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İşletme Bilimi Dergisinin 2022 yılının ilk sayısı olan Cilt 10 Sayı 2’i sizlere sunmanın gururunu yaşıyoruz. İşletme Bilimi Dergisi geçmiş sayılarında olduğu gibi bu sayısında da Modern İşletmeciliğin çeşitli disiplinlerinden onlarca makaleyi sizlere sunmuş bundan sonraki sayılarında da aynı hedefi benimsediğimizi bildirmek isteriz.

Dergimizin bu sayısında 5 makale yer almaktadır. Bu makalelerden ilki Oğuz TÜRKEY ve Burak ATASOY tarafından yazılan “Orta Kademe Yöneticilerinin Stratejik Davranışları Üzerine İş Doymu Ve Duygusal Bağlılığın Etkisi” başlıklı makaledir. Makale Turizm İşletmeciliği alanında olup, orta kademe yöneticilerin sergilemeleri beklenen stratejik davranışların ortaya çıkmasında onların iş doymu ve duygusal bağlılıklarının etkilerini belirlemek amacıyla kaleme alınmıştır.

Sayının ikinci makalesi Yaprak KALAFATOĞLU’nun hazırlamış olduğu “Çatışma Yönetim Stilllerinin Öncüllerine Yönelik Bir Araştırma: Bilinçli Farkındalık Ve Duygusal Zekanın Rolü” başlıklı makaledir. Makalede bilinçli farkındalığın işbirlikçi çatışma yönetimi stillerine olan etkisinde duygusal zekanın aracı rolü incelenmiştir.

Sayının üçüncü makalesi Ferda ALPER AY tarafından kaleme alınan “İstismarcı Yönetim, Örgütsel Mutluluk Ve İş Performansı Arasındaki İlişki” başlıklı makaledir. Sağlık Yönetimi alanında olan bu makalenin amacı istismarcı yönetim, iş performansı ve örgütsel mutluluk arasındaki ilişkilerin belirlenmesidir.

Sayının bir diğer makalesi “Kamu Kurumlarında Sanal Kaytarmaya Yönelik Bir Ölçek Geliştirme Çalışması” başlıklı makaledir. Yazarlar Abdulkerim GÜLER ve Yılmaz GÜNEL bu makalede kamu kurumunda çalışanların sanal kaytarma davranışlarının değerlendirmeyi ve geçerli ve güvenilir bir ölçme aracı geliştirmeyi amaçlamışlardır.

Sayının son makalesi Buket KAYA ve Demet ÜNALAN tarafından kaleme alınan “Hemşirelerde Örgütsel Sessizlik Düzeyinin Duygusal Emek Üzerine Etkisinin Araştırılması” başlıklı makaledir. Makalede yazarlar hemşirelerde örgütsel sessizlik düzeyinin duygusal emek üzerine etkisinin hemşireler örneğinde araştırılmasını amaçlamışlardır.

Yukarıda kısaca değinilen makalelerden anlaşılacağı üzere dergimizin bu sayısı da İşletme Biliminin farklı disiplinlerinden makaleler ile sizlerin huzurundadır. Dergimize göndermiş oldukları makaleler ile katkı sağlayan tüm yazarlarımıza, makalelerin değerlendirilmesi için kıymetli vakitlerini ayıran saygıdeğer hakemlerimize ve makalelerin dergide yayınlanmaya hazır hale gelmesi için yoğun bir gayret gösteren editör kurulumuz ve dergi sekreteryamıza teşekkürlerimi sunarım. Sonraki sayılarımızda işletmeciliğin güncel çalışmalarını

*bilim dünyasının hizmetine sunmak için siz değerli bilim insanları ve arařtırmacıların katkılarını bekliyoruz. Dergimizin okurlarımız ve bilim insanlarına faydalı olması dileklerle...*

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# INVESTIGATION INTO THE EFFECT OF ORGANIZATIONAL SILENCE ON EMOTIONAL LABOUR AMONG NURSES

**Buket KAYA**

*İstanbul Esenyurt Üniversitesi, Sağlık Hizmetleri Meslek Yüksekokulu, Tıbbi Dokümantasyon ve Sekreterlik Programı  
buketkaya332@gmail.com  
ORCID ID:0000-0002-9571-1301*

**Demet ÜNALAN**

*Erciyes Üniversitesi, Halil Bayraktar Sağlık Hizmetleri Meslek Yüksekokulu, Tıbbi Dokümantasyon Ve Sekreterlik  
dunalan@erciyes.edu.tr  
ORCID ID:0000-0001-9854-437X*

**Investigation Into  
The Effect Of  
Organizational  
Silence On  
Emotional Labour  
Among Nurses**

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## ABSTRACT

**Aim:** In this study, we aim to investigate the effect of organizational silence level on emotional labour in nurses.

**Method:** In the study prepared for this purpose, 950 nurses working at Erciyes University Health Practice and Research Center constituted the target population of the research. The study sample has calculated as 274 people with a 5% margin of error in the 95% confidence interval. The sample group consisted of 250 (91.2%) nurses selected by a simple random sampling method.

**Findings:** As a result of the findings, a statistically significant relationship between the emotional labor behavior subscales of nurses and the organizational silence subscales was found to be very weak in a positive way between the acquiescent silence scale and the variables of surface acting, deep acting, emotional effort and suppression of real emotions.

**Results:** Our study reveals the positive effect of organizational silence on the emotional labor in nurses. When we examined the average of the organizational silence scale subscales and emotional labor scale subscales, we saw that nurses obtained the highest score from the prosocial silence subscale and the lowest from the defensive silence subscale of the organizational silence scale. Nurses received the highest score from the emotional effort subscale and the weakest from the deep acting subscale of the emotional labor scale. We found a statistically significant difference between the proactive silence subscale of the organizational silence scale and the age group ( $p<0.05$ ). The average value of the forceful silence subscale of those aged 51 and above was significantly higher than those aged 20 – 35. The average value of the proactive silence subscale of those working in the profession for 22 years and above was significantly higher than the average value of the forceful silence subscale of those working in the job between 0 – 10 years.

