The Relationship Between Nurses' Communication Practices, Personality Traits and Organizational Silence Behavior

Hemşirelerin İletişim, Kişilik Özellikleri ve Örgütsel Sessizlik Davranışı Arasındaki İlişki

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Abstract

The use of organizational silence has been described as an active and conscious action employed to deliberately withhold information about an organization. The aim of this study was to examine the effects of nurses' communication practices and personality traits on organizational silence behaviors. This cross-sectional study was conducted with 220 nurses. The survey contained questions concerning nurses' individual/professional characteristics and their choices about whether or not to remain silent about issues in the workplace and it also contained the Organizational Silence Behavior Scale and the Ten-Item Personality Inventory. Descriptive statistics, and regression analyses were used to analyze the data. Nurses' mean score of the Organizational Silence Behavior Scale was 2.6 (.81). Multiple regression analysis indicated that nurses' organizational silence behavior was negatively affected by the choice to remain silent when their relationships with colleagues were put at risk, when they felt they may be excluded if they expressed their opinions, when they did not believe that sharing their ideas would improve the unit, and when their personality trait was determined to be emotionally stable. Organizational silence behavior is influenced by the choice to remain silent and an emotionally stable personality type.

Keywords: Communication, nurses, organizational silence, personality traits, silence

Özet

Örgütsel sessizlik aktif ve bilinçli bir eylem olarak tanımlamış olup organizasyonla ilgili bilgi ve fikirlerin kasten esirgenmesi olarak tanımlanmıştır. Bu çalışmanın amacı, hemşirelerin iletişim uygulamaları ve kişilik özelliklerinin örgütsel sessizlik davranışları üzerindeki etkilerini incelemektir. Bu kesitsel çalışma 220 hemşire ile yürütülmüştür. Veri toplama formu hemşirelerin bireysel/mesleki özellikleri ve işyerindeki sorunlar hakkında sessiz kalıp kalmama konusundaki tercihleri ile ilgili soruları ve ayrıca Örgütsel Sessizlik Davranışı Ölçeği ile On Maddelik Kişilik Envanterini içermektedir. Verilerin analizinde tanımlayıcı istatistikler ve regresyon analizleri kullanılmıştır. Hemşirelerin Örgütsel Sessizlik Davranışı Ölçeği puan ortalaması 2,6 (,81) olarak bulunmuştur. Çoklu regresyon analizi, hemşirelerin örgütsel sessizlik davranışının, iş arkadaşlarıyla ilişkilerinin riske girdiği durumlarda, fikirlerini ifade ettiklerinde dışlanacaklarını hissettiklerinde, fikirlerini paylaşmanın üniteyi geliştireceğine inanmadıklarında ve kişilik özelliklerinin duygusal olarak stabil olduğu belirlendiğinde sessiz kalma tercihinden olumsuz etkilendiğini göstermiştir. Örgütsel sessizlik davranışı, sessiz kalma tercihinden ve duygusal olarak istikrarlı bir kişilik tipinden etkilenmektedir.

Anahtar Kelimeler: Hemşireler, iletişim, kişilik özellikleri, örgütsel sessizlik, sessizlik

1. Introduction

The topic of organizational silence has been heavily studied since the 2000s when it first emerged. Morrison and Milliken (2000) have defined it as the deliberate act of withholding opinions that might improve or solve existing conditions within an organization. The phenomena of organizational silence may be explained by different factors. For instance, Milliken et al. (2003) indicated that organizational norms and feelings of fear are affecting factors, while Bowen and Blackmon (2003) use the term "silence climate" to explain organizational silence, claiming that communication climate within an organization affects employees' decisions about whether or not to remain silent. In sum, organizational silence is affected by both organizational norms and employee's decisions about whether or not to speak up (Milliken et al., 2003).

