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EĞİTİM VE SAĞLIK ÇALIŞANLARINDA ÖRGÜTSEL SESSİZLİĞİN ARAŞTIRILMASI: KIRŞEHİR İLİ ÖRNEĞİ

INVESTIGATION OF ORGANIZATIONAL SILENCE IN EDUCATION AND HEALTH WORKERS: KIRŞEHİR PROVINCE SAMPLE

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ÖZ

The most important requirement of organizations is human resources. In this context, the well-being of the organization depends on the well-being of the employees. Therefore, employees should use their knowledge and creative ideas positively for the organization in order to make their organizations better. The problem of this research is that organizational silence behavior is dominant in education and health workers.

The aim of this study is to determine the organizational silence behavior of education and health workers. The sample of the study, which was formed in the quantitative research design, consists of 350 people, 199 of whom are working in hospitals and schools, and 151 of which are health workers. In the research, questionnaire technique was used as data collection tool. SPSS 22.00 package program was used to analyze the data obtained from the study. Mann-Whitney U test, Kruskal Wallis Analysis of Variance test and Spearman Correlation analysis were used in the study.

According to the findings of the study, as a result of the analyzes carried out between organizational silence behavior and socio-demographic variables, it was found that the difference between marital status, educational status and institutional variables were significant. In addition, according to the correlation analysis made between the same socio-demographic variables and organizational silence behavior, it was found that there was a significant relationship between the marital status, educational status and institutional variables.

Key Words: Organizational Silence, Kırşehir, Education Workers, Health Workers

ABSTRACT

Örgütlerin en önemli ihtiyacı insan kaynağıdır. Bu bağlamda, örgütün durumunun iyi olması çalışanların durumunun iyiliğine bağlıdır. Dolayısıyla, çalışanlar örgütlerinin daha iyi olması amacıyla bilgi birikimlerini, yaratıcı fikirlerini örgüt açısından olumlu şekilde kullanmalıdırlar. Bu araştırmanın problemi, eğitim ve sağlık çalışanlarında örgütsel sessizlik davranışının hakim olduğunun düşünülmesidir.

Bu araştırmanın amacı, eğitim ve sağlık çalışanlarının örgütsel sessizlik davranışını belirlemektir. Nicel araştırma deseninde oluşturulan araştırmada örnekleme, hastane ve okullarda görev yapan 199 eğitim çalışanı ve 151 sağlık çalışanı olmak üzere toplam 350 kişi oluşturmaktadır. Araştırmada veri toplama aracı olarak anket tekniğinden yararlanılmıştır. Araştırmadan elde edilen verilerin analizi SPSS 22.00 paket programıyla yapılmıştır. Araştırmada Mann-Whitney U testi, Kruskal Wallis Varyans Analizi testi, Spearman Korelasyon analizi kullanılmıştır.

Araştırmadan elde edilen bulgulara göre, örgütsel sessizlik davranışı ile sosyo-demografik değişkenler arasında yapılan analizler sonucunda medeni durum, öğrenim durumu ve çalışılan kurum değişkenlerini arasında farkın anlamlı olduğu görülmüştür. Ayrıca aynı sosyo-demografik değişkenler ile örgütsel sessizlik davranışı arasında yapılan korelasyon analizine göre yine medeni durum, öğrenim durumu ve çalışılan kurum değişkenleri arasında anlamlı ilişkinin olduğu tespit edilmiştir.

Anahtar Kelimeler: Örgütsel Sessizlik, Kırşehir, Eğitim Çalışanları, Sağlık Çalışanları

1. INTRODUCTION

According to the Turkish Language Association, the concept of sound; It is expressed as the vibration created by the air coming from the lungs in the sound path. According to another definition, the concept of sound is that vibrations that arise in nature for various reasons reach the ear of living things. These vibrations and the meaning of these vibrations are very important for people to communicate with each other. In nature, people and animals communicate with each other through these vibrations (Budak, 2015: 4). Silence is the absence of speech or the absence of clearly understandable behaviour (Van Dyne et al., 2003: 1364). Brinsfield et al. (2009) describe silence as "a form of communication that includes different emotions, information and intentions." According to a different definition that considers silence as a form of communication, silence refers to a situation in which an individual communicates with himself / herself (American Journal of Psychotherapy, 1993: 167).

