GÜSBD 2024; 13(4): 1594 - 1606 **Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi** **Araştırma Makalesi**
GUJHS 2024; 13(4): 1594 - 1606 Gümüşhane University Journal of Health Sciences Original Article

Investigation of the Effect of Organizational Silence on Job Performance in Healthcare Professionals

Sağlık Çalışanlarında Örgütsel Sessizliğin İş Performansına Etkisinin İncelenmesi

Zehra ÇETİNKAYA[1], Hülya KESKİN[2]

ABSTRACT

The aim of this study is to investigate the effect of organizational silence on job performance in healthcare professionals. The study was conducted as a cross-sectional descriptive study with 367 healthcare professionals. Data were collected using the "Individual Descriptive Characteristics Form", "Organizational Silence Scale" and "Job Performance Scale". Statistical methods such as Kolmogorov-Smirnov Test, Kruskal-Wallis Test and Mann-Whitney U tests were used to analyze the data. In addition, Spearman's rank correlation coefficient was used to evaluate the relationships and Cronbach's Alpha coefficient was used to determine the reliability of the scales. Regression analysis was used to model the relationships between the scales. Significant relationships were found between the demographic characteristics of the participants and organizational silence and job performance. In correlation analyses, significant positive relationships were observed. It was determined that the silence levels and job performance levels of healthcare professionals were at an average level. The findings obtained from this study show that healthcare professionals generally have a moderate organizational culture. In this context, employees' opinions should be recognized as valuable and employees should be supported and cared for.

Keywords: Job Performance, Silence, Organizational, Healthcare Worker, Silence

ÖZ

Bu çalışmanın amacı, sağlık çalışanlarında örgütsel sessizliğin iş performansı üzerindeki etkisini araştırmaktır. Araştırma, kesitsel bir tanımlayıcı çalışma olarak, 367 sağlık çalışanıyla gerçekleştirilmiştir. Veriler, "Birey Tanıtıcı Özellikler Formu", "Örgütsel Sessizlik Ölçeği" ve "İş Performansı Ölçeği" kullanılarak toplanmıştır. Verilerin analizinde Kolmogorov-Smirnov Testi, Kruskal-Wallis Testi ve Mann-Whitney U testleri gibi istatistiksel yöntemler kullanılmıştır. Ayrıca, ilişkileri değerlendirmek için Spearman sıra korelasyon katsayısı ve ölçeklerin güvenilirliğini belirlemek için Cronbach's Alpha katsayısı kullanılmıştır. Ölçekler arasındaki ilişkileri modellemek için regresyon analizi yapılmıştır. Katılımcıların demografik özellikleri ile örgütsel sessizlik ve iş performansı arasında anlamlı ilişkiler tespit edilmiştir. Korelasyon analizlerinde, pozitif yönde anlamlı ilişkiler gözlemlenmiştir. Sağlık çalışanlarının sessizlik düzeyleri ve iş performansı düzeylerinin ortalama seviyede olduğu saptanmıştır. Bu araştırmadan elde edilen bulgular, sağlık çalışanlarının genel olarak ılımlı bir örgüt kültürüne sahip olduklarını göstermektedir. Bu bağlamda, çalışanların düşüncelerinin değerli olduğu kabul edilmeli, çalışanlar desteklenmeli ve önemsenmelidir.

Anahtar Kelimeler İş Performansı, Örgütsel Sessizlik, Sağlık Çalışanı, Sessizlik

This article was approved by the Ethics Committee for Non-Interventional Clinical Research of XX University (03.05.2023/ Number: 2023/5-11) and derived from the Master's thesis entitled "Investigation of the Effect of Organisational Silence on Job Performance in Healthcare Professionals" prepared at Mardin Artuklu University Institute of Postgraduate Education, Department of Health Management.

[1]Specialist Health Manager, Zehra ÇETİNKAYA, Mardin Tuberculosis Dispensary, zcetinkaya3678@gmail.com, ORCID:0009-0008-2772-3221
[2]Assistant Professor, Hülya KESKİN, Faculty of Health Science, Department of Audiology, Mardin Artuklu University, hulya_k@hotmail.com, Orcid:0000-0003-3897-0814

İletişim / Corresponding Author: Zehra ÇETİNKAYA
e-posta/e-mail: zcetinkaya3678@gmail.com

Geliş Tarihi / Received: 27.03.2024
Kabul Tarihi/Accepted: 08.10.2024

INTRODUCTION

Organizational silence is when employees refrain from sharing their ideas about work. One of the most critical issues that managers focus on in the workplace is the performance levels of employees. Managers want to achieve their goals by planning the available opportunities and human resources in the best way to increase performance levels. For this purpose, it is possible to take some decisions and implement them in accordance with the purpose only if the employees express their opinions without hiding their thoughts.[1]

As technological developments increase, the competitive environment in enterprises is also increasing. Since change is continuous and variable, individuals need to adapt to this change and express their opinions without hesitation. This situation affects especially healthcare organizations in positive and negative ways. Healthcare professionals do not express their true opinions due to their concerns and worries about senior management, which negatively affects productivity.[2] In healthcare organizations, employees' expressing their opinions freely, supported by their managers, can increase their job performance and affect their productivity at work. However, the issue of why healthcare professionals remain silent and how this situation affects their work productivity is important and requires further research.[3] Since health institutions are concerned with human health, the smallest mistake is of vital importance. Since preventing mistakes and ensuring the sustainability of organizational harmony and communication are of great importance, silence is one of the issues that need to be emphasized.[4]

Although the concept of organizational silence was first introduced in the 1970s, research in this field has gained more importance in the 2000s. Academics such as Ang, Botero, Miliken, Morrison, Pinder and Horlos have made various definitions on organizational silence and contributed to the literature. In Turkey, researchers such as Çakıcı, Eroğlu, Öztürk and Adıgüzel have carried out important studies in this field. National and international studies on organizational silence have recently been followed with increasing interest in our country.[5-7]

