimensions. Consistent with our finding, Çaylak and Altuntaş[15] reported that nurses were likely to remain silent about administrative and organizational problems. Çakıcı's[24] study conducted on academics and administrative personnel working at a university reported that "administrative and organizational reasons" were at the top of the reasons why employees preferred to stay silent. Similar studies found that the sub-dimensional mean of "administrative and organizational reasons" was higher than those of other dimensions.[22,34] Thus, "administrative and organizational reasons" appear to be the top reason for silence among healthcare professionals. Managers' reactions are stated to be factors that affect the voice or silence of the employees.[35] One study revealed that authoritarian leadership in Chinese state-owned organizations is positively related to employee silence behavior.[36]

In this study, the statement in the "administrative and organizational reasons" sub-dimension with the highest scores was "I know the best' attitude of managers" statement. A previous study has

TABLE 4 The correlation analysis between the subdimensions of nurses' reasons for organizational silence and levels of performance and job satisfaction

	r				
Scales	**Administrative and organizational reasons**	**Fears related to work**	**Lack of work experience**	**Fear of damaging relationships**	**Fear of isolation**
Job satisfaction	−0.295*	−0.211*	−0.209*	−0.182*	−0.206*
Performance level	−0.131**	−0.101**	−0.172**	−0.089**	−0.110**

Note: *r*: Pearson correlation coefficient.
*$p < 0.01$.
**$p < 0.05$.

reported that the silence of healthcare professionals is mostly related to manager behaviors and that managers do not support open expressions.[34] A study conducted in Turkey found that the reason for the organizational silence of more than 50% of the participants could be attributed to the traditional administrative structure.[20]

In this study, among all the statements on the reasons for organizational silence subscale, the statement with the highest mean was "negative reactions of managers to unfavorable feedback," while the lowest mean was found for "fear of no promotion." Erigüç et al.[1] similarly found in their study that the reasons for most acts of staying silent were "managers half-heartedly seeming to care" and "negative reactions of managers to unfavorable feedback." Another study stated that employees' silence stemmed from the fear of negative feedback and negative reactions, which could subsequently lead to many problems related to decision-making and poor performance that may come from managers.[2] The reason for nurses being the least affected by "fear of no promotion" is that nurses have no anxiety regarding promotion, as their promotion is not based on any conduct.

Considering the findings of the study regarding whether the descriptive information of the nurses created a difference in the subdimensions of reasons for organizational silence, the mean scores of "administrative and organizational reasons," "lack of work experience," and "fear of isolation" dimensions were the highest among nurses aged 29 or younger. Seren et al.[34] reported that nurses who were 30 years old and younger had a higher mean score than those who were 31 years and older on the subscales of "fear of isolation" and "fear of damaging relationships." Toker et al.[37] found in their study with nurses and other medical professionals that younger employees stayed more silent. This may be explained by these younger individuals having less experience, and consequently being less courageous in expressing their opinions and thoughts, their lack of knowledge about their managers, and relative lack of information on how their managers will react. Nurses in younger age groups will be willing to take lower levels of risk to solve their problems. It was also found in this study that clinical nurses were more silent than those who worked as managers. Additionally, those who were unable to talk to their managers were more silent than those who were silent due to "administrative and organizational reasons," "fear of damaging relationships," and "fear of isolation." Erigüç et al.[1] found that most nurses were not able to talk to their managers about a subject they cared about and stayed silent. In a study by Yurdakul et al.[20] with midwives and nurses, it was found that 61.6% preferred to stay silent regarding important issues. It was reported in another article that silence comes from fear of loneliness and isolation. Accordingly, if individuals think that the people around them have different opinions than their own, they prefer to not express their opinions to avoid being ostracized in society.[18,23] Seren et al.[34] found that "fear of isolation" was an important reason for both nurses and physicians to remain silent. In a study, the individuals who stated that they could talk about anything with their managers explained that this was attributable to the openness of department managers toward communication. The individuals who stated they could not do so, on the other hand, explained it as attributable to the oppressive and standardizing attitude of their managers.[24] Leader power is a manifestation of feudal links and has strong roots in Turkish culture, in that leaders are expected to promote patronage relationships with their followers.[8] When the healthcare staff in an organization do not express themselves well and information transfers and communication are ineffective, it negatively affects their motivation and job satisfaction.[34] In this study, both job satisfaction and performance levels of the participants were around the average levels, while both values were higher for the nurses at or over the age of 40, especially for those who were able to talk to their managers and worked as head nurses. That is, it can be said that the nurses participating in the study performed at a moderate level, and the job satisfaction was at a moderate level. A study reported that managers have higher job satisfaction levels than those of employees, and as the ages of the participant's increase, the perception of reduced personal success diminishes, and job satisfaction increases.[18] In Tekingündüz et al.,[38] study with nurses at a state hospital, it was found that the perception of performance increased as job satisfaction increased, but increased stress led to a reduction in perceived performance. The levels of job satisfaction and performance of nurses appear to be positively affected by working in a positive environment. According to multiple regression analysis, marital status and work position affected satisfaction. Thus, it can be said that social support and working in a better position affect job satisfaction and thus may have an effect on organizational silence.