**Keywords:** Organizational Silence, Emotional Labour, Nursing

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## HEMŞİRELERDE ÖRGÜTSEL SESSİZLİK DÜZEYİNİN DUYGUSAL EMEK ÜZERİNE ETKİSİNİN ARAŞTIRILMASI

### ÖZ

**Amaç:** Bu çalışmada hemşirelerde örgütsel sessizlik düzeyinin duygusal emek üzerine etkisinin araştırılması amaçlanmıştır.

**Yöntem:** Araştırmanın örneklemi %95 güven aralığında %5 hata payıyla 274 kişi olarak hesaplanmıştır. Örneklem grubunu basit tesadüfi örnekleme yöntemi ile seçilen 250 (%91.2) hemşire oluşturmuştur. İlgili kurumlardan gerekli izinler alındıktan sonra veri toplama araçları araştırmacı tarafından gönüllü katılımcılara yüz yüze görüşme tekniği kullanılarak uygulanmıştır.

**Bulgular:** Elde edilen bulgular neticesinde hemşirelerin duygusal emek davranışı alt boyutları ile örgütsel sessizlik davranışı alt boyutları arasında; kabul edilmiş sessizlik alt boyutu ile yüzeysel davranış, derinlemesine davranış, duygusal çaba ve gerçek duyguları bastırma değişkenleri arasında pozitif yönde çok zayıf düzeyde istatistiksel olarak anlamlı bir ilişki bulunmuştur.

**Sonuç:** Çalışmamızda hemşirelerde örgütsel sessizliğin duygusal emek üzerine pozitif etkisi ortaya konulmuştur. Örgütsel sessizlik ölçeğinin alt boyutları ve duygusal emek ölçeğinin alt boyutlarının ortalamasına baktığında, örgütsel sessizlik ölçeğinden en yüksek puanı örgüt yararına sessizlik alt boyutundan, en düşük puanı savunma amaçlı sessizlik alt boyutundan almışlardır. Hemşireler, duygusal emek ölçeğinden en yüksek puanı duygusal çaba alt boyutundan, en düşük puanı ise derinlemesine davranış alt boyutundan almışlardır. Örgütsel sessizlik ölçeğinin örgüt yararına sessizlik alt grubu ile yaş grubu arasında istatistiksel olarak anlamlı bir fark bulunmuştur ( $p<0.05$ ). Yaş grubu 51 ve üzeri olanların örgüt yararına sessizlik alt grubunun ortalama değeri, yaş grubu 20-35 olanların örgüt yararına sessizlik alt grubunun ortalama değerinden anlamlı düzeyde yüksek olduğu gözlenmiştir. Meslekte 22 ve üzeri yıl çalışanların örgüt yararına sessizlik alt grubunun ortalama değeri, meslekte 0-10 yıl arası çalışanların örgüt yararına sessizlik alt grubunun ortalama değerinden anlamlı düzeyde yüksek bulunmuştur.

**Anahtar Kelimeler:** Örgütsel Sessizlik, Duygusal Emek, Hemşire

**I. INTRODUCTION**

Emotional labor and organizational silence have recently gained popularity in the service sector. Businesses have to change and improve to survive since the market changes continuously, and human has become an essential source. Therefore, for companies to succeed in addition to human resources' physical and mental efforts, emotional labor behavior has become critical, especially in business groups with much face-to-face communication. The main objective of an organization is to care for employees and provide them with a healthy and safe working environment. Many studies conducted in this context have revealed that organizations satisfying the psychological and social needs of the employees can be more efficient and productive. The organizations that realize the value of employee satisfaction search for ways of improving working and living conditions take measurements in this regard, and carry out some studies (Aydın, 2009: 23). Organizational and social relationships have an essential effect on nurses' performance, commitment to the organization and mental health. It is not only important for employees but also for the performance and efficiency of the organization. A limited number of studies are related to organizational silence and emotional labor. These studies usually focus on the burnout behavior of nurses. We observed that nurses do not experience only burnout but also stay silent. It has revealed that this issue has reached an alarming level for nurses and that nurses experience a general dissatisfaction in the working environment. Since emotional labor behavior is more displayed by the employees communicating with individuals one to one, this behavior may be observed in nurses. Today, displaying dynamic labor behavior is a necessity in the service sector. The emotional labor factor was perceived only as a care service for the elderly and patients and a supportive factor in children's education in the past. However, with the increased awareness of its organizational importance, it has been used in different service sectors. *Research* regarding emotional labor will be defined as a field, all effects that have not been known, revealing new implementation areas. Both organizational silence and emotional work include the behavior of avoidance from expressing individuals' true feelings. This situation has caused an increase in the potential of the interaction between the two variables. By considering nurses, who are expected to display several emotions, can reveal emotional labor behaviors frequently and experience organizational silence while displaying those behaviors, it is aimed in this study investigates the relationship between the emotional labor behaviors and organizational silence behaviors of nurses.

## II. GENERAL INFORMATION

### 2.1. The Concept of Organizational Silence

The concept of silence is defined in the dictionary of the Turkish Language Association as being silent. The idea of becoming silent is the state of being quiet and remaining silent. On the other hand, the psychology of silence is generally stated as a negative situation, such as resting in one's shell, a sign of seeing oneself as inadequate, and social silence in social sciences. Silence is the language of various emotions such as love, offense, resentment, confusion, forgetting, fear, loyalty, and anger. The concept of being silent is the state of becoming quiet and keeping silent. It is accepted that Morrison and Milliken first suggested the silent organizational idea. Morrison and Milliken define *organizational silence* as a threat to organizational transformation and progress, and a collective phenomenon that hinders the development of a holistic organization' (Morrison & Milliken, 2000: 706). The concept of organizational silence is the inability of individuals capable of affecting changes or correcting mistakes to state their sincere expressions regarding their behavioral, affective, and cognitive evaluations, namely, avoiding oral or written statements (Pinder & Harlos, 2001).