When an environment of silence prevails in an organization, employees cannot express their opinions openly, and at the same time, they cannot speak out on problems related to the organization and prefer to remain silent. The dominance of strict rules by managers in the organization has a negative impact on the organizational culture, causes loss of performance and motivation, and leads to loss of trust. Organizational silence should be considered an important situation that negatively affects employee performance.[2] In organizations where silence prevails, it can lead to problems remaining hidden, important information not being shared, and innovation being prevented.[4] It is believed that employees' ideas are not valued and supported in the organization, relationships between upper and lower management are weak, and managers have misconceptions about their employees, which reinforces organizational silence.[6] Organizational silence is the silence of employees in the organization by not expressing their thoughts about work. In organizations, those responsible for the decisions that need to be made for the organization are the managers of the organization. Those who implement the decisions to be made and the methods to be followed are the employees. In positive-negative situations in organizations, it increases work efficiency when employees express their opinions without hiding them. Sometimes, for various reasons, employees cannot express their ideas and feelings and cannot work efficiently enough, so they remain silent.[1] As in all institutions and companies, it is important that there is a lot of work in healthcare institutions, that supply and demand are unpredictable, that the service cannot be postponed, starting with the managers of the institution, the employees and the patients. In healthcare facilities, employees are expected to be supported by their managers, openly express their ideas,

increase their productivity at work and influence their work performance. For this reason, it is important in terms of work efficiency to understand why healthcare workers prefer silence in organizations and in which situations they remain silent.[3]

The aim of this study is to examine the effect of organizational silence on job performance in healthcare professionals . In this context, it is to determine whether the organizational silence levels of healthcare professionals are related to personal-demographic factors, to determine the level of relationship between job performance and personal factors, to determine whether silence affects job performance levels, and also to try to make opportunistic silence visible.

MATERIALS AND METHODS

Study Design

This study was conducted as a descriptive cross-sectional study.

Setting and Participants

This study was conducted at a state hospital in the Mardin province from June to October 2023.

The population of the study consisted of 805 healthcare professionals working in a state hospital operating in Mardin province. The sample size was determined as n=261 with a 95% confidence interval and a 50% predicted frequency calculated with the "Open Epi Sample Size" calculator. However, in order to reach a wider range of participants, the sample size was determined as 367 people.

Data Collection

Data were collected using the “Participant Information Form”, “Organizational Silence Scale”, and “Job Performance Scale”.

Participant Information Form

The form, prepared by the researchers in line with the literature, includes questions such as socio-demographic profiles of healthcare professionals , their professional background, working units and their preference for the profession. [8,9]

Organizational Silence Scale

Çavuşoğlu and Köse (2019) completed the reliability and validity analysis of the scale developed by Knoll and Dick (2012). It includes 20 statements in total.[5]

Job Performance Scale

Job Performance Scale developed by Çalışkan and Köroğlu (2022) consists of 11 items on a 5-point Likert scale. This scale has two sub-dimensions, task performance and contextual performance, and is used to assess and measure employees' job performance.[10]

Data Analysis

In the study, data analysis was performed using SPSS 25 program. The suitability of the data for normal distribution was evaluated with the Kolmogorov-Smirnov Test and nonparametric tests were preferred since normal distribution was not achieved. Mann-Whitney U test was used for analysis between independent paired groups, while Kruskal-Wallis test was preferred for independent multiple groups. A statistical significance level (p) of 0.05 was accepted. Bonferroni corrected p value was used to compare the differences. Spearman's rank correlation coefficient was used to determine the relationships between variables and Cronbach's Alpha coefficient was evaluated for the reliability of the scales. Finally, regression analysis was conducted to model the relationships between the scales.

Ethical Considerations

Approval for conducting the study was obtained from the Non-Interventional Clinical Research Ethics Committee of a university (03.05.2023, Approval No: 2023/5-11). Institutional permission was secured from the hospital where the study was conducted, and permission for the use of the scales was obtained from the authors via e-mail. Participants were informed about the purpose of the study, and written informed consent

was obtained from all participants. The study was conducted in accordance with the principles of the Declaration of Helsinki.

Limitations of the Study

This study is limited to healthcare professionals working in a public hospital who agreed to be included in the study. It cannot be generalized to the whole population and other organizations.

RESULTS AND DISCUSSION

The distribution of socio-demographic characteristics of healthcare professionals is presented in Table 1. When the demographic information of the participants is examined; 18-25 years old 18.0% (66), 26-33 years old 46.0% (69), 34-41 years old 25.1% (92), 42 and over years old 10.9% (40). It is seen that the majority of the employees are in the 26-33 age group. When the gender of the participants is analyzed, it is seen that 45.8% (168) are female and 54.2% (199) are male. The majority of the respondents were male.

It is seen that male participants constitute the majority. It was also observed that the majority of the participants were undergraduate graduates and the majority of them were nurses. It was observed that the participants who participated in the survey were mostly working in surgical units, internal units and the least participation was seen in intensive care services.

According to the results of the study, no significant relationship was found between demographic factors such as gender, marital status, income level, education level and length of service in the organization and organizational silence and its sub-dimensions ($p>0.05$).

These findings indicate that healthcare professionals' perception of organizational silence is similar or that personal factors do not affect organizational silence. These findings are in line with the study conducted by Çakır et al. It is concluded that silence is not affected by factors such as gender, being married or single, and level of education.[11]

In another study conducted on healthcare professionals in a university hospital, it was concluded that the time spent in the organization and salary status did not play a role in silence levels.[12]

In a different study conducted on organizational silence in Jobes, similar results were obtained. Organizational silence shows that individuals can exhibit silence behaviors regardless of variables such as gender, educational status, working time in the organization.[13] Similarly, in a study conducted by Bozkır and Sandıkçı, it was concluded that whether individuals were male or female, married or single, and their level of education did not affect their level of silence.[14]

A statistically significant difference was found between task performance scores, a sub-dimension of the job performance scale, and gender ($p=0.027$). This shows that gender has a certain effect on task performance.