Pinder and Harlos (2001) have argued that organizational silence can also be explained by employees' decisions to remain silent in the face of organizational unfairness. They explain that employees sometimes prefer to remain silent because they are afraid of the reactions that they would receive if they spoke openly. They also argue that employees' individual personality traits may contribute to organizational silence behavior, stating that characteristics related to self-esteem, control, and ability to communicate effectively affect organizational silence. Control-oriented individuals were found to associate the results of their actions with both internal and external factors. Internal control-oriented individuals were found to attribute events relating to themselves to internal causes, while external control-oriented individuals were found to hold external factors and other individuals responsible for events and therefore sometimes experienced communication problems. As a result, individuals displaying communication anxiety, low self-esteem, and a focus on external control were more likely to exhibit silence behaviors (Pinder & Harlos, 2001). A study conducted with 284 participants in the US for predicting voice behaviors using extraversion as an indicator stated that employees who had extraverted personality remained less silent (Tedone & Bruk-Lee, 2020). The decision to speak-up is also related with past experiences alongside personality traits (Rainer & Schneider, 2020; Lee et al., 2022). For example, a person who spoke-up before and had a bad experience would choose to remain silent in the future (Rainer & Schneider, 2020).

On the other hand, using the terms "voice" and "silence," another study claimed that silence is not the exact opposite of voice and can be purposefully used out of fear, the need for acceptance, self-protection, or the urge to protect the organization (Dyne et al., 2003). In their qualitative study conducted with 40 participants, Milliken et al. (2003) showed that participants tended not to express their opinions due to the fear of facing negative reactions. This fear caused them to remain silent because they believed they would be stigmatized as a troublemaker (Milliken et al., 2003; Premeaux & Bedeian, 2003; Yalçın et al., 2021).

Good communication is essential in the field of healthcare, as it affects one's ability to provide safe and effective care (Henriksen & Dayton 2006; Labrague & De los Santos, 2020). One descriptive and cross-sectional study conducted with 601 doctors and nurses revealed that nurses remain silent more often than doctors, especially where administrational and organizational topics are concerned (Harmanci Seren et al., 2018). Other studies have also indicated that nurses exhibit organizational silence behavior because of ethical issues and administrational problems (Yurdakul et al., 2016; Çaylak & Altuntaş, 2017).

Studies conducted among nurses showed that nurses mostly remain silent because of feelings of not being able to speak with their managers comfortably and for fear of being excluded (Çaylak & Altuntaş, 2017; Erkutlu & Chafra, 2019; Yalçın et al., 2020). Hesitation to express opinions due to fear of being excluded from the group can affect one's decision to raise concerns (Yalçın et al., 2021). When people are working in an environment where they feel psychologically unsafe, their ability to express their opinions are damaged and they remain silent because they are scared to damage their relationship with their colleagues and especially with their managers (Alingh et al., 2019; Labrague & De los Santos, 2020). In their qualitative study conducted with 24 nurses, Yalçın et al. (2021) indicated that nurses remain silent if their managers exhibit oppressive behaviors towards them.

Since nurses are the most prominent component of the healthcare system, it is important to examine the underlying reasons for their organizational silence. The decision to remain silent can be affected by many factors, including individual personality traits. Although organizational silence in the field of nursing has been studied, studies that reveal the relationship between nurses' personal characteristics and reasons for organizational silence are limited.

2. Method

2.1. Purpose

This study aimed to examine the effect of nurses' communication practices and personality traits on organizational silence behavior.

2.2. Setting and Participants

The study population was all nurses who were working at hospitals, which was the only inclusion criteria, at the time this study was conducted. According to the Ministry of Health data, there were 198103 nurses working in Turkey (The Ministry of Health of Turkey, 2021). Using the sample size calculator, the sample was calculated as 384 with a 95% confidence interval (CI), a 5% margin of error. However, in this study the desired sample was not achieved due to low participation, as a result this study's sample consisted of 220 nurses working in hospitals in Turkey. All participants agreed to take part in the study via online survey system. A post hoc power analysis performed with the G * Power (3.1) program based on the R^2 resulted in 42.2% value obtained in the regression analysis; this regression analysis revealed five independent variables determined to affect participants' Organizational Silence Behavior Scale (OSBS) scores. The standardized effect size (large effect) and power were found to be f^2: 0.08 and 0.95 (95%), respectively, indicating that the study's sample size was adequate.

2.3. Data Collection and Tools

Data were collected through social media platforms via an online survey system between February-March 2021. Before beginning the survey, participants were informed about the study and asked to confirm their personal consent. Participants were informed about the purpose, content, duration, and confidentiality of the survey before beginning.

This study's data were collected using a data collection form consisting of three parts. The first part contained eight questions concerning participants' individual and professional characteristics and six questions about their speaking-up preferences. These questions were designed by the authors using literature about organizational silence (Morrison & Milliken, 2000; Yalçın et al., 2020; Yalçın et al., 2021). The second part contained the OSBS consisting of 32 questions, and the third part contained the Ten-Item Personality Inventory (TIPI) consisting of ten questions.