The working width of the concepts related to sound and silence inside and outside organizational behavior is quite wide. Starting from the early 1970s and continuing to the present day, various definitions have emerged from changing perspectives that focus on silence or sound (Brinsfield, 2009: 12). Morrison and Milliken (2000) were the first researchers to conceptualize organizational silence. These researchers model silence as the main factor preventing change and development. Morrison and Milliken (2000) described organizational silence as a phenomenon of two common beliefs. It is expressed as organizational silence that the employees in the organization deliberately hide their ideas and suggestions about the solution of the problems in their institutions, silence and not see them in any way (Celep and Kaya, 2016: 234). According to another definition, employee silence is intentionally and willingly hiding the opinions, information and concerns of the employees on the issues related to work and organization from the individual and leader working in the organization for various reasons. The spread of this situation among the members of the organization constitutes organizational silence (Pektaş, 2019: 50). According to Halis and Adalıoğlu (2017), there are two situations in organizational silence. One of them is the existence of desire in the individual to change the conditions, and the other is the presence of people who have the ability to change the existing situation.

Organizational silence does not mean not only reporting behavior. It also means that employees do not write, cannot be heard, and ignore them. It is the beginning of oppression, censorship, neglect of employees and many negative behaviors (Nikmaram et al., 2012: 1272).

There are some factors in the emergence of organizational silence behavior. These are examined in four titles in the literature. The first is that employees do not trust their managers. The lack of trust between managers and employees forces employees to reveal silence behavior. Another factor is that the employee thinks that his speech will be risky. This risk is associated with other factors, and the remaining two factors are fear of exclusion and fear that there may be deterioration in their relationship with those around them (Örücü & Uzun, 2018: 145).

There are researchers who suggest that organizational silence behavior occurs in four different types (Pinder and Harlos, 2001; Perlow and Reopening, 2009; Singh and Malhotra, 2015). These researchers stated that organizational silence emerges as acceptance silence, defensive silence, prosocial silence and protective silence. Some researchers (Dyne et al., 2003; Kahya, 2013; Demiralay, 2014; Örücü and Biyan, 2018) accepted the first three types and did not count the concept of protective silence from the types of organizational silence. Acceptive silence is passive behavior in which ideas are hidden. Defensive silence is the behavior in which the employee conceals his thoughts in order to defend himself. Prosocial silence, on the other hand, is to hide the information, ideas and thoughts of the employee in order to be useful to the society and the organization where he works.

The factors and types of organizational silence have a multidimensional structure and the results are multidimensional. Organizational silence is a situation that should be dealt with in the name of protecting the organization because it usually has detrimental consequences (Morrison, 2011: 402). The first result, which is often mentioned, is that the information required to create a more effective and competitive organizational structure is not known by the managers and that it results negatively against the organization (Detert & Trevino, 2010: 265). When the behavior of silence turns into a climate in the organization, there is a tendency to laziness within the organization. Therefore, sensitivity should be given to this situation. Otherwise, the development in the organization will be slow (Çintay, 2018: 18). If employees in an organization carry out their daily work regularly, report the events to their managers and share them, it will be easier to solve problems and inefficiencies in the organization (Vakola and Bouradas, 2005: 452).

2. METHOD

This research is a descriptive study and quantitative research pattern was used in the study. The aim of this study was to determine the organizational silence behavior of education staff working in public high schools in Kırşehir and health staff working in Kırşehir Ahi Evran University Training and Research Hospital. Examination of organizational silence behavior in education and health organizations is important in terms of institutional effectiveness.

In the research, survey technique was used as a data collection tool. The measurement tool used in the research was obtained from Dinçer (2017) master's thesis. The "Organizational Silence Scale" consists of 3 dimensions and 15 questions. The measurement tool was dimensioned as acceptance silence, defence silence and prosocial silence. In the 5-point Likert scale, the participants were asked to respond from 1 = Strongly Disagree to 5 = Strongly Agree. In the related study, the reliability analysis of the measuring tool was found to be 0.88. In the reliability analysis conducted for this study, Cronbach's Alpha coefficient was determined to be 0.87 and the measuring tool was found to be reliable.