Statistically significant differences were found between organizational silence scale sub-dimension Prosocial Silence scores and age groups ($p=0,028$). This shows that age has an effect on Prosocial Silence.

In particular, a significant difference was found between the 18-25 age group and the 34-41 age group in the Prosocial Silence scores ($p=0,002$). This result shows that certain age groups differ in the level of Prosocial Silence.

Moreover, when task performance scores were analyzed, a statistically significant difference was observed between the 18-25 age group and the 34-41 age group ($p=0.001$). This indicates that certain age groups have a different effect on task performance.

According to the results of the study, the scores of organizational silence scale and its sub-dimensions and task performance, which is a sub-dimension of job performance scale, showed statistically significant differences depending on the working hours of the participants. In particular, the averages of

acceptant passive silence, Prosocial Silence and opportunistic silence showed significant differences between the participants with different working hours. Similarly, task performance scores also showed significant differences between working years. The comparison of scale scores according to years of employment is presented in detail in Table 2.

Table 1. Distribution of Socio-Demographic Characteristics of Participants

Variable	Group	n (367)	%
Age	18-25	66	18,0
	26-33	169	46,0
	34-41	92	25,1
	42 and above	40	10,9
Gender	Woman	168	45,8
	Male	199	54,2
Marital Status	Married	215	58,6
	Single	152	41,4
Education Status	High School	69	18,8
	University	199	54,2
	Postgraduate	99	27,0
Working Time	Less than 1 year	21	5,7
	1-5 years	144	39,2
	6-10 years	112	30,5
	11 years and above	90	24,5
Profession	Doctor	93	25,3
	Nurse	138	37,6
	Midwife	35	9,5
	Laboratory, X-ray technician or technician	46	12,5
	Anesthesia technician or technician	34	9,3
	Pharmacist	5	1,4
	Physiotherapist, Physiotherapy technician	16	4,4
Duration of Employment at the Institution	Less than 1 year	35	9,5
	1-5 years	184	50,1
	6-10 years	83	22,6
	11 years and above	65	17,7
Table 1. (Continued)			
	Yes	262	71,4
Preferring the profession willingly	No.	105	28,6
Income Status	Income higher than expenditure	38	10,4
	Income matches expenditure	100	27,2
	Income lower than expenditure	229	62,4
Work Unit	Emergency	63	17,2
	Surgical units	108	29,4
	Internal units	100	27,2
	Intensive care	25	6,8
	Other (outpatient clinic, x-ray, laboratory, etc.)	71	19,3

%: Percentage

In this study, organizational silence scale and its sub-dimensions and Prosocial Silence scores showed significant differences between occupational status ($p<0.05$). Acquiescent Quiescent Silence scores: Statistically significant differences were found between doctors and nurses, between doctors and laboratory, x-ray technicians or technicians, between doctors and anesthesia technicians or technicians, between anesthesia technicians or technicians and physiotherapists or physiotherapy technicians (p=0,001, p=0,002, p=0,001, p=0,001). In Prosocial Silence scores: Statistically significant differences were found between doctors and nurses, between doctors and anesthesia technicians or technicians, between anesthesia technicians or technicians and physiotherapists or physiotherapy technicians (p=0,002, p=0,001, p=0,001). Organizational silence scores: Significant differences were found between doctors and nurses, between doctors and anesthesia technicians or technicians, between midwives and anesthesia technicians or technicians, between anesthesia technicians or technicians and physiotherapists or physiotherapy technicians (p=0,001, p=0,001, p=0,001, p=0,001, p=0,001).

Significant differences were found between the participants' organizational silence scale and its sub-dimensions and contextual performance scores, which is a sub-dimension of the job performance scale,

on the basis of working units in the organization ($p<0.05$). A significant difference was found between internal units and other units in acceptance passive silence scores (p=0,001). In Prosocial Silence scores, significant differences were observed between the emergency unit and other groups and between internal units and other groups (p=0,001). In organizational silence scores, there were significant differences between the internal units group and intensive care group and between the internal units group and other groups (p=0.005, p=0.001). In contextual performance scores, a significant difference was found between the internal units group and other groups (p=0.004).

Significant differences were found between those who prefer the profession willingly and those who do not ($p<0.05$) between the organizational silence scale and its sub-dimensions (Acquiescent Quiescent Silence, Opportunistic Silence, Prosocial Silence) and the job performance scale and its sub-dimension (contextual performance scores) of healthcare professional (Table-3).

Significant differences were found in the comparison of organizational silence and sub-dimension mean scores according to age, years of employment, occupation and willingness to choose the profession. Similar to the findings of this research; in a study conducted on academicians, it was determined that whether employees are married or single does not affect their level of silence, but factors such as working hours, age variable, title have an effect. It was concluded that the level of silence increased with the increase in age and seniority of the employees.[15] In a study conducted in a private hospital, it was found that there was no relationship between organizational silence and factors such as education level and working time in the institution, but there was a relationship between personal factors such as age, occupation and gender[3]. In a study conducted on nurses regarding organizational silence, it was found that factors such as nurses' age, working departments, being busy or not busy in the hospital showed significant differences on silence. It can be said that as nurses gain more experience, their level of silence decreases.[16]

In a study conducted with health professionals in a public hospital in Iraq, it was found that whether the employees were male or female, marital status, earnings and education level did not have an effect on silence, but age was found to be effective. It was concluded that there were significant results at the level of accepted silence in younger employees.[17]

