



Survey on the Relationship between Organizational Silence and Management Styles from the Viewpoint of Employees of TUMS General Hospitals 2016

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ABSTRACT

Background: Management style is one of the factors that could cause staff unwillingness for sharing information and ideas that ultimately leads to dominance silence culture in organizations. This study aimed at determining the relationship between management style and organizational silence in hospitals affiliated by Tehran University of Medical Sciences.

Methods: This study was an analytical, descriptive cross-sectional study conducted in 2016. The study population included all employees of General Hospitals of Tehran University of Medical Sciences with 4251 employees that 354 among this population were selected as samples with stratified random sampling method. Organizational silence questionnaire by Vakola and Bouradas was used for data collection. The reliability of the questionnaire was $\alpha = 0.83$ assessed by Cronbach's alpha method. Data were analyzed using a t-test, ANOVA and Pearson correlation coefficient and also post-test experience if necessary. SPSS₁₉ software was used for analyzing the data.

Results: The results showed that there was a positive and meaningful relationship between exploitative-authoritative and benevolent-authoritative styles and organizational silence ($P < 0.001$). Furthermore, organizational silence in Baharloo and Shariati hospital compared to other hospitals were more common.

Conclusion: Given that the type of management style on organizational silence is very important, managers should support free and open communication to reduce organizational silence.

Keywords: Organizational silence, Management style, Hospitals

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Introduction

Human resources are the main actors of change and the innovation in any organization. Thus its success and efficiency depend on human capital (1). Today's organizations need employees who constantly share their opinions, beliefs, knowledge, and experience in an easy and free environment in the organization (2). However, in some cases, though, the employees have vital ideas for the organization, they prefer not to express their ideas, which creates problems for organizations. One of the reasons for the failure of change management programs and in general one of the main obstacles to progress in any organization is the lack of information, which Morrison & Milliken (2000 B) called organizational silence (3). Now, due to increased competition between organizations, high expectations of customers and a strong focus on quality, organizations have more expectations such as initiation, conversation and taking responsibility of the employees (4). In order to preserve their survival, organizations need employees that are responsive to environmental challenges and have a desire to acquire knowledge and information and defend their organizational ideas. Most employees, due to lack of communication and information support accuse organizations as the main culprit for the failure of management plans (5). In other words, lack of information and communication support to express ideas or what Morrison & Milliken (2000A) referred to as organizational silence will cause the failure of the organizational improvement programs. In the phenomenon of organizational silence, employees prefer not to raise ideas and concerns related to organizational issues (6). In Iranian culture, silence is the sign of consent, and the research literature considers the phenomenon of silence equivalent with loyalty and commitment to the organization (7). Initial views on organizational silence believed that if there is no problem, no one will talk about it and thus there is no problem in the organization (8).

However, now, researchers have shown that the climate of silence, in contrast to the traditional

view will be an obstacle to achieve the organization's goals. Accordingly, Morrison & Milliken define organizational silence as a deliberate refusal to express ideas, opinions, and information relating to the work, which lowers the level of employee involvement in the organization (3). The behavior that leads to the silence is derived from the other three variables that include senior management attitude to silence, the supervisor's attitude to silence, and communication opportunities, and that these three variables cause a silence climate in the organization. The existence of this climate in the organization, in many cases, stimulates the silence behavior among employees (8-9). Silence is affected by many organizational features. These characteristics as interpreted by Vokala and Bouradas (10) can include decision-making processes, management processes for culture and perceptions of employees, organizational climate, and manner of organization management in general. The relationship between organizational culture and organizational silence has been proven in several studies (10-11). Management opinions can affect the assumptions and beliefs of employees and could create an environment in which employees are not willing to comment on organizational matters (9). Vokala and Bouradas (8) also discussed the role of the attitude of senior management and immediate supervisors of the employees on the occurrence of the organizational silence phenomenon. Zarei Matin et al. (12), also believed that management's fear of employees' negative feedback as well as employees' fear of the manager's implicit beliefs are two affecting factors on the occurrence and intensity of this phenomenon. What seems important here is that management practices can significantly affect the incidence of the phenomenon of organizational silence.