#### *The Reasons of the Organizational Silence Behaviour*

There are social dynamics in employees' keeping silent. The judgment supporting this statement can be that keeping silent and the decisions made by other employees are related to each other. Remarkably, most employees feel that they are not alone in hiding information about a particular issue or the whole problem, revealing that silence is usually a collective phenomenon (Milliken et al., 2003).

**Organizational Factors:** Silence can be associated with three contextual factors related to each other, which include the management culture that is not reflected individuals equally, a silent atmosphere, and organizational immobility (Pinder et al., Harlos, 2001). The equal performance of the procedures and methods used in organizations when making a decision and gaining a stable and prejudice-free structure weaken the reasons for employees' keeping silent (Özgen & Sürgevil, 2009).

**Managerial Factors:** The managers fear receiving negative feedback in situations where they make an effort not to get negative feedback and ignore the message. When they meet such a statement, they forget the source as if it is not a vital resource or that they might try to attack the reliability of the resource. Particularly, when they face the threat of getting negative

responses from subordinates, it is thought that the information is incorrect and informal (Demiralay, 2014).

**Individual Evaluation:** Pinder and Harlos (2001) associate the individual factors causing silence with self-esteem, communication concern, and control-oriented.

**Socio-Cultural Factors:** Cultural factors affect employees' perception of the organization's atmosphere, desires, and individual behaviors. The variety in power distribution in the social system and the power distance that determines the approval or refusal level of the injustice by individuals are handled administratively. A far power distance in the issues such as authority, leadership, and making decisions can increase the dependency of employees on top executives and create a centralized setting (Turan et al., 2005).

### ***The Theories of Organizational Silence Behaviour is Based On***

Organizational silence is essentially based on some theories. According to Vroom's Expectancy Theory and Ajzen's Theory of Planned Behaviour, if an individual believes that the current situation will change or will be better when s/he utters her/his voice, her/his opinions; otherwise, s/he prefers silence. Bowen and Blackmon (2003) assume that the thought of silence about a particular issue can increase the possibility of keeping silent about other issues; thus, it can spread to other issues in organizations.

### ***Types of Organizational Silence***

The nature of the organizational silence has a complex and multidimensional structure. Pinder and Harlos (2001) define employee silence as acquiescent and quiescent; they dwell on two structures determined by acquiescence and acquiescent behavior based on docility and self-preserving behaviors based on fear. These two forms of employee silence have been divided into eight dimensions voluntariness, consciousness, acceptance, stress level, awareness of alternatives, the propensity to voice, propensity to exit, and dominant emotions. The dominant emotions of employees working in the quiescent dimension are fear, pressure, anger, cynicism, despair, and possible depression (Dyne et al., 2003). In addition, Dyne et al. (2003) have determined six different behaviors depending on three employee motivations. These three forms of silence are acquiescent, defensive, and prosocial, determined by the motivations focused on self-protection, resignation, and others. These three forms of silence differ in displaying similar behaviors for hiding information and

opinions purposely and employee motivations' causing less or more proactive behaviors.

### *Acquiescent Silence*

Employees display acquiescent silence behavior by believing that proactive thoughts and suggestions are useless, unnecessary, and will not change anything and displaying an intentional behavior (Dyne et al., 2003; Özgen & Sürgevil, 2009).

### *Defensive Silence*

Authors such as Schlenker and Weigold (1989) state that defensive silence is a behavior displayed consciously to protect oneself against dangers and performed before the event occurs. Contrary to acquiescent silence, defensive silence is a more proactive behavior that includes the idea of hiding knowledge and ideas intentionally as an individual plan and handling the awareness of alternatives critically.

The concept of prosocial silence, which emerges from organizational citizenship behavior and having positive social contexts of employee behaviors, expresses the avoidance of sharing information regarding work in order not other people or other institutions to use with the motivations including only thinking of oneself or collectivity. This situation does not emerge with pressure but voluntarily. It can also be defined as the employees' displaying behaviors in cooperation to protect personal information for the benefit of the organization and other colleagues (Demiralay, 2014).

In organizations, silent behavior can emerge in many ways. 1. Employee Obedience, 2. Deaf ear syndrome, 3. Remaining passive, and 4. Acquiescent resignation and tending to other behaviors.

### *The Effects of Organizational Silence*

Organizational silence can bear consequences for both employees and organizations that cannot be solved in a short time (Demiralay, 2014).

### *The Effect of Organizational Silence on Organizational Decision Making and Changing Processes*

The prevalence of silent decisions in organizations causes important consequences for employers and employees. While employees inform top executives about positive statements, they prefer to keep silent about reporting negative situations. Their reluctant behaviours about reporting negative information eliminate the ability of understanding and solving

problems of the decision makers in organizations. This situation causes an increase in problems. It will lead to information loss of the top executives about the possible problems in organizations, and, as a result, inescapable outcomes of the problems in decisions made by managers (Morrison & Milliken, 2000).

### *The Effect of Organizational Silence on the Consciousness, Attitudes and Behaviours of Employees*

Organizational silence causes a feeling of inadequacy and anxiety among people and disruptions in businesses. When organizational silence occurs, employees feel worthless, perceive a lack of control, or experience cognitive dissonance (Milliken et al., 2003).

## **2.2. The Concept of Emotional Labour**

Hochschild (1983), who first used the statement of emotional labor, states that employees do their jobs by managing most of their emotions and by serving in patterns determined in advance for a specific fee, and they take it as a part of their job. Morris and Feldman (1996a) define emotional labor as "the level of effort, planning, and control of an employee to display the behaviors that the organization expects from him/her as long as s/he is related to other individuals."