In a study conducted with healthcare professionals in private hospitals, it was concluded that age, occupation and working time had an effect on silence, but being married or single, being male or female did not affect silence levels.[18]

Unlike the findings of this study, a study conducted in a health care organization found significant results in terms of marital status and educational attainment. According to the findings, the protective silence levels of employees aged 30 and below were found to be higher than those aged 31 and above. The level of protective silence of male employees was found to be higher than that of female employees8. In a study conducted by Orhan and Yakut on teachers, it was observed that female teachers had lower perceptions of silence than male teachers. In addition, married teachers have lower levels of organizational silence than single teachers. It was found that the perceptions of silence of teachers who have been working for many years were higher than their younger colleagues. It can be said that perceptions of silence increase as the years pass.[19]

In a study investigating nurses' perceptions of silence, a significant relationship was found between male employees and female employees. This situation can be interpreted as that female health professionals do not receive enough support in the organizations where they work and that there is a male-dominated understanding.[20]

In a study conducted with teachers, it was determined that the level of organizational silence of female education employees was higher than that of their male colleagues. It

was also observed that married employees were more likely to remain silent than their single colleagues. This situation can be interpreted as married employees are more likely to remain silent due to livelihood concerns.[21]

In this study, the relationship between demographic variables and job performance and its sub-dimensions of healthcare professionals was examined. In the comparison in terms of gender, a significant difference was found in task performance; task performance level was found to be higher in men than in women. However, no significant difference was found between both genders in terms of contextual performance scores.

Significant changes were observed in scale scores depending on variables such as age, work experience, willingness to choose the profession and working unit. Similarly, in Kayabaşı's study conducted on healthcare professionals , significant differences were found in job performance depending on marital status, education level, working time in the organization and occupational groups. In addition, significant differences were found in the comparisons made according to the units worked. This situation emphasizes that the factors affecting the job performance of healthcare professionals may vary according to the units they work in, which is an important finding of the study. In particular, it was determined that the job performance of healthcare professionals working in internal units was significantly higher. In the study, it was observed that the units with the highest contextual performance scores were internal units. It can be concluded that the job performance levels of those working in these units are higher.[22]

In a study examining the interaction of financial well-being with job performance of health care professionals , it was found that education level and professional working hours did not affect job performance, but age factor was found to be effective.[23] In the study on the dimensions of organizational silence and employee performance, no significant difference was found between marital status, education level, occupation and job performance levels.[24] In a study examining the relationship between job stress, employee performance and mobbing in healthcare professionals , no significant relationship was found between the participants' being married or single, age, educational status and occupational groups. This finding indicates that the effect of demographic factors on job performance is either absent or at the same level.[25]

In a study examining the effect of organizational silence on job outcomes in the education sector, it was observed that marital status, educational status, occupational groups did not affect job performance levels, but there was a significant relationship between age groups and performance. It can be concluded that age group affects performance.[26]

Unlike the findings of this study, in the study conducted by Çaylak and Altuntaş, it can be said that nurses' low salaries, high working hours, and working in labor-intensive areas negatively affect their productivity. [27]

In a study examining the relationship between silence levels and performance of nurses, it was concluded that whether the employees were married or single and the positions they worked in affected their performance levels.[28]

In another study conducted with 235 nurses, it was found that the educational level of nurses affected their job performance. It can be said that as nurses get older, their contextual performance increases and accordingly their job performance increases. It can be said that as the education level of the nurses increases, their job perception differs and therefore their performance decreases.[29]

A moderately significant positive relationship was found between opportunistic silence and Acquiescent Quiescent Silence ($p<0.05$). A strongly significant positive relationship was found between Prosocial Silence and Acquiescent Quiescent Silence ($p<0.05$). A moderately significant positive relationship was found between Prosocial Silence and opportunistic silence ($p<0.05$). A

very strong significant positive relationship was found between organizational silence and Acquiescent Quiescent Silence ($p<0.05$). A strongly significant positive relationship was also observed between organizational silence and Prosocial Silence ($p<0.05$). A strongly significant positive relationship was found between contextual performance and task performance ($p<0.05$). A very strong significant positive relationship was found between job performance and task performance ($p<0.05$).

A strong positive relationship was found between job performance and contextual performance.

A very strong positive relationship was found between the level of organizational silence and acceptance passive silence, and a strong relationship was also found between organizational silence and Prosocial Silence. This shows that the motivation to act especially for the benefit of the organization plays an important role in the tendency of healthcare professionals to remain silent.

The correlation analysis of the relationships between the scale scores is presented in Table 4.

There is an average level of relationship between organizational silence and its sub-dimensions among healthcare professionals. In the public institution where the research was conducted, employees can exhibit courageous and confident behaviors and express their opinions openly. This situation indicates that health workers have a moderate organizational culture with the hospital management. In addition, the young and dynamic employee structure and the high level of education in the hospital where the study was conducted also support this situation. According to the descriptive statistical data, while variation was observed between the mean scores, the reliability coefficients (Cronbach's Alpha) were found to be quite high (Acquiescent Quiescent Silence (0,938), Opportunistic Silence (0,861), Prosocial Silence (0,845), Organizational Silence (0,944), Task Performance (0,903), Contextual Performance (0,858), Job Performance (0,921).