Four major styles of management are as the following that can be effective on organizational silence in accordance with organizational behavior literature (13-14):



A) Participatory Management: Delegation of authority, valuing the new ideas of employees, preserving human dignity and status of subordinates, avoiding limited contact and canalization, making collective decisions and engaging all levels of the organization in the decision-making process, clarity and lack of ambiguity in information transition and using expert teams are the important features of such style (15).

B) Imperative management: one of the features of authoritative management is the preference of "garrison behavior" on any "organizational behavior," and the consequence of such state is intolerance of any dissent and differences of opinion and tastes. Approval, praise and flattery delight the centralist and imperative manager and opportunistic people use this situation to their advantage. However, this fact is ignored that if in an organizational two people think the same in all cases, then one of the two is additional (13).

C) Compassionate or benevolent: In this behavioral system, the manager has trust in his employees to a desirable extent. Many decisions can be made in a pre-defined framework, at lower levels of the organization. Targeting is done at the top of the organization, and major decisions can be made in the upper levels, but in the control process, there will be a delegation of authority to some extent (13).

D) Consultative: In this behavioral style, the management has trust and confidence to its employees' to a considerable extent. Policies and major decisions are taken at a high level. However, there is mutual communication between managers and employees. This communication is relatively mutual and associated with trust and confidence, and there is a sense of responsibility for achieving the goals of the organization at all levels of the organization (14).

The negative consequences of silence seem to be more in professions that are constantly evolving, and great knowledge is being produced in this area. Jobs in the hospital are an example in which there is a need for open space for the

exchange of information and knowledge. Consultation and participation of nurses can lay the groundwork for the exchange of knowledge between them and thus increase and improve their knowledge. On the other hand, a silence climate stimulates failing to report errors occurred in the hospital. Therefore, by removing the silence climate in the hospital, and along with the intellectual contributions of nurses in the hospital, the quality of hospital services can be greatly improved (14).

On the other hand, experts believe that hospitals annually attract a significant contribution of funds of the health sector as the center of gravity of the health system (16-17). The hospitals also attract a major part of and healthcare personnel who have been trained at higher levels, which reminds us of the importance of human resources working in the hospital and it is necessary to take measures to improve the leadership and management methods in the hospital (18-19). According to studies conducted by Kriz, it was found that by correcting the methods of management and leadership, hospital costs can be reduced by about 44 percent (19). As can be inferred from investigating the management styles as well as studies in this field, management style can have a great effect on the phenomenon of organizational silence. But according to these implicit evidence, so far, no independent investigation has been done that can conclusively confirm such a relationship. So conduction of a research is deemed necessary to determine the presence or absence of this relationship and the intensity of this relationship. With this description, this study was done aiming at investigating the relationship between organizational silence and management style in general hospitals of Tehran University of Medical Sciences.

Materials and Methods

This study was applied, and descriptive-analytical which was implemented as a field study and cross-sectionally studied the phenomena under study. The statistical population of the



study included all employees working in the General Hospitals of Tehran University of Medical Sciences, (Shariati, Imam Khomeini (r), Baharloo, Vali-Asr, and Ziaeian), and in order to achieve the survey objectives, due to the high number of study population and as well as costly investigation of the entire population, the sampling technique was used. Since the society was not homogenous and people were working in different units, in order to enable all the units and departments to participate in the survey the stratified sampling method was used with the same ratio. Krejci-Morgan sample size table (1990) was used to determine the sample size. The sample size formula is given below. Then, based on the percentage contribution of each hospital in the population, samples were selected from the hospital. Then within hospitals, samples were randomly selected, and the questionnaires were distributed among them. 4082.02

$$n = \frac{X^2NP(1 - P)}{d^2(N - 1) + X^2(1 - P)}$$

n: sample size

X^2 : The chi-square table value for the degree of freedom 1 with optimal confidence interval (3.841)

N: population size (4251)

P: Population Proportion(0.5)

d: Degree of accuracy (0.05)