The population of the study consists of 480 personnel working in public high schools in Kırşehir and 275 personnel working in polyclinics in Kırşehir Ahi Evran University Training and Research Hospital. In the study, simple random sampling method was used to determine the sample and the sample calculation was 214 for educational institutions and 162 for health institutions. In this study, face to face questionnaire technique was applied. After missing or incorrect questionnaires were removed, 350 questionnaires were included in the study.

3. RESULTS

Descriptive statistics, socio-demographic variables and organizational silence total scores were analyzed using Mann-Whitney U test and Kruskal Wallis variance analysis. In addition, Spearman correlation analysis was applied between the total scores of organizational silence and socio-demographic variables.

Table 1. Socio-Demographic Information of Education and Health Workers Examined in the Scope of the Research

	Variable	Number	Percent
Age	25-34 Age	91	26,0
	35-44 Age	168	48,0
	45 Years and older	91	26,0
Gender	Woman	197	56,3
	Man	153	43,7
Marital status	Married	305	87,1
	Single	45	12,9
Education status	Associate degree	75	21,4
	Undergraduate education	239	68,3
	Graduate education	36	10,3
Working Institution	Education Organization	199	56,9
	Health Organization	151	43,1
Working Time in the Institution	1-4 Year	106	30,3
	5-9 Year	102	29,1
	10-14 Year	72	20,6
	15 Year and over	70	20,0
Working Time in the Profession	1-9 Year	77	22,0
	10-19 Year	143	40,9
	20 Year and over	130	37,1
Monthly Income	0-4000 TL	263	75,1
	4000 TL and over	87	24,9
Total		350	100,00

Table 1 shows the socio-demographic information of the education and health workers examined in the scope of the research. As seen in Table 1, the number of employees in the 25-34 age group was 91 (26.0%); The number of employees between the ages of 35-44 is 168 (48.0%); The number of employees between the ages of 45 and over was 91 (26.0%). In terms of gender; It was determined that 197 (56.3%) of the participants were female, 153 (43.7%) were male and women were more involved in the study. When examined in terms of marital status; 305 (87.1%) were married and 45 (12.9%) were single. In terms of educational status; 75 (21.4%) of associate degree graduates, 239 (68.3%) of graduate graduates and 36

(10.3%) of graduate graduates. The number of employees in educational institutions is 199 (56.9%) and the number of employees in health institutions is 151 (43.1%). In terms of working time in the institution; The number of employees between 1-4 years is 106 (30.3%), the number of employees between 5-9 years is 102 (29.1%), the number of employees between 10-14 years is 72 (20.6%), the number of employees 15 years and over 70 (20.0%) in the study. In terms of working time in the profession; The number of employees between 1-9 years was 77 (22.0%), the number of employees between 10-19 years was 143 (40.9%) and the number of employees working for 20 years and over was 130 (37.1%). When examined in terms of monthly income; It was found that 263 (75.1%) people had income below 4000 TL and 87 (24.9%) people had monthly income more than 4000 TL.

In order to determine the organizational silence behavior of education and health care workers, the analysis was conducted between the total scores of "Organizational Silence Scale" and socio-demographic variables. Non-parametric tests were used because the data obtained did not correspond to the normal distribution. Mann-Whitney U test was performed in paired groups and Kruskal Wallis analysis of variance was performed in more than two groups.