Table 2. Comparison of Scale Scores According to Years of Employment

Variables	Groups	Mean± sd	M (Min - Max)	Test	p
Acquiescent Quiescent Silence	Less than 1 year	22,62 ± 5,43	20(18-36)	***11,943***	***0,008****
	1-5 years	22,72 ± 7,52	20(10-48)		
	6-10 years	25,96 ± 9,39	22,5(10-50)		
	11 years and above	27,51 ± 10,77	24,5(10-50)		
Opportunistic Silence	Less than 1 year	5,67 ± 1,15	6(3-8)	***9,222***	***0,026****
	1-5 years	6,1 ± 2,33	6(3-15)		
	6-10 years	6,85 ± 2,52	6(3-15)		
	11 years and above	6,64 ± 3,03	6(3-15)		
Prosocial Silence	Less than 1 year	4,71 ± 1,76	4(2-8)	***14,912***	***0,002****
	1-5 years	4,43 ± 1,85	4(2-10)		
	6-10 years	5,09 ± 2,2	4(2-10)		
	11 years and above	5,51 ± 2,29	5(2-10)		
Organizational Silence	Less than 1 year	33 ± 7,01	30(28-50)	***13,886***	***0,003****
	1-5 years	33,24 ± 10,48	30(15-70)		
	6-10 years	37,89 ± 12,72	33(15-75)		
	11 years and above	39,67 ± 14,45	36(15-75)		

Table 2. (Continued)

Task Performance	Less than 1 year	20,19 ± 1,66	20(17-24)	***9,885***	***0,020****
	1-5 years	20,31 ± 3,33	20(5-25)		
	6-10 years	21,34 ± 2,84	21(9-25)		
	11 years and above	20,42 ± 4,42	20,5(5-25)		
Contextual Performance	Less than 1 year	24,48 ± 2,11	25(19-28)	2,047	0,563
	1-5 years	24,29 ± 3,88	24(6-30)		
	6-10 years	24,29 ± 3,88	24(9-30)		
	11 years and above	23,37 ± 5,2	24(6-30)		
Job Performance	Less than 1 year	44,67 ± 2,92	45(36-51)	1,159	0,763
	1-5 years	44,6 ± 6,72	45(11-55)		
	6-10 years	45,63 ± 6,12	46(18-55)		
	11 years and above	43,79 ± 9,26	45(11-55)		

*Mean; mean, sd; standard deviation, M; median, Min; lowest score, Max; highest score, test value; Kruskal Wallis Test Value, p value; statistical significance, *p<0.05; there is a statistically significant difference between the groups.*

In another study, it was found that nurses' silence levels were at a medium level.[30]

In a study conducted among primary school teachers, it was concluded that teachers' silence levels were at a medium level. [31]

Similar results were found in a study conducted on nurses in China. It can be concluded that nurses have working areas where they can express their true opinions without hiding their thoughts.[32]

In a study conducted by Karacaoğlu and Küçükköylü on public employees, it can be associated with an organizational culture in which employees do not remain silent in their work environment and do not hesitate to express their opinions.[33]

Studies in the literature vary in terms of their results. While organizational silence and its sub-dimensions were found to be at high levels in some studies, it was found to be at low levels in others. Both positive and negative relationships were found between job performance and organizational silence. In a study conducted on nurses in Greece, it can be said that fear and exclusion have a negative effect on silence. It can be concluded that working environments need to be improved and effective communication is necessary.[34] In Madrid et al.'s study, it was observed that the increase in the feeling of fear increases the silence tendency of employees. This situation affects employees negatively and increases their silence.[35] In another study by Knoll and colleagues, it was found that about half of the employees preferred to remain silent and remained silent in the face of events.[36]

In another study on nurses, it was observed that nurses did not express some of their feelings by keeping silent to protect themselves from external factors. It can be concluded that this situation is caused by the pressure of top management in the working environment.[37] Pinder and Harlos concluded that silence affects job performance.[38] It can be said that silence affects employee performance in the study of Van Dyne et al. in which the concepts of silence and vocalization are discussed together.[39]

In a study conducted on white-collar professionals in China, it can be said that the productivity of employees will increase when managers support their employees, create comfortable spaces, and communicate openly with their employees.[40]

Table 3. Comparison of Scale Scores According to Voluntary Preference of the Profession

Variables	Groups	Mean ± SD	M (Min - Max)	Test	p
Acquiescent Quiescent Silence	Yes	23,53 ± 8,16	20(10-47)	***9516,500***	***0,001****
	No.	28,22 ± 10,42	25(10-50)		
Opportunistic Silence	Yes	6,12 ± 2,24	6(3-15)	***11086,000***	***0,002****
	No.	7,23 ± 3,06	6(3-15)		
Prosocial Silence	Yes	4,6 ± 1,91	4(2-10)	***10058,500***	***0,001****
	No.	5,69 ± 2,38	5(2-10)		
Organizational Silence	Yes	34,26 ± 10,84	30(15-70)	***9247,000***	***0,001****
	No.	41,13 ± 14,5	36(15-75)		
Task Performance	Yes	20,75 ± 3,32	20(5-25)	12441,500	0,143
	No.	20,38 ± 3,76	20(7-25)		
Contextual Performance	Yes	24,36 ± 4,09	25(6-30)	***11197,500***	***0,005****
	No.	23,37 ± 4,32	24(9-30)		
Job Performance	Yes	45,11 ± 6,95	46(11-55)	***11391,500***	***0,010****
	No.	43,75 ± 7,49	44(16-55)		

Mean; mean, SD; standard deviation, M; median, Min; lowest score, Max; highest score, test value; Mann Whitney Test Value, p value; statistical significance

In the study, no significant relationship was found between organizational silence and job performance. However, methodological difficulties and the high number of participants indicate that the analysis can make a positive contribution to the literature. A moderate relationship was found between job performance and its sub-dimensions. It was observed that a positive work environment positively affects employees' job performance and its sub-dimensions. There was a significant positive relationship between task performance and job performance and an equally strong relationship between contextual performance and job performance. As a result, it was concluded that healthcare professionals fulfill their jobs not only with the required competencies, but also with their desire and commitment to the profession. This study focuses on the relationship between organizational silence and job performance in line with the research in the literature. However, it has been determined that the scope of studies on this subject is limited. Therefore, it is thought that this study can make an important contribution to the literature. In addition, the study covered different occupational groups, addressed organizational silence in a holistic manner and evaluated it according to its dimensions. This study examined the interactions between organizational silence and job performance of healthcare professionals, and the reliability analyses of the organizational silence and job performance scales, which are measurement tools, were conducted and a high level of reliability was determined (0.944 and 0.921 Cronbach's Alpha, respectively). Regression analyses revealed high confidence intervals in relationship modeling. It is stated that especially the relationships between organizational silence and job performance have been examined and discussed in detail with demographic variables. This study makes an important contribution to understanding the interactions between organizational silence and job performance of healthcare professionals.