According to estimates, finally, a sample of 354 populations out of 4251 people was selected and examined. Data collection tool was a standardized questionnaire used in order to assess organizational silence of Vokala and Bouradas (8) questionnaire and to measure Tajvar's management style questionnaire (20) and Seyedjavadi et al. (21). The initial part of the questionnaire included eight questions about demographic variables. The second section consisted of 24 questions about the assessment of leadership styles in perspective of employees which was closed answer and in five-point Likert scale (very low, low, medium, high and very high) with a 1-5 scoring. In this section to answer

any questions, a score of 5 (very much) to 1 (very low) was given and the sum of the scores represents the management style of managers. Given that the questions are in the form of five options, the maximum relevant point was calculated 120 and then using the ratings below, the leadership style was determined: Exploitative-authoritative leadership style with a score of 24 to 48; benevolent-authoritative leadership style with a score of 49 to 72, consultative leadership style with a score of 73 to 96, participatory leadership style with a score of 97 and higher. Reliability and validity of this part of the questionnaire was previously approved and the basis of scoring has been on previous research (20-21). The third part of the questionnaire contained 18 questions about organizational silence and the answers of the questionnaire were as Likert's five-point scale from totally agree to totally disagree. Senior management's attitude towards silence comprised 5 questions, five questions were about the supervisor's attitude towards silence, 4 questions were about communication opportunities and 4 questions were about the silence behavior. The questionnaire had an acceptable reliability and validity. To confirm the validity, the content validity and the opinions of experts and professors were used, and confirmed with minor modifications of the questionnaire. The ultimate reliability was $\alpha = 0.83$ approved by Cronbach's alpha method. Data from the completed questionnaires were entered into the software and analyzed using descriptive and analytical statistics. Descriptive statistics were used for demographic data, management styles and the existence of organizational silence, and each of its dimensions were done as tables, measures of central tendency, graphs and percentages using SPSS₁₉ software. Also given that the research variables were qualitative and rated, Pearson's correlation coefficient was used to analyze the relationship between variables. ANOVA and, if necessary, Post hoc tests were used to test the existence of a difference between hospitals. The Introductory Letter and permission was got from the university to collect data. It is necessary to



mention that this study tried to comply with Helsinki declaration principles. Also, informed consent was obtained before completing the questionnaires.

Results

This study was conducted with the aim of investigating the relationship between organizational silence and management styles. Women comprised 74.9 % (256 people) of people in this study. Other demographic characteristics were as follows: The mean age of the subjects was 7.14 ± 33.88 years, and their average work experience was 6.79 ± 9.10 years. The majority of employees surveyed were married (62 %) and 91.8 % of them had a university education. As the study results showed, the majority of employees were contractual or tenured and respectively comprised 40.4 % and 39.4 % of the studied sample. Half of the employees surveyed are working in Guild units (49.7 %) and the other half in headquarters units (50.3 %). The questionnaire response rate was calculated at 96.61 %. The following table shows the mean and standard deviation of organizational silence in various aspects.

As seen in the above table, the dominant leadership style in the studied hospitals was benevolent-authoritative style (63.7 %).

The following table considered the relationship between organizational silence and management styles. The Data are as follows:

As can be seen in Table 2, there is a significant relationship between management styles and

organizational silence (P- value < 0.001). In other words, in conditions where the managers use exploitative-authoritative and benevolent-authoritative leadership style, the phenomenon of organizational silence is common among employees.

As can be seen in Table 3, the relationship of management styles with the attitude of senior managers to silence is not significant (P- value > 0.05). In other words, in all four groups of management style, the attitude of senior managers was evaluated identically from the perspective of the employees.

On the other hand, there was a significant relationship between management styles with undesirable supervisor's attitude, undesirable communication opportunities and silence behavior (P- value < 0.001). In the sense that the managers use the exploitative-authoritative and benevolent-authoritative leadership style, then the attitude of the supervisor and communication opportunities is seen less desirable in perspective of employees and so silence behavior phenomenon is more common. Hospitals studied also showed a significant difference in terms of observing organizational silence. In other words, the phenomenon of organizational silence was more frequent in Baharloo and Shariati hospitals compared to other hospitals (53.48 and 53.27 respectively).

Table 1. The frequency of organizational silence dimensions and management styles dimensions

Management style	Numbers	Percent (%)	Variable	Mean ± SD
Exploitative- authoritative	28	8.2	Organizational silence	51.24 ± 8.13
Benevolent-authoritative	218	63.7	The attitude of senior management	14.24 ± 2.56
Consultative management	84	24.6	Supervisor's attitude	13.92 ± 3.70
Participatory Management	12	3.5	Communicational opportunities	11.10 ± 3.30
Total	342	100	Behavior of Silence	12.90 ± 3.39