Table 2. The Results of the Mann-Whitney U Test showing the levels of organizational health in terms of gender, marital status, institution and monthly income of the education and health workers examined in the scope of the research

	Gender	N	Mean Rank	Mann-Whitney U	p
Organizational	Woman	197	179,42		
Health	Man	153	170,45	14298,500	0,411
Total	Total	350			
	Marital status	N	Mean Rank	Mann-Whitney U	p
Organizational	Married	305	171,14		
Silence	Single	45	205,06	5532,500	0,036
Total	Total	350			
	Organization	N	Mean Rank	Mann-Whitney U	p
Organizational	Education Organization	199	158,91		
Health	Health Organization	151	197,36	11723,000	0,000
Total	Total	350			
	Monthly Income	N	Mean Rank	Mann-Whitney U	p
Organizational	0-4000 TL	263	180,26		
Health	4000 and over	87	161,10	10187,500	0,125
Total	Total	350			

As shown in Table 3, organizational silence behaviors of education and health workers examined in the scope of the research were compared in terms of gender, marital status, institution worked and monthly income variable. As a result of the comparison, organizational silence behaviors of the staff showed significant difference in terms of marital status variable and institution variable studied ($p < 0.05$). No significant difference was found in terms of gender and monthly income ($p > 0.05$).

Table 3. Results of Kruskal Wallis Variance Analysis Showing Organizational Health Levels in terms of Age, Educational Status, Working Time in the Institution and Working Time of the Education and Health Professionals Examined in the Scope of the Research

	Age	N	Mean Rank	Chi-square	Sd	p
Organizational	25-34 Age	91	172,53			
Health	35-44 Age	168	172,76	0,778	2	0,678
Total	45 Years and older	91	183,54			
Total	Total	350				
	Education status	N	Mean Rank	Chi-square	Sd	p
Organizational	Associate degree	75	216,34			

Health	Undergraduate education	239	166,10	16,121	2	0,000
Total	Graduate education	36	152,79			
	Total	350				
	Working Time in the Institution	N	Mean Rank	Chi-square	Sd	p
Organizational	1-4 Year	106	168,98			
Health	5-9 Year	102	171,69	3,315	3	0,345
Total	10-14 Year	72	177,49			
	15 Year and over	70	191,43			
	Total	350				
	Working Time in the Profession	N	Mean Rank	Chi-square	Sd	p
Organizational	1-9 Year	77	185,99			
Health	10-19 Year	143	163,65	3,384	2	0,184
Total	20 Year and over	130	182,32			
	Total	350				

As seen in Table 4, organizational silence behaviors of education and health workers examined in the scope of the study were compared in terms of age, educational status, working time in the institution and working time in the profession. As a result of the comparison, organizational silence behaviors of the staff showed significant difference only in terms of educational status variable (p <0.05). No significant difference was found in terms of age variable, working time variable in the institution and working time variable in the profession (p> 0.05). The results of the correlation analysis to determine the organizational silence behavior and socio-demographic variables are presented in Table 4.

Table 4. Correlation Analysis Between Organizational Silence and Socio-Demographic Variables

	Organizational Silence Total	Age	Gender	Marital Status	Education Status	Working Institution	Monthly Income	Working Time in the Institution	Working Time in the Profession
Organizational Silence Total	r 1								
	p -								
	N. 350								
Age	r 0,039	1							
	p 0,463	-							
	N. 350	350							
Gender	r -0,044	0,168**	1						
	p 0,411	0,002	-						
	N. 350	350	350						
Marital Status	r 0,112*	-0,260**	-0,046	1					
	p 0,035	0,000	0,391	-					
	N. 350	350	350	350					
Education Status	r -0,203**	-0,179	-0,018	-0,029	1				
	p 0,000	0,140	0,743	0,590	-				
	N. 350	350	350	350	350				
Working Institution	r 0,189**	-0,136*	-0,128*	0,079	-0,252**	1			
	p 0,000	0,011	0,17	0,140	0,000	-			
	N. 350	350	350	350	350	350			
Monthly Income	r -0,082	0,119*	0,080	-0,043	-0,360**	-0,181**	1		
	p 0,125	0,26	0,137	0,421	0,000	0,001	-		
	N. 350	350	350	350	350	350	350		
Working Time in the Institution	r 0,092	0,407**	0,062	-	-0,112*	0,150**	-0,137*	1	
	p 0,087	0,000	0,247	0,000	0,037	0,005	0,010	-	
	N. 350	350	350	350	350	350	350	350	
Working Time in the Profession	r 0,010	0,784**	0,129*	-	-0,122*	-0,120*	0,123*	0,452**	1
	p 0,857	0,000	0,015	0,000	0,022	0,025	0,022	0,000	-
	N. 350	350	350	350	350	350	350	350	350