It is stated that the concept of organizational silence, which has recently been included in the literature, is emphasized as an important problem. It is aimed to address this problem in a comprehensive manner. It is predicted that this study can make an important contribution by focusing on opportunistic silence, which is a new type of silence research.

Table 4. Examination of the Correlation between Scale Scores

Points	Value	Opportunistic Silence	Prosocial Silence	Organizational Silence	Task Performance	Contextual Performance	Job Performance
Acquiescent	r	***0,549***	***0,751***	***0,976***	0,142	-0,082	0,021
Quiescent Silence	p	***0,001****	***0,001****	***0,001****	0,057	0,118	0,694
Table 4.	r		***0,485***	***0,692***	-0,017	0,004	-0,006
(Continued)							
Opportunistic	p		***0,001****	***0,001****	0,740	0,942	0,906
Silence							
Prosocial Silence	r			***0,822***	0,114	-0,008	0,050
	p			***0,001****	0,059	0,875	0,336
Organizational	r				***0,220***	-0,061	0,022
Silence	p				***0,022****	0,246	0,668
Task Performance	r					***0,746***	***0,921***
	p					***0,001****	***0,001****
Contextual	r						***0,947***
Performance	p						***0,001****

*r; spearman rank correlation coefficient, *p<0.05; there is a statistically significant relationship between the scores.*

CONCLUSIONS AND RECOMMENDATIONS

This research suggests that among the socio-demographic variables that do not affect the silence levels of healthcare professionals or at least at the same level of influence are factors such as gender, marital status, education level, income level and length of service in the organization. However, significant relationships were found between organizational silence and its sub-dimensions according to age, years of employment, occupational groups, willingness to choose the profession and the unit worked in the institution. It was determined that the silence level of healthcare professionals was at a medium level. Statistically significant relationships were found between socio-demographic factors such as gender, age, working experience, choice of profession and working units and job performance. However, no significant relationship was found between marital status, time spent in the organization, education level, income level and occupational group. The study indicates that the job performance of healthcare professionals is at a medium level. In general, although there was no significant relationship between organizational silence and job performance, positive relationships were observed in correlation analyses. This study suggests that a positive environment in which healthcare professionals can openly express their feelings and thoughts may affect their level of silence and job performance and its sub-dimensions:

Managers should ensure equality and fairness through effective communication and impartial behavior.

Strategies and regular meetings should be organized to increase the participation of health professionals.

Open communication and collaboration should be encouraged to increase respect and motivation in the work environment.

Personal development of individuals and effective communication should positively affect the organizational climate.

The importance of employees should be emphasized and supported. It should also be harmonized with trainings. Seminars for hospital managers should be organized and regular meetings should be held when necessary. It is important that the perspectives

of healthcare workers are respected and that they feel valued. In this context, a healthy and safe environment should be created, open communication encouraged, collaboration and social relationships strengthened.

Individuals should not only adapt to the competitive environment with managers and colleagues, but also develop their personal qualities. A mild organizational climate should be created through effective communication with colleagues.

Employees' opinions should be valued and a strong sense of belonging to their organization should be developed. In this regard, employees should be mentored and supported.

In addition, it is important to organize the necessary training and to ensure harmony between the individual, the supervisor and the organization. Organizational measures should be taken and the concepts of justice and equality should be sufficiently emphasized. It was pointed out that this was a descriptive study of a cross-sectional nature, carried out in a public hospital and related only to that hospital. It is therefore emphasized that the results obtained cannot be generalized to other organizations. In future studies, it may be advisable to examine the effects of the dimensions of organizational silence separately and to investigate their effects on job performance.

It is anticipated that the fact that this study examines the effects of organizational silence and job performance, that it was conducted with different occupational groups, and that the number of participants in the study was sufficient, will make a significant contribution to the relevant scientific literature. This study, which was conducted considering the type of opportunistic silence that has recently been added to the literature, will make a significant contribution to the relevant literature with the average level of opportunistic silence.

In future studies, different research methods can be used together and it may be recommended to conduct them in different areas. It is expected that the study on organizational silence will contribute to the literature by comparing public and private hospitals. In further studies, the extent of silence can be more clearly determined by comparing an equal number of professional groups according to their professions and equalizing the number of samples.

REFERENCES

1. Erkal, P. (2022). "Pozitif Psikolojik Sermayenin Örgütsel Sessizlik ve İşgören Performansı Üzerine Etkisi". Balıkesir Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 25 (47), 109–125. https://doi.org/10.31795/Baunsobed.935095

2.Yalçınsoy, A. (2018). "Algılanan Örgütsel Sessizlik ve İşgören Sessizliği Davranışının İşgören Performansına Etkisinin Analizi". The Journal Of Social Science, 2 (3), 1–11. https://doi.org/10.30520/tjsosci.426116

3. Yeşilaydın, G., Bayın, G., Esatoğlu, A. E., ve Yılmaz, G. (2016). "Örgütsel Sessizliğin Nedenleri: Kamu Hastaneleri Çalışanları Üzerine Bir Araştırma". KMÜ Sosyal ve Ekonomik Araştırmalar Dergisi 18 (31), 14-22.