2.3.1. The Organizational Silence Behavior Scale

Developed by Yalçın and Baykal (2019), the OSBS is used to assess levels of organizational silence behavior. It contains 32 items and four subscales: silence climate, silence based on fear, acquiescent silence, and silence based on protecting the organization. The items are rated on a Likert-type scale ranging from 1 (never stay silent) to 5 (always stay silent). The scoring is based on the mean score for the overall scale and the mean scores for the subscales. A high mean score indicates that the level of silence is high, while a low mean score indicates that the level of silence is low. The Cronbach's alpha value of the OSBS (Yalçın & Baykal, 2019) was 0.93 for the overall scale. The present study's Cronbach's alpha value was 0.96 for the overall scale and ranged between 0.81 and 0.95 for the subscale.

2.3.2. The Ten-Item Personality Inventory

The TIPI was developed by Gosling et al. (2003) and adapted to Turkish culture by Atak (2013). TIPI is a 7-point Likert-type scale (1=Totally Disagree- 7=Totally Agree) consisting of ten questions and five subdimensions (extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience). The scale contains no reverse coded item. After the total score was taken for each subscale, the personality trait belonging to the subscale for which individuals scored the highest was determined to be the strongest personality trait of that person. The Cronbach's alpha value of the present study was 0.45. Gosling et al. (2003) who developed this scale indicated in their research that low Cronbach's alpha values were expected because of the TIPI having two items for each sub dimension. Since Cronbach's alpha is calculated as a function of the mean-inter correlation and the number of items is important for this calculation.

2.4. Ethical Considerations

Ethics committee approval (2021.087.IRB3.048) was obtained from the Koç University Social Sciences Ethical Board on February 25, 2021, of the relevant university for this study.

2.5. Limitations

This study was conducted via online survey. Results are limited with the participants. This study was conducted during the COVID-19 pandemic, this situation affected the low survey response rate despite announcing the study invitation multiple times during the two-month period. In addition, because this study was conducted online, institutional differences are not reflected.

Another limitation in this study was obtaining low Cronbach's alpha value for the TIPI. Gosling et al. (2003) who developed this tool indicated that this is not unusual because the TIPI has two items for each sub-dimension. Even though we, the authors, knew that this was inevitable, we still wanted to use this tool because it has been widely used in many studies around the world since its development in 2003, and because it is a very short tool and easy to fill out unlike many other personality inventories which have so many questions and take a lot of time to fill in.

2.6. Data Analysis

This study used descriptive statistical analyses and multiple regression (stepwise) analysis to evaluate the data. Skewness and Kurtosis values were used to examine the distribution of the scale scores. Skewness values of the personality scale scores were between -1.22 and 0.02 and Kurtosis values were between -0.73 and 0.74. Skewness values of the organizational silence scale were between -0.30 and 0.37 and Kurtosis values were between -0.71 and -0.53. Since these Skewness and Kurtosis values were between -2 and +2, it was determined that the scale scores were normally distributed. The model used to measure nurses' organizational silence behaviors included the following 14 variables: age, gender, duration of professional experience, type of employment institution, professional working style, freedom to freely express opinions at work, influence of manager's personality on the decision of whether or not to remain silent, fear of putting relationships with colleagues at risk, fear of being excluded, the belief that sharing ideas would not improve the institution, and the five subdimensions of the ten-item personality scale (openness to experience, agreeableness, emotional stability, responsibility, and extroversion). The significance level was determined to be $p < .05$.

3. Results

The individual and professional characteristics of nurses are shown in Table 1. Half of the participants in the study have bachelor's degrees, the average duration of professional experience was 11.7 years, and slightly more than half of the participants (52.7%) worked at a university hospital.