### *Emotional Labour Dimensions*

Emotional labour occurs on various levels in terms of the acquiescence state of the employee displaying the labour.

#### *Surface Acting*

Surface acting is a behavior model that can emerge when employees have different emotions from what they reflect in the workplace. People in such a work environment act that they do not feel by suppressing their emotions. These people only change their behaviors, thus following the organization's rules and protecting their job (Yang & Chang, 2008).

#### *Deep Acting*

In deep acting, individuals try to bring their feelings into conformity with the behavior expected from them. To explain, individuals try to feel the emotion they have to display (Ashforth & Humphrey, 1993). It is an excellent example of deep acting that nurses' empathy towards patients, trying to understand the situations that make patients difficult and angry and trying to approach them with positive emotions (Grandey, 2000).



***Natural Expression of Emotions***

Emotions felt naturally provide the expression of emotions. Sincere behavior is the model that occurs when employees feel the emotions they must adopt. Ashforth and Humphrey (1993) state that people do not always need to pretend, and sometimes they should act as they feel. Because they sometimes think that the emotions they should display and what they feel may be the same.

***Emotional Labour Premises***

Many situations are affecting human behavior. An individual can be affected by everything quickly since s/he is a psychosocial creature and s/he constitutes a whole with his/her environment. Many factors affect individuals' emotional labor behavior, such as gender, emotional intelligence, adapting oneself, walking in other people's shoes, situations brought by the working environment, and customer interaction dimension (Çaldağ, 2010).

**III. METHOD****3.1. The Population of the Study and the Sample**

This cross-sectional study was conducted between the dates of 06.05.2019 and 06.07.2019. The population of the study included 950 nurses working at Erciyes University Health Research and Implementation Center, Mehmet Kemal Dedeman Hematology-Oncology Hospital, Yılmaz-Mehmet Öztaşkın Heart and Vascular Hospital, Semiha Kibar Organ Transplant and Dialysis Hospital, Mustafa Eraslan and Fevzi Mercan Pediatrics Hospital, Şahinur Dedeman Bone Marrow Transplantation and Stem Cell Transplantation Therapy Center and Dental Practice and Research Center. The study sample was calculated as 274 people with a 95% confidence interval and a 5% margin of error (Bartlett et al., 2001). The sample group included 250 (91.2%) nurses selected by a simple random sampling method. Data collection tools were practiced through face-to-face interview techniques with the voluntary participants.

**3.2. Data Collection Tools**

Emotional Labour Scale and Organizational Silence Scale were used as data collection tools. In addition, a questionnaire form includes the demographic and socio-cultural characteristics such as age, gender, marital status, and education level and information such as the current job, a total working period in the occupation, total working period in the current hospital, working way in the hospital and the number of shifts per month.

### ***Organizational Silence Scale***

The scale was developed by Dyne et al. (2003) and adapted into Turkish by Şehitoğlu in 2010. It includes 30 questions arranged on a 7-point Likert scale, and the responses are as strongly disagree (1), disagree (2), somewhat disagree (3), undecided (4), somewhat agree (5), and agree (6), and strongly agree (7). The scale consists of 6 subscales as acquiescent silence (1,2,3,4,5), acquiescent voice (6,7,8,9,10), defensive silence (11,12,13,14), defensive voice (16,17,18,19,20), prosocial silence (21,22,23,24) and prosocial voice (26,27,28,29,30). The reliability coefficient of the scale in this study was assessed by Cronbach's Alpha ( $\alpha$ ) method. The Cronbach alpha methods of the scale were as follows: 0.74 for acquiescent silence subscale, 0.73 for acquiescent voice subscale, 0.81 for defensive silence, 0.78 for defensive voice, 0.76 for prosocial silence, and 0.91 for prosocial voice.

### ***Emotional Labour Scale***

The emotional Labour Scale was developed by Grandey (1999) using the study of Brotheridge and Lee (2002) and used by her in her dissertation study conducted with physicians. The scale includes 26 questions in 5-point Likert type, and the answers are 1 'Never,' 2 'Rarely,' 3 'Sometimes,' 4 'Frequently,' and 5 'Always.' Oral and Köse translated the questions Grandey used in her thesis into Turkish. It consists of 4 subscales and 11 items (33). The subscales of the scale are surface acting (1, 2, 10), deep acting (12, 22), emotional effort (14, 17, 19, 21), and suppression (4, 7). In this study, the Cronbach alpha values are found as 0,72 for surface acting, 0,77 for emotional effort, 0,65 for deep acting, and 0,58 for suppression.

### ***HYPOTHESES***

**H1:** There is a significant positive relationship between emotional labor and organizational silence.

**H2:** There is a significant and positive relationship between the organizational silence and emotional labor scale scores of the nurses and their education level.

**H3:** There is a significant and positive relation between the organizational silence and emotional labor scale scores of the nurses and their age.

**H4:** There is a significant and positive relationship between the organizational silence and emotional labor subscale scores of the nurses and the unit where they work.

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**H5:** There is a significant and positive relationship between choosing the same profession again and the nurses' organizational silence and emotional labor subscale scores.

**H6:** There is a significant and positive relationship between the organizational silence and emotional labor subscale scores of the nurses and their distribution regarding the thought of leaving the profession.

**H7:** There is a significant and positive relationship between the organizational silence and emotional labor subscale scores of the nurses and their distribution regarding the working period in the profession.

**H8:** There is a significant and positive relationship between the organizational silence and emotional labor subscale scores of the nurses and their distribution regarding the working period in the institution.

**H9:** There is a positive and significant relationship between the emotional labor subscale scores and organizational silence subscale scores.