4. Özkan, Ş., Çatal, R.Ö., Göçmen, H., ve Gemlik, N. (2021). "Sağlık Yöneticilerinin Örgütsel Sessizlik Düzeyleri: Kamu Hastanesi Örneği", Usaysad Derg, 7 (1), 235–244.

5. Çavuşoğlu, S. ve Köse, S. (2019). "Örgütsel Sessizlik Ölçeği'nin Türkçeye Uyarlanması". Bolu Abant İzzet Baysal Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 19 (2), 365–388. https://dx.doi.org/10.11616/basbed.v19i47045.485266

6. Yetim, B., ve Erigüç, G. (2018). "Sağlık Çalışanlarında Sessizlik ile İlgili Yapılan Çalışmalara Yönelik Bir İnceleme". İş ve İnsan Dergisi, 5(1), 19-32. https://doi.org/10.18394/iid.361935

7. Sarı, B ve Kırılmaz, H. (2022). "Sağlık Kurumlarında Örgütsel Sessizlik ve İnformel İletişim İlişkisi Üzerine Bir Araştırma". Süleyman Demirel Üniversitesi Vizyoner Dergisi, 13 (33), 292-308. https://doi.org/10.21076/vizyoner.904045

8. Yalçınsoy, A. (2019). "Örgüt Kültürü ve Örgüt İkliminin Örgütsel Sessizlik Üzerindeki Etkisinin Analizi". Anemon Muş Alparslan Üniversitesi Sosyal Bilimler Dergisi, 7 (2), 67-77. https://doi.org/10.18506/anemon.425635

9.Kılınç, B. (2022). "Sağlık Çalışanlarının COVID-19'a İlişkin Tutumlarının Motivasyon ve İş Performansına Etkisi". Yüksek Lisans Tezi. Sivas Cumhuriyet Üniversitesi, Sağlık Bilimleri Enstitüsü, Sivas.

10. Çalışkan, A. ve Köroğlu, E.Ö. (2022). "Job Performance, Task Performance, Contextual Performance: Development And Valıdatıon Of A New Scale". Uluslararası İktisadi ve İdari Bilimler Dergisi, 8 (2), 180–201. DOI: 10.29131/uiibd.1201880

11. Çakır, Ö., Tanğ, Y. ve Gülay, E. (2021). "Demografik Değişkenler Bağlamında Çalışanların Örgütsel Sessizlik Algılarının Belirlenmesine Yönelik Bir Meta Analiz Çalışması". Akdeniz Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi, 21 (2), 271–296. http://dx.doi.org/10.25294/auiibfd.783235

12. Çeven, S. (2019). "Sağlık Çalışanlarının Sessizlik ve İfşa (Whıstleblowıng) Düzeylerinin İncelenmesi: Üniversite Hastanesi Örneği".Yüksek Lisans Tezi. Sivas Cumhuriyet Üniversitesi, Sağlık Bilimleri Enstitüsü, Sivas.

13. Örenlili, M. ve Çekmecelioğlu, HG. (2018). "Örgütsel Sessizliğin Üretkenlik Karşıtı İş Davranışları Üzerindeki Etkileri: Bursa İlinde Bir Araştırma" Uluslararası Sosyal Araştırmalar Dergisi 11 (6) 937-947. http://dx.doi.org/10.17719/jisr.2018.2986

14.Bozkır, A. ve Sandıkçı, M.B. (2022). "Örgütsel Yabancılaşma ile Örgütsel Sessizlik Arasındaki İlişki: Gençlik Hizmetleri ve Spor İl

Müdürlüğü Üzerinde Bir Araştırma". Sosyal Bilimler Dergisi, 56 (56), 190–205. http://dx.doi.org/10.29228/SOBIDER.57334

15. Mantı, M. (2020). "Akademisyenlerde Örgütsel Stres ve Örgütsel Sessizlik Davranışları Arasındaki İlişki". Yüksek Lisans Tezi. Pamukkale Üniversitesi Eğitim Bilimleri Enstitüsü, Denizli.

16. De los Santos, J. A. A., Rosales, R. A., Falguera, C. C., Firmo, C. N., Tsaras, K., and Labrague, L. J. (2020). "Impact of Organizational Silence And Favoritism on Nurse's Work Outcomes and Psychological Well-Being". Nursing Forum, 55 (4), 782–792. https://doi.org/ 10.1111/nuf.12496

17. Abdulrahman, E., Al-Alwani, A. and Tüfekci, N. (2022). "A Study on Organızatıonal Silence Behaviors of Employees in Hospitals in Ambar, Iraq". Journal of Current Researches on Social Sciences (Jocress), 12(3), 283–300. doi: 10.26579/jocress.12.3.6

18. Çarhoğlu, M. (2016). "Örgütsel Sessizlik ve İşten Ayrılma Niyeti Etkileşimi: Bir Gruba Ait Özel Hastanelerde Sağlık Çalışanlarına Yapılan Bir Araştırma". Yüksek Lisans Tezi. Bahçeşehir Üniversitesi Sağlık Bilimleri Enstitüsü, İstanbul.