Table 1. Nurses' demographics, work-related variables (n=220)

Variables		Mean (SD)	
Age (min-max: 21-61)		32.69 (9.02)	
Total professional experience (years) (min-max: 1-42)		11.73 (9.56)	
		n	**%**
Gender	Female	197	89.5
	Male	23	10.5
Marital Status	Married	100	45.5
	Single	120	54.5
Education Level	Vocational High School	28	12.7
	Associate Degree	16	7.3
	Bachelor	110	50.0
	Master	55	25.0
	PhD	11	5.0
Hospital Type	Health Ministry	46	20.9
	University	116	52.7
	Private	58	26.4
Scheduling	Daily shift	89	40.5
	Night & daily shift	131	59.5

While most of the nurses (67.7%) stated that they could freely express their opinions at the workplace, 39.1% stated that they feared being excluded if they expressed their opinions. However, 79.5% of the nurses reported that they would not hesitate to speak up about issues they thought were wrong and/or unethical, even if it put their relationships with colleagues at risk (Table 2).

Table 2. Nurses Speaking-up Preferences (n=220)

		n	**%**
Ability to freely express opinions within the workplace	Yes	149	67.7
	No	71	32.3
Hesitation to express opinions due to fear of being excluded	Yes	86	39.1
	No	134	60.9
Remaining silent due to fear of negatively affecting relationships with colleagues	Yes, I have	45	20.5
	No, I did not	175	79.5
Effect of manager's personality characteristics (dominant, aggressive, passive, etc.) on the decision to remain silent	Yes	136	62.1
	No	83	37.9
Not comfortable sharing ideas that will improve their unit/organization where they work	Yes	199	90.5
	No	21	9.5
When you encounter a negative situation in your unit, with whom do you share it?*	Colleague	147	66.8
	My unit manager	146	66.4
	No one	9	4.1

More than one answer was given.

The mean score of the Organizational Silence Behavior scale of nurses was determined to be 2.6 (SD:.81) (Table 3). The highest score in the TIPI sub dimension belonged to agreeableness, with an average score of 6.05 (SD: 1.13).

Table 3. Descriptive statistics: The Ten Item Personality Scale Organizational Silence Behavior Scale scores (n= 220)

Scales	Mean (SD)
Ten Item Personality Scale Overall Score	
Extraversion	5.26(1.40)
Emotional stability	4.68(1.35)
Openness to experience	5.22(1.16)
Agreeableness	6.05(1.13)
Conscientiousness	5.28(1.14)
Organizational Silence Behavior Scale Overall Score	2.62(0.81)
Silence Climate	2.36(0.94)
Silence based on Fear	2.97(0.96)
Acquiescence Silence	2.65(0.91)
Silence based on Protecting the Organization	2.52(0.88)

Multiple regression (stepwise) analysis revealed that nurses' organizational silence behavior occurred when they felt their relationships with colleagues would be put at risk, when they believed they would be excluded if they expressed their opinion, when they felt that sharing their ideas would not improve their unit/institution, and when being emotionally balanced was determined to be their dominant personality trait (R^2=42%, 2, F= 35,084, p<.001, Durbin Watson: 2.03) (Table 4).

Table 4. Factors affecting the organizational silence behavior of nurses (n=220)

Variables	B	SE	(β)	t	p	95% Confidence Interval	
						Lower limit	Upper limit
Constant	136.19	10.5	-	12.91	<.001	115.37	157. 00
Remaining silent due to fear of negatively affecting relationships with colleagues **	-12,75	2,10	-0,36	-6,09	.001	-16,88	-8,62
Hesitation to express opinions due to fear of being excluded **	-16,57	3,22	-0,31	-5,15	.001	-22,92	-10,22
Not comfortable sharing ideas that will improve their unit/organization where they work**	13,07	5,30	0,14	2,47	.010*	2,63	23,51
TIPI-Emotionally stable**	-2,54	1,11	-0,13	-2,29	.020*	-4,73	-0,35

R^2: 42.2% F: 35,084 p<.001, Durbin-Watson: 2,03
*p<.05 **Remaining silent due to negatively affect the relationship with colleagues, 1-No, 2-Yes
Hesitating to express opinions due to fear of being excluded, 1-No, 2-Yes
Not comfortable sharing ideas that will improve their unit/organization where they work, 1-Yes, 2-No
TIPI-Emotionally stable

4. Discussion

This study aimed to determine the effect of nurses' communication practices and personality traits on organizational silence behaviors. The "silence based on fear" subscale score was the highest of all subscales. As studies have shown, people tend not to speak up if they believe that their opinions will not be taken seriously and/or if they fear that raising concerns would cause them to be labeled as troublemakers (Yalçın et al., 2021). Likewise, the results of this study also show that nurses were most likely to exhibit organizational silence behaviors out of fear of speaking up.