### ***Statistical Analysis***

The data were analyzed by TURCOSA Cloud (Turcosa Ltd Co, [www.turcosa.com.tr](http://www.turcosa.com.tr)) statistical software. The conformity of the data to normal distribution was assessed by histogram and Q-Q diagrams and the Shapiro-Wilk test. The Levene test tested variance homogeneity. As a result of the regular distribution compliance test, it was seen that the data were normally distributed. In intergroup comparisons, an unpaired two-sample t-test was performed for quantitative variables. In comparisons of more than two groups, one-way variance analysis (ANOVA) was used. Tukey test was used for multiple comparisons. The significance level was accepted as  $p < 0.05$ .

### ***Ethical Principles***

Kayseri University approved this study, and the Ethical Committee of Social Sciences and Humanities and informed consent of the participants were obtained (26.02.2019 dated and 15 numbered application decision). Furthermore, the institutional permit was obtained from Erciyes University Health Research and Implementation Center (05.04.2019 E.5934 numbered decision).

## **IV. FINDINGS**

34.8% of the nurses were in the age range of 20-35, 89.2% of them female, 73.6% was married, and 83.9% had bachelor's degree. 20.9% of the

nurses worked in polyclinics, 38.6% in clinics, 14.9% in the emergency service, 11.2% in intensive care units, 2.0% in the operating rooms, and 12.4% in other units.

5.7% of the participants worked continuously at night, 53.0% worked continuously during the day, and 41.3% worked day and night. 58.4% of the participants selected the profession voluntarily, and 41.6% involuntarily.

16.4% of the participants stated that they would choose the same profession, 18.8% were undecided about choosing it again, and 64.8% stated that they would not choose the same profession if they had another chance. In addition, 61.7% of the participants stated that they were on shift for 0-5 days a month, 25.0% for 6-11 days, and 13.3% for 11 or more days.

The working period in the profession of 55.2% of the participants was between 0-10 years, 22.4% was 11-21 years, and 22.4% was 22 years and above. 46% of participants work at the institution in the range of 0-10 years, 27.6% in the range of 11-21 years, and 26.4% for 22 years and above.

**Table 1. Organizational Silence and Emotional Labour Behaviours**

Subscale Scores of the Nurses	
Scales	$\bar{X} \pm SD$
<b>Organizational Silence</b>	
Acquiescent silence	34.74±9.14
Defensive silence	28.41±9.63
Prosocial silence	53.32±10.14
<b>Emotional Labour</b>	
Surface Acting	7.02±2.74
Deep Acting	5.09±2.07
Emotional Effort	9.61±3.75
Suppression	6.76±1.87

\*The data were expressed as mean±standard deviation.  $\bar{X}$ : Mean, SD: Standard Deviation.

In the organizational silence scale, the nurses obtained the highest score from the prosocial silence subscale and the lowest score from the defensive silence subscale.

In the emotional labor scale, the nurses obtained the highest score from the emotional effort subscale and the lowest score from the deep acting subscale (**Table 1**).

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**Table 2. The distribution of the organizational silence and emotional labour behaviour subscale scores of the nurses in terms of educational status**

Variables	Educational Status			P
	Associate Degree (n=18)	Bachelor's Degree (n=209)	Master's Degree (n=22)	
<b>Organizational silence</b>				
Acquiescent silence	38.50±8.56	34.56±9.12	33.32±9.57	0.161
Defensive silence	30.61±5.00	28.17±9.79	28.77±11.17	0.580
Prosocial silence	58.67±6.26*	53.16±9.99**	51.09±12.67*	<b>0.046</b>
<b>Emotional Labour</b>				
Surface Acting	7.61±3.03	6.94±2.76	7.36±2.36	0.512
Deep Acting	5.94±2.53	4.98±1.99	5.32±2.23	0.140
Emotional Effort	10.78±4.58	9.47±3.67	9.73±3.83	0.363
Suppression	7.78±1.96	6.67±1.84	6.77±1.90	0.053

\*The data were expressed as mean±standard deviation.

\*\* The letters on the same line express intergroup similarity, different letters intergroup difference.

In Table 2, no statistically significant difference was found between the subscales of acquiescent silence and defensive silence of the organizational silence behavior and the emotional labor behavior subscales and educational status ( $p>0.05$ ).

A statistically significant difference was found between the prosocial silence subscale of organizational silence behavior and educational status ( $p<0.05$ ). In addition, the average value of the prosocial silence subscale of those with a master's degree was lower than those with an associate degree ( $p<0.05$ ).

**Table 3. The distribution of the organizational silence and emotional labour behaviour subscale scores of the nurses in terms of age groups**

Variables	Age Group			p
	20-35 (n=87)	36-51 (n=85)	51 and above (n=78)	
<b>Organizational silence</b>				
Acquiescent silence	34.92±9.54	34.01±8.94	35.32±8.95	0.643
Defensive silence	27.82±9.42	28.31±10.12	29.18±9.37	0.659
Prosocial silence	51.21±11.09*	53.46±10.32**	55.53±8.32*	<b>0.023</b>

**Table 3. Continue**

Variables	Age Group			p
	20-35 (n=87)	36-51 (n=85)	51 and above (n=78)	
<b>Emotional Labour</b>				
Surface Acting	6.90±2.52	6.95±2.87	7.24±2.84	0.690
Deep Acting	5.09±1.87	4.92±2.16	5.28±2.19	0.534
Emotional Effort	9.52±3.27	9.60±4.05	9.72±3.96	0.943
Suppression	6.71±1.77	6.76±2.00	6.79±1.84	0.960

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\*The data were expressed as mean±standard deviation.

\*\* The letters on the same line express intergroup similarity, different letters intergroup difference.