19. Orhan, U. ve Yakut, E. (2023). "Örgütsel Sinizm ile Örgütsel Sessizlik Arasındaki İlişki: Öğretmenler Üzerine Bir Araştırma". The Journal Of Academic Social Science Studies, 16 (94), 309–322. http://dx.doi.org/10.29228/JASSS.63718

20. Atalla, A.D.G., Elamir, H. and Abou Zeid, M.A.G. (2022). "Exploring The Relationship Between Organısatıonal Silence And Organısatıonal Learning in Nurses: A Cross-Sectional Study". Journal of Nursing Management, 30 (3), 702–715. https:// DOI: 10.1111/jonm.13539

21. Tulunay Ateş, Ö. And Önder, E. (2019). "Eğitimcilerin Örgütsel Sessizliklerinde Cinsiyetin ve Medenî Durumun Etkisi: Bir Meta Analiz Çalışması". Hacettepe Egitim Dergisi, 34 (3), 786–803. doi: 10.16986/HUJE.2018041735

22. Kayabaşı, Ç. (2019). "Sağlık Çalışanlarında Örgütsel Bağlılık, İş Tatmini ve İş Performansı İlişkisinin Belirlenmesi: Bir Devlet Hastanesi Örneği".Doktora Tezi.Gazi Üniversitesi Sosyal Bilimler Enstitüsü,Ankara

23. Kınış, Z., ve Boztosun, D. (2022). "Sağlık Çalışanlarının Finansal İyi Hal Durumlarının İş Performansına Etkisinin İncelenmesi; Kayseri İli Örneği". 19 Mayıs Sosyal Bilimler Dergisi, 3 (4), 379-392. https://doi.org/10.52835/19maysbd.1203597

24. Akay, O. (2017). "Örgütsel Sessizlik Boyutlarının Çalışan Performansı ile İlişkisinin İncelenmesi: Isparta Devlet Hastanesi Örneği". Yüksek Lisans Tezi. Süleyman Demirel Üniversitesi Sosyal Bilimler Enstitüsü, Isparta.

25. Keleş, G. (2021). "Sağlık Kurumlarında İş Stresi, Çalışan Performansı ve Mobbing Arasındaki İlişkilerin İncelenmesine Yönelik Ampirik Araştırma". Yüksek Lisans Tezi. Ufuk Üniversitesi Sosyal Bilimler Enstitüsü, Ankara.

26. Pehlivan, F. (2019). "Örgütsel Sessizliğin İş Sonuçlarına Etkisi: Eğitim Sektöründe Bir Araştırma". Yüksek Lisans Tezi. Gebze Teknik Üniversitesi Sosyal Bilimler Enstitüsü, Gebze.

27. Çaylak, E. and Altuntaş, S. (2017). "Organizational Silence Among Nurses: The Impact on Organizational Cynicism and Intention to Leave Work". Journal of Nursing Research, 25 (2), 90–98. https://doi.org/10.1097/Jnr.0000000000000139.

28. Parlar Kılıç, S., Öndaş Aybar, D. and Sevinç, S. (2021). "Effect of Organizational Silence on The Job Satisfaction and Performance Levels of Nurses". Perspectives in Psychiatric Care, 57 (4), 1888–1896. DOI: 10.1111/ppc.12763

29. İslamoğlu, S. (2018). "Hemşirelerin Örgütsel Bağlılıklarının İş Performansı Üzerine Etkisi". Yüksek Lisans Tezi. Okan Üniversitesi Sağlık Bilimleri Enstitüsü, İstanbul.

30. Farghaly Abdelaliem, S.M. And Abou Zeid, M.A.G. (2023). "The Relationship Between Toxic Leadership and Organizational Performance: The Mediating Effect of Nurses' Silence". BMC Nursing, 22 (1), 1-12. https://doi.org/10.1186/S12912-022-01167-8.

31. Dönmez, E. (2016). "Örgütsel Sosyalleşme ile Örgütsel Sessizlik Arasındaki İlişki". Yüksek Lisans Tezi. Pamukkale Üniversitesi Eğitim Bilimleri Enstitüsü, Denizli.

32. Yang, J., Yang, H. and Wang, B. (2022). "Organizational Silence Among Hospital Nurses in China: A Cross-Sectional Study". Biomed Research International, 2022, 1-8. https://doi.org/10.1155/2022/9138644

33. Karacaoğlu, K. ve Küçükköylü, C. (2015). "İşgören Sessizliğinin Örgütsel Sinizme Etkisi: Kamu Çalışanları Üzerine Bir Araştırma". Ege Akademik Bakış, 15 (3), 401–408.

34. Papantoniou, P. (2021). "Sexual Harassment And Organisational Silencing in Nursing: A Cross-Sectional Study in Greece". Bmj Open, 11 (11), 1-9. doi:10.1136/bmjopen-2021-050850

35. Madrid, H.P., Patterson, M.G. and Leiva, P.I. (2015). "Negative Core Affect and Employee Silence: How Differences in Activation, Cognitive Rumination, and Problem-Solving Demands Matter". Journal of Applied Psychology, 100 (6), 1887–1898. http://dx.doi.org/10.1037/a0039380

36. Knoll, M., Hall, R.J. and Weigelt, O. (2019). "A Longitudinal Study of The Relationships between Four Differentially Motivated Forms of Employee Silence and Burnout". Journal of Occupational Health Psychology, 24 (5), 572–589. https://doi.org/ 10.1037/ocp0000143

37. Doo, E.Y. and Kim, M. (2020). "Effects of Hospital Nurses' Internalized Dominant Values, Organizational Silence, Horizontal Violence, and Organizational Communication on Patient Safety". Research in Nursing and Health, 43 (5), 499–510. https://doi.org/10.1002/Nur.22067.

38. Pinder, C.C. and Harlos, K.P. (2001). "Employee Silence: Quiescence and Acquiescence as Responses to Perceived Injustice". Research in Personnel and Human Resources Management, 20, 331–369. http://dx.doi.org/10.1016/S0742-7301(01)20007-3

39. Van Dyne, L., Ang, S. and Botero, I.C. (2003). "Conceptualizing Employee Silence And Employee Voice As Multidimensional Constructs". Journal of Management Studies, 40 (6), 1359-1392.

40. Dong, X.T. And Chung, Y.W. (2021). "The Mediating Effect Of Perceived Stress And Moderating Effect Of Trust For The Relationship Between Employee Silence and Behavioral Outcomes". Psychological Reports, 124 (4), 1715–1737. DOI: 10.1177/0033294120942914