** p<0.01 correlation was significant. * p<0.05 level of correlation is significant. r: Spearman Correlation Coefficient

According to the correlation analysis between organizational silence behavior and socio-demographic variables, there is a weak positive correlation between marital status and organizational silence behavior ($r = 0.112$), but there is a statistically significant relationship ($p < 0.05$). Again, there was a negative ($r = -0.203$) but statistically significant relationship between organizational silence behavior and educational status variable ($p < 0.01$). Finally, there is a positive but statistically significant relationship between organizational silence behavior and the variable of the institution studied ($r = 0.189$) ($p < 0.05$).

4. DISCUSSION AND CONCLUSION

Organizational silence behaviors of education and health personnel were investigated according to socio-demographic characteristics. In this context, the aim of the study is to determine the organizational silence behaviors of education and health workers. For this purpose, the research was carried out in Kirsehir Public High Schools and Kirsehir Ahi Evran University Training and Research Hospital. Data were obtained from 350 education and health workers.

The aim of the study is to measure organizational silence behavior depending on the reactions of education and health workers in situations they encounter while carrying out their duties. Therefore, in this respect, the research is important in terms of revealing the events that may occur in the organizations, and consequently resolving the negative situations more quickly and consequently increasing the success of the organization.

As a result of the analysis of the data obtained from the research, it was found that there was a significant difference between organizational silence behavior and marital status, education level and institution studied. In addition, according to the results of the correlation analysis between socio-demographic variables and organizational silence behavior, it was found that there was a significant relationship between marital status, educational status and institutional variable.

When the studies on organizational silence are examined in the literature, it is observed that it is generally investigated by associating with a different variable. These were determined as organizational commitment, organizational citizenship, organizational stress, organizational climate, organizational justice, burnout, leadership, cynicism, mobbing. Although these are the main research areas, there are studies related to different variables. The common opinion in the research is that organizational silence has negative effects on organizations. Failure to benefit from employees' ideas, ignoring problems, avoiding negative feedback, lack of responsiveness, performance, motivation and poor quality are the main reasons (Vakola and Bouradas, 2005; Zehir & Erdoğan 2011; Panahi et al., 2012; Kaygın and Atay 2014; Güvenli, 2014; Çatır, 2015; Kavak, 2016; Ayan, 2016; Ballı and Çakıcı, 2016; Tekmen et al., 2016; Yıldız and Güneş, 2017; Çöp and Öztürk, 2017; Örcü and Biyan; 2018).

Socio-demographic variables of organizational silence and studies conducted in educational and health institutions have also been found in the literature. In the study of Özdemir and Sarıoğlu Uğur (2013), organizational voice and silence behaviors of the employees were examined in terms of socio-demographic variables. The sector variable studied in parallel with our study showed a significant difference. In the study where the distinction between public and private sectors was made, organizational silence behaviors of public sector employees were found to be high. Similarly to our study, Dal and Atanur Başkan (2018) did not find any significant differences in the variables such as working time in the institution, working time in the institution and gender.

When the differences between the ages of the participants are considered, the views of the X and Y generations on organizational silence come to mind. Organizational silence is also based on cultural differences on religious issues. In terms of these subjects, Göksel and Güneş (2017) conducted a similar study in this study. Although it is thought that there is a difference between the generations, no significant difference was found in the analysis conducted to determine the differences between the generations. When cultural studies are examined, Sarı AYTEKİN et al. (2017) found that organizational silence showed prosocial silence behavior in doctors.

There are some limitations in the research. The fact that the research was conducted only in Kırşehir province and that it was conducted only on public employees is a few of them. Conducting comparative studies or comparative studies in the private sector and in different provinces may provide a better understanding of organizational silence behavior. When the results of this study are examined, organizational silence behavior is high in education and health workers. It is thought that it will provide

maximum benefit to organizations, whether public or private sector organizations, to prevent this and to minimize organizational silence with a more participatory management approach.

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