In Table 3, a statistically significant difference was not found between the subscales of acquiescent silence and defensive silence of organizational silence behavior and the subscales of emotional labor and the variable of age group ( $p>0.05$ ). However, a statistically significant difference was found between the prosocial silence subscale of organizational silence behavior and the age group ( $p<0.05$ ). In addition, it was observed that the mean value of the prosocial silence subscale of those in the age group of 51 and above was significantly higher than those in the age group of 20-35.

**Table 4. The distribution of the organizational silence and emotional labour behaviour subscale scores of the nurses in terms of the unit they work**

Variables	Units the nurses work in						p
	Polyclinic (n=52)	Clinic (n=96)	Emergency Service (n=37)	Intensive Care (n=28)	Operating Room (n=5)	Other (n=31)	
<b>Organizational Silence</b>							
Acquiescent silence	36.90±9.28	35.16±9.35	32.84±7.34	32.46±6.07	35.20±9.26	33.77±11.79	0.236
Defensive silence	30.62±8.97*	28.75±9.94**	24.38±9.98*	31.00±6.29**	26.60±9.21**	26.16±10.49**	<b>0.020</b>
Prosocial silence	52.84±8.67	52.53±9.85	52.89±12.27	52.14±8.54	53.40±11.15	58.32±11.12	0.122
<b>Emotional Labour</b>							
Surface Acting	6.75±2.71	7.26±2.84	6.81±2.63	6.14±2.35	7.40±1.52	7.68±2.99	0.287
Deep Acting	5.21±2.24	5.15±2.01	5.03±1.72	4.64±1.93	4.60±1.82	5.32±2.53	0.816
Emotional Effort	9.63±3.83	9.53±3.98	9.70±3.04	9.25±3.36	9.00±2.35	10.26±4.29	0.928
Suppression	6.60±1.80	6.71±1.94	6.97±1.79	6.82±2.00	7.60±1.52	6.71±1.88	0.851

\*The data were expressed as mean±standard deviation.

\*\* The letters on the same line express intergroup similarity, different letters intergroup difference.

In Table 4, no statistically significant difference was found between the subscales of acquiescent silence and prosocial silence of organizational silence and emotional labor subscales and the units the nurses work in ( $p>0.05$ ). However, a statistically significant difference was found between the prosocial silence subscale of organizational silence behavior and the units the nurses work in ( $p<0.05$ ). In addition, the mean value of the prosocial silence subscale of the nurses working in polyclinics was higher than those working in the emergency service.

**Table 5. The distribution of the organizational silence and emotional labour behaviour subscale scores of the nurses in terms of their desire to choose the same profession again**

Variables	The desire of choosing the same profession in choice of profession			<i>p</i>
	Yes ( <i>n</i> =41)	Undecided ( <i>n</i> =47)	No ( <i>n</i> =162)	
<b>Organizational silence</b>				
Acquiescent silence	33.12±8.64	34.19±8.22	35.30±9.50	0.357
Defensive silence	24.44±9.77*	27.72±8.36**	29.61±9.70*	<b>0.007</b>
Prosocial silence	56.37±10.65	53.57±9.15	52.47±10.19	0.088
<b>Emotional Labour</b>				
Surface Acting	6.00±2.80*	6.34±2.24*	7.48±2.76*	<b>0.001</b>
Deep Acting	5.07±2.20	4.79±2.02	5.19±2.05	0.510
Emotional Effort	8.07±3.28*	8.89±3.31**	10.20±3.86*	<b>0.002</b>
Suppression	6.20±1.82	6.66±1.98	6.92±1.83	0.075

\*The data were expressed as mean±standard deviation.

\*\* The letters on the same line express intergroup similarity, different letters intergroup difference.

In Table 5, no statistically significant difference was found between the subscales of acquiescent silence and prosocial silence of the organizational silence behavior, the subscales of deep acting and suppression of emotional labor behavior, and the desire to choose the same profession ( $p>0.05$ ). A statistically significant difference was found between the defensive silence subscale of organizational silence, the subscales of surface acting and emotional effort of emotional labor behavior, and the desire to choose the same profession again ( $p<0.05$ ). The mean value of those having the desire to choose the same profession again was lower than those who did not have the desire to choose the same profession again. The mean

value of the surface acting subscale of those who did not have the desire to choose the same profession again was higher than those having the desire to choose the same profession again and those who were undecided. The mean value of the emotional effort subscale of those desiring to choose the same profession again was lower than those who did not desire to choose the same profession again.

**Table 6. The distribution of the organizational silence and emotional labour behaviour subscale scores of the nurses in terms of the thought of leaving the profession**

Variables	Thought of leaving the profession			p
	Yes (n=135)	Undecided (n=47)	No (n=68)	
<b>Organizational silence</b>				
Acquiescent silence	34.65±9.02	35.49±9.95	34.38±8.90	0.807
Defensive silence	28.87±10.14	28.60±8.79	27.35±9.17	0.564
Prosocial silence	52.45±10.39	53.36±10.45	55.01±9.33	0.236
<b>Emotional Labour</b>				
Surface Acting	7.44±2.79*	7.19±2.47**	6.07±2.60*	<b>0.003</b>
Deep Acting	5.33±2.05	4.91±2.07	4.75±2.08	0.140
Emotional Effort	10.42±3.80*	9.72±3.70*	7.91±3.13*	<b>&lt;0.001</b>
Suppression	7.09±1.83*	6.68±1.75**	6.15±1.89*	<b>0.003</b>

\*The data were expressed as mean±standard deviation.

\*\* The letters on the same line express intergroup similarity, different letters intergroup difference.

In Table 6, no statistically significant difference was found between the subscales of organizational silence behavior, the subscales of deep acting of emotional labor behavior, and the thought of leaving the profession ( $p>0.05$ ). A statistically significant difference was found between the subscales of surface acting, emotional effort, and suppression of emotional labor behavior and the thought of leaving the profession ( $p<0.05$ ). It was determined that the mean values of the surface acting and suppression subscales of those who did not think of leaving the profession were lower than those who thought of leaving the profession. The mean value of the emotional effort subscale of those who did not think of leaving the profession was found lower than those who thought of leaving the profession and those who were undecided.