The present study revealed that all subdimensions of the reasons for organizational silence have a negative and significant effect on nurses' job satisfaction and performance levels. As nurses'

organizational silence increased, their job satisfaction and performance decreased. The study by Tayfun and Çatır[19] conducted using a different silence scale showed that accepted silence, defensive silence, and defensive expression had a negative relationship with the performance of employees. Accordingly, there was a positive relationship between performance and silence and expression in favor of the organization. A previous study noted a direct relationship between organizational silence and working performance.[4] Another study noted a negative significant relationship between the organizational silence attitudes of individuals and their perceptions of job satisfaction.[18] Najafi and Khaleghkhah[39] found that in attention to the high level of defensive silence among nurses and a negative obedient silence and defensive silence had negative correlations with organizational performance. While the reasons for participants staying silent were affected by various factors, it was found that nurses who were more silent had decreased performance and satisfaction levels. Future studies need to investigate this issue and focus on organizational silence in nurses.

This study has some limitations. The study sample included nurses working at different hospitals in the Southeastern Anatolia Region of Turkey. Thus, these findings may not be generalizable to nurses living in other parts of Turkey. However, a positive aspect of the study is that it was conducted at multiple institutions in both inpatient and outpatient departments.

5 | CONCLUSIONS

The nurses stayed silent mostly due to "administrative and organizational reasons," and they had average levels of performance and job satisfaction. It was found that organizational silence had an effect on both nurses' performance levels and job satisfaction levels. According to these results; It is important to determine the influencing factors and the reasons for the organizational silence among nurses working at institutions. It is considered that clearly presenting the effects of the reasons for organizational silence among nurses on the job satisfaction and performance levels 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.

6 | IMPLICATIONS FOR NURSING PRACTICE

It is important to emphasize that expressing opinions and thoughts is important for both employees and the organization, through training, seminars, and information meetings for hospital managers and healthcare professionals. It is also important for managers of healthcare services to question their management style, their communication with employees, and the policies that they pursue. These study results can be used to improve the process of nursing in health institutes. Because such changes are very important for nurses to provide quality care, to ensure and maintain patient safety, and for nurses' self-empowerment. In the future, further longitudinal or experimental designs that investigate organizational silence and its association with job satisfaction/performance can be conducted in larger global and sample groups with coordination among different countries.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

Serap Parlar Kilic and Didem Öndaş Aybar conceptualized and designed the manuscript. Didem Öndaş Aybar collected the data. Serap Parlar Kilic and Sibel Sevİnç analyzed and interpreted the data. Serap Parlar Kilic, Didem Öndaş Aybar, and Sibel Sevİnç drafted and critically revised the manuscript.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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