This study also indicated that the decision to remain silent due to fear of negatively affecting relationships with colleagues affected nurses' organizational silence behavior levels. Previous studies confirm that problems in the workplace increase when open communication is discouraged, especially in healthcare settings (Yurdakul et al., 2016). Research indicates that because nurses make up the fundamental components of interprofessional teams in healthcare, it is essential that they work well together and freely speak-up about issues regarding patient care, especially patient safety (Labrague & De los Santos, 2020). A qualitative study indicated that when nurses are empowered as clinical champions they speak-up issues regarding patient safety etc. more comfortably but are still afraid of damaging relationships with their colleagues when they raise their concerns (Lee et al., 2022). Results of this study also show that nurses hesitate to endanger their relationships with colleagues because of the importance of teamwork.

Multiple regression analysis indicated that hesitation to express opinions due to fear of being excluded negatively affected the organizational silence behavior scale. According to previous research, people remain silent when they fear that their opinions will not be heard or when they believe that they might be excluded or labeled as a troublemaker due to organization's silence climate which may cause employees to fear speaking up because the majority also fears speaking up (Yalçın et al., 2021). Studies conducted among nurses indicated that nurses tend to remain silent due to fear of isolation (Harmanci Seren et al., 2018). As research shows, such feelings of fear can have destructive consequences for both patient safety and the overall work environment (Labrague & De los Santos, 2020). In sum, nurses may choose to remain silent when they think their opinions will not be supported or feel that they might be excluded.

This study also revealed that nurses' hesitance to share ideas due to the belief that it would not improve the unit/organization where they work negatively affected organizational silence behaviors. Nurses show increased disengagement from their work environment when they do not see change (Harmanci Seren et al., 2018; Yalçın et al., 2021). Studies show that open communication and the valuing of diverse opinions can improve existing conditions within an organization (Yurdakul et al., 2016; Yalçın et al., 2021). The results of the present study also suggest that a supportive work environment may allow nurses to feel more comfortable sharing their ideas and opinions.

According to the results of this study's multiple regression analysis, the "emotionally stable" personality trait of TIPI affects organizational silence behavior. The choice to speak up is suggested to be related to individual personality traits for example the trait of being emotionally stable affects organizational

silence because people who are assertive than others tend to have more self-confidence (Lee et al., 2022). According to a study conducted with 321 nurses and examining the relationship between nurses' positive psychological capital levels and organizational silence behaviors, nurses considered psychologically positive tend to raise their voices more comfortably (Kaya & Eskin Bacaksız, 2021). Similarly, nurses who are emotionally stable may express their opinions more confidently, making it more likely that they would feel comfortable speaking up in the work environment.

5. Conclusion

The results of this study highlighted the main reasons nurses remain silent because of their work environment characteristics. If they feel insecure about raising concerns, it affects their decision to speak-up and fear is an important factor for this decision. When nurses fear that their relationship with their colleagues could be threatened or that they might be excluded from the group affects their organizational silence behavior. In order to prevent organization silence behavior, nurse managers can make more effort to build close relationships with nurses in their teams and to observe silence behaviors in their units. They can also encourage colleague solidarity so that nurses can feel more comfortable expressing their opinions. In other words, nurse managers and hospital executives are responsible for creating a work environment in which open communication is both supported and encouraged.

Being emotionally stable as a personality trait is also important for speaking up. Nurses feeling comfortable and have higher self-esteem speak-up more. Because of this reason it is important for nurse managers to know their staff's personality traits and encourage the ones that feel uncomfortable expressing opinions. It is essential to create a work environment which endorses open communication and with psychological safety for all the people. It is an undeniable fact that the healthcare system is complex and genuine collaboration and communication is crucial.

Authors Contributions

Topic selection: BY, NG, ET; Design: BY, NG, ET; Planning: BY, NG, ET; Data collection: BY; Data analysis: BY, NG, ET; Article writing: BY, NG, ET; Critical review: BY, NG, ET.

Conflict of Interest

There is no conflict of interest.

References

Atak, H. (2013). The Turkish Adaptation of the Ten-Item Personality Inventory. Archives of Neuropsychiatry, 50(4), 312-319.