**Table 7. The distribution of the organizational silence and emotional labour behaviour subscale scores of the nurses in terms of the working period in the profession**

Variables	The working period in the profession/year			p
	0-10 (n=115)	11-21 (n=69)	22 and ↑ (n=66)	
<b>Organizational silence</b>				
Acquiescent silence	34.73±9.22	33.68±9.48	35.85±8.63	0.389
Defensive silence	28.02±9.61	27.67±10.03	29.86±9.20	0.350
Prosocial silence	51.43±10.60*	53.54±10.45**	56.39±8.17*	<b>0.006</b>
<b>Emotional Labour</b>				
Surface Acting	6.79±2.49	7.25±3.16	7.20±2.68	0.463
Deep Acting	5.13±1.94	4.93±2.09	5.20±2.28	0.725
Emotional Effort	9.53±3.40	9.87±4.27	9.47±3.81	0.790
Suppression	6.80±1.81	6.68±2.00	6.76±1.85	0.917

\*The data were expressed as mean±standard deviation.

\*\* The letters on the same line express intergroup similarity, different letters intergroup difference.

In Table 7, no statistically significant difference was found between the subscales of acquiescent silence and defensive silence of organizational silence behavior, emotional labor behavior subscales, and the working period in the profession ( $p>0.05$ ). However, a statistically significant difference was determined between the prosocial silence subscale of organizational silence behavior and the working period in the profession ( $p<0.05$ ). In addition, the mean value of the prosocial silence subscale of those working in the profession for 22 years and above was significantly higher than those between 0-10 years.

**Table 8. The distribution of the organizational silence and emotional labour behaviour subscale scores of the nurses in terms of the working period in the institution**

Variables	The working period in the institution/year			P
	0-10 (n=138)	11-21 (n=56)	22 and ↑ (n=56)	
<b>Organizational silence</b>				
Acquiescent silence	34.63±9.19	33.66±9.07	36.07±9.09	0.371
Defensive silence	28.13±9.34	28.39±10.52	29.11±9.52	0.816
Prosocial silence	51.99±10.46*	52.88±10.60**	57.02±7.88*	<b>0.007</b>

**Table 8. Continue**

Variables	The working period in the institution/year			P
	0-10 (n=138)	11-21 (n=56)	22 and ↑ (n=56)	
<b>Emotional Labour</b>				
Surface Acting	6.75±2.48	7.52±3.22	7.20±2.77	0.184
Deep Acting	4.99±1.94	5.11±2.04	5.32±2.40	0.605
Emotional Effort	9.31±3.50	10.25±4.23	9.70±3.86	0.283
Suppression	6.74±1.87	6.66±1.94	6.89±1.81	0.797

\*The data were expressed as mean±standard deviation.

\*\* The letters on the same line express intergroup similarity, different letters intergroup difference.

As seen in Table 8, no statistically significant difference was found between the subscales of acquiescent silence and defensive silence, the subscales of emotional labor behavior, and the working period in the institution ( $p>0.05$ ). However, a statistically significant difference was found between the organizational silence scale's prosocial silence subscale and the institution's working period ( $p<0.05$ ). In addition, the mean value of the prosocial silence subscale of those working in the institution for 22 years and above was significantly higher than those working there between 0-10 years.

**Table 9. The correlation between the organizational silence subscales of the nurses and the variables of age, a working period in the profession and the frequency of being on duty/month**

Variables	Acquiescent Silence	Defensive Silence	Prosocial Silence
Age	0.068	0.036	0.192**
The working period in the profession	0.040	0.031	0.207**
The frequency of being on duty	-0.040	-0.020	-0.107

\*\* $p<0.01$

As seen in Table 9, a very weak, positive, and statistically significant relation was found between the prosocial silence subscale of organizational silence behavior and the variable of age ( $p<0.05$ ). In addition, a weak, positive, and statistically significant relation was found between the prosocial silence subscale of organizational silence behavior and the working period in the profession ( $p<0.05$ ). No statistically significant relation was

found between the subscales of organizational silence behavior and the other variables ( $p>0.05$ ).

**Table 10. The correlation between the subscale scores of the emotional labour behaviour and subscales of organizational silence**

Variables	Surface Acting	Surface Acting	Surface Acting	Surface Acting
<b>Acquiescent silence</b>	0.179**	0.179**	0.132*	0.124*
<b>Defensive silence</b>	0.104	0.148*	0.142*	0.054
<b>Prosocial silence</b>	-0.025	0.033	0.007	0.000

\* $p<0.05$ , \*\* $p<0.01$

In Table 10, a very weak, positive, and statistically significant relation was found between the acquiescent silence subscale and the subscales of surface acting, deep acting, emotional effort, and suppression ( $p<0.05$ ), and the correlation coefficients of the related variables are ( $r=0.179$ ,  $r=0.179$ ,  $r=0.132$ ,  $r=0.124$ ) respectively. Likewise, a very weak, positive, and statistically significant relation was determined between the defensive silence subscale and the variables of deep acting and emotional labor ( $p<0.05$ ), and the correlation coefficients of the related variables are ( $r=0.148$ ,  $r=0.142$ ), respectively. No statistically significant relation was found between the prosocial silence subscale and emotional labor behavior subscales.

## V. RESULTS

In this study, the nurses got the highest score from the emotional effort subscale and the lowest score from the deep acting subscale. In a study that was conducted to determine the effect of the organizational justice perception of healthcare employees on emotional labor, average item scores for emotional labor were found to be 2.52 for surface acting and 3.41 for deep acting; they were found as 7.02 and 5.09 respectively in this study (Kılınc, 2012). The study investigated the emotional labor behaviors of the nurses working in a university hospital. It was observed that the total score average obtained from the Emotional Labour Behaviour Scale was  $3,8\pm 0,49$ , the Surface Acting Subscale was  $3,94\pm 0,61$ , the Deep Acting Subscale was  $3,68\pm 0,59$ , and the Genuine Acting Subscale was  $3,92\pm 0,70$  (Sonkaya, 2018). In our research, while the nurses' surface acting and emotional effort levels were high, deep acting behavior was found to be low. Results of the surface acting behavior, the subscale of emotional labor behavior, were similar to

those in the literature. Likewise, similar results were also obtained in the deep-acting subscale.

In our study, a significant positive relationship was found between the working period in the profession and the concept of natural expression of emotions, which is the subscale of emotional labor behavior. Furthermore, as the age and the working period in the profession increased, the ability to express emotions naturally also increased due to the improved work and life experience.

Regarding organizational silence behavior, the participants obtained the highest score from the prosocial silence subscale and the lowest score from the defensive silence subscale. Yalçın and Baykal (2012) stated in their studies that the managerial and organizational reasons subscale average were higher than the other subscales'. Accordingly, it can be stated that "managerial and organizational reasons" is the primary reason for silence for healthcare professionals. According to these outcomes, it can be stated that the most influential variables that lead healthcare professionals to be silent are "managerial and organizational silence" and "the fear of isolation."

Our study did not find a statistically significant difference between organizational silence subscales and marital status ( $p < 0.05$ ). Taşkıran (2010), Sarıkaya (2013), and Kolay (2012) also did not find a significant difference between marital status and organizational silence. However, while Kutlay (2012) determined that acquiescent silence behavior was observed in married employees more than the single ones, according to Yanık (2012), it was observed more in single employees. According to another study, married employees preferred to keep silent more so that other employees were not harmed (Önal, 2015).

When the relation between educational status and organizational silence subscales was analyzed, similar results to the literature were found. It was observed that prosocial silence behavior decreased as the educational level increased. According to another study, those having associate degrees prefer to keep silent more when they have a problem when compared to those having bachelor's degrees (Önal, 2015).

The mean value of the prosocial silence subscale of those working in the profession for 22 years and above was significantly higher than those with a working period between the ranges of 0-10 years. In the literature, it was determined that those with a working period between 0-10 years and less were more silent than those working for more extended periods. The reasons for this were the lack of experience and organizational and managerial reasons (Bayın et al., 2015). However, when the relation between

the working period and organizational silence behavior was analyzed, the results differed from the literature.

When the relations between organizational silence subscales and socio-demographic characteristics were analyzed, differences were observed between the results of different studies. However, this situation is generalized the results are complicated. In the literature, while organizational silence decreases as the working period increases, silence also increases as the working period increases in this study (Bayın et al., 2015).

In our study, a very weak, positive, and statistically significant difference was found between the acquiescent silence subscale and the variables of surface acting, deep acting, emotional effort, and suppression ( $p<0.05$ ). A very weak, positive, and statistically significant relation was found between the defensive silence and the variables of deep acting and emotional effort ( $p<0.05$ ). The literature concluded that the three subscales reflecting emotional labor level, except for the emotional effort subscale, had significant effects on the damaging silence reflecting the organizational silence level. It was found that the most effective dimension of damaging silence was suppression. The dimension of suppression positively affected damaging silence. Grant found that deep and surface emotional labor positively affected voice behavior (Grant, 2013). Our findings are similar to those in the literature.

In this study, a significant positive relationship was determined between the nurses' emotional labor and organizational silence behaviors. It was concluded that the three subscales reflecting emotional labor level, except for the emotional effort subscale, had significant effects on the negative silence subscale reflecting the organizational silence level ( $p<0.05$ ). Since emotional labor is a behavior displayed related to the personality structures, and the enthuses of individuals and they experience intrinsic satisfaction in the profession, employees keep silent organizationally; thus, such a positive relationship will exist.

## VI. CONCLUSION AND RECOMMENDATIONS

In our study, organizational silence's positive effect on nurses' emotional labor was revealed. When the average of the organizational silence scale subscales and emotional labor scale subscales were examined, it was seen that nurses obtained the highest score from the prosocial silence subscale and the lowest from the defensive silence subscale of the organizational silence scale. Nurses obtained the highest score from the

emotional effort subscale and the lowest from the deep acting subscale of the emotional labor scale. A statistically significant difference was found between the proactive silence subscale of the organizational silence scale and the age group ( $p<0.05$ ). The average value of the proactive silence subscale of those aged 51 and above was significantly higher than those aged 20 – 35. The average value of the proactive silence subscale of those working in the profession for 22 years and above was significantly higher than that of those working in the profession between 0 – 10 years.

It is recommended that other studies should be carried on in other hospitals to determine the relationship between organizational silence and emotional labor behaviors thoroughly.

Establishing a supportive and alienation preventer organizational atmosphere prevents organizational silence in the organization. It also creates a structure in which employees can easily communicate with the top management and express their knowledge, thoughts, and opinions easily and will be able to contribute to forming an organization that can protect itself against the harms of alienation and silence. In brief, it is believed that in the case of creating a more transparent and participatory organizational atmosphere, the quality of life will increase, and the number of silent people will decrease. Furthermore, an organizational atmosphere should be created where employees feel peaceful and happy.

#### ARTICLE INFORMATION FORM

##### *Author Contributions*

**Idea / Concept:** Demet ÜNALAN, Buket KAYA

**Research Design:** Demet ÜNALAN, Buket KAYA

**Article Writing:** Demet ÜNALAN, Buket KAYA

**Data Collection:** Buket KAYA

**Analysis:** Demet ÜNALAN, Buket KAYA

**Critical Reading:** Demet ÜNALAN, Buket KAYA

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