Çaylak, E. & 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

Dyne, L. V., Ang, S. & Botero, I. C. (2003). Conceptualizing employee silence and employee voice as multidimensional constructs. Journal of Management Studies, 40(6), 1359–1392. https://doi.org/10.1111/1467-6486.00384

Erkutlu, H. & Chafra, J. (2019). Leader's integrity and employee silence in healthcare organizations. Leadership in Health Services, 32(3), 419-434. https://doi.org/10.1108/LHS-03-2018-0021

Gosling, S. D., Rentfrow, P. J., & Swann Jr, W. B. (2003). A very brief measure of the Big-Five personality domains. Journal of Research in Personality, 37(6), 504-528. https://doi.org/10.1016/S0092-6566(03)00046-1

Harmanci Seren, A. K., Topcu, İ., Eskin Bacaksiz, F., Unaldi Baydin, N., Tokgoz Ekici, E., & Yildirim, A. (2018). Organisational silence among nurses and physicians in public hospitals. Journal of Clinical Nursing, 27(7-8), 1440-1451. https://doi.org/10.1111/jocn.14294

Henriksen, K. & Dayton, E. (2006). Organizational silence and hidden threats to patient safety. Health Services Research, 41(4p2), 1539-1554. https://doi.org/10.1111/j.1475-6773.2006.00564.x

Kaya, G. & Eskin Bacaksiz, F. (2021). The relationships between nurses' positive psychological capital, and their employee voice and organizational silence behaviors. Perspectives in Psychiatric Care, 58, 1793–1800. https://doi.org/10.1111/ppc.12990

Labrague, L. J., & De los Santos, J. A. (2020). Association between nurse and hospital characteristics and organisational silence behaviours in nurses: A cross-sectional study. Journal of Nursing Management, 28(8), 2196–2204. https://doi.org/10.1111/jonm.13101

Lee, S. E., Dahinten, V. S., Ji, H., Kim, E., & Lee, H. (2022). Motivators and inhibitors of nurses' speaking up behaviours: A descriptive qualitative study. Journal of Advanced Nursing, 78, 3398–3408. https://doi.org/10.1111/jan.15343

Morrison, E. W. & Milliken, F. J. (2000). Organizational silence: a barrier to change and development in a pluralistic world. Academy of Management Review, 25(4), 706–725. https://doi.org/10.5465/amr.2000.3707697

Pinder, C. C., & Harlos, K. P. (2001). Employee silence: Quiescence and acquiescence as responses to perceived injustice. In Research in personnel and human resources management (pp. 331-369). Emerald Group Publishing Limited. https://doi.org/10.1016/S0742-7301(01)20007-3

Premeaux, S. F., & Bedeian, A. G. (2003). Breaking the silence: The moder- ating effects of self-monitoring in predicting speaking up in the work- place. Journal of Management Studies, 40(6), 1537–1562. https://doi.org/10.1111/1467-6486.00390

Rainer, J. B., & Schneider, J. K. (2020). Testing a Model of Speaking up in Nursing. JONA: The Journal of Nursing Administration, 50(6), 349-354. https://doi.org/10.1097/NNA.0000000000000896

Tedone, A. M., & Bruk-Lee, V. (2022). Speaking up at work: personality's influence on employee voice behavior. International Journal of Organizational Analysis, 30(2), 289-304. https://doi.org/10.1108/IJOA-09-2020-2417

The Ministry of Health of Turkey. (2021). Health statistics yearbook 2019. Ministry of Health. https://sbsgm.saglik.gov.tr/Eklenti/40566/0/health-statistics-yearbook-2019pdf.pdf

Yalçın, B. & Baykal, Ü. (2019). Development and psychometric testing of the Organizational Silence Behavior Scale for healthcare professionals. Nursing & Health Sciences, 21(4), 454–460. https://doi.org/10.1111/nhs.12619

Yalçın, B., Baykal, Ü., & Türkmen, E. (2021). Why do nurses choose to stay silent?: A qualitative study. International Journal of Nursing Practice, 28(1), e13010. https://doi.org/10.1111/ijn.13010

Yalçın, B., Göktepe, N., Türkmen, E. & Özcan, Ş. (2020). Determining nurses organizational silence behaviors and its effecting factors. Journal of Health and Nursing Management, 7(3), 330–338. https://doi.org/10.5222/SHYD.2020.20092

Yurdakul, M., Beşen, M. A. & Erdoğan, S. (2016). The organisational silence of midwives and nurses: Reasons and results. Journal of Nursing Management, 24(5), 686–694. https://doi.org/10.1111/jonm.12374