Variable	Grouping	Mean ± SD	F	P
Management styles	exploitative-authoritative	57.7 ± 1.96	12.813	< 0.001*
	benevolent-authoritative	52.84 ± 0.73		
	Consultative management	45.55 ± 1.14		
	Participatory management	48.33 ± 3.13		

*Significance level < 0.05

**Table 3.** Determination of the relationship between the following variables in each of the four management styles

Variable	Grouping	Mean ± SD	F	P
The relationship between Management styles and attitudes of senior managers to silence	Exploitative-authoritative	14.14±0.67	8.028	< 0.001*
	Benevolent-authoritative	14.12±0.26		
	Consultative management	14.39±0.35		
	Participatory management	15.50±0.95		
The relationship between Management styles and supervisor's attitudes to silence	Exploitative-authoritative	16±0.99		
	Benevolent-authoritative	14.51±0.31		
	Consultative management	11.7s9±0.55		
	Participatory management	13.33±2.14		
The relationship between management styles and disutility of communicational opportunities	Exploitative-authoritative	13.64±0.61		
	Benevolent-authoritative	11.66±0.30		
	Consultative management	9.12±0.50		
	Participatory management	9±1.10		
The relationship between management styles and Behavior of silence	Exploitative-authoritative	13.29±0.68		
	Benevolent-authoritative	12.78±0.33		
	Consultative management	10.14±0.40		
	Participatory management	10.50±1.12		

*Significance level < 0.05

Discussion

The most important distinguishing feature of human resources and other resources is in the exchange of ideas, opinions, and knowledge, which leads to the efficient and effective development. The managers create a cultural program, climate or culture, and in such circumstances, the organizational voice or silence is created, and employees have no choice but to choose one of them. Two main factors cause the silence of employees in the organization, which are: 1) Management's fear of the employees' negative feedback because of the threat to their interests and position; 2) employees' fear of the manager's implicit beliefs about them. These implicit beliefs include some management thoughts implying that employees consider only their interests. The belief that the management of the organization understands more than others and knows more is harmful. Although these issues are the beliefs of management and may not be real in the organization, they bring destructive emotions such as fear, deception, and anger in employees and ultimately cause silence in them (22). Attitudes and beliefs of managers affect their leadership style adopted by them. Each manager

based on their knowledge, thoughts, and feedback on employees and other situational factors choose an appropriate style. In imperative management style, the employees avoid expressing their problems and grievances to the manager and remain silent in order to avoid the punishments and feedbacks of the manager (23). The results of the present study showed that there is a significant relationship between management styles and organizational silence ($P < 0.001$) when managers use exploitative-authoritative and benevolent-authoritative leadership style, in view of employees, the organizational silence phenomenon, silence climate and silence behavior are common, and the supervisor's attitude and communication opportunities, as well as their views,, have been deemed undesirable. In addition, this phenomenon in Baharloo and Shariati hospital compared to other hospitals were more common. The results of this study are consistent with other studies, for example, Farhadi et al. in their study (24) showed that leadership style is effective on the emergence of the phenomenon of organizational silence. In another study, Damghanian et al. (25), emphasized that participants believe that the main reasons for their



silence include the treatment, attitude, and behavior of managers and finally the authoritative leadership style of the manager was identified as the main cause. In the quantitative section of the study, the leadership style had a significant positive relationship with the silence of employees in the organization. In the qualitative section as well, imperative leadership was identified as the main theme, and also controversial silence behavior of manager, dictating things, egocentricity and aggressive behavior as sub-themes were eventually identified as the main cause of organizational silence. Xu et al. (26), in their study reported that Macao service industry employees have preferred to remain silent for the misconduct of the leader. Li and Sun (27) investigated the effect of the authoritarian leadership style as a traditional Chinese style, on the sound and silence of employees working in companies in China. The results showed that authoritarian leadership has a negative relationship with the organizational sound and a direct relationship with the organizational silence. Morrison et al. (28), believed that the reason for upward silence in communications is because of uncomfortable feeling with the manager and the deterioration of relations. While answering the question that in such circumstances climate of silence varies, individuals expressed that the change of manager or change in his behavior is the main factor. One of the implicit beliefs is the probability of situations in which the organizational silence is created, i.e, the belief that the manager has the most information about the most important issues of the organization. Glacier argues that such belief in managers is a state in which managers should command and control, and subordinates should have the role of followers, without the right to question (29). The other unstated belief, which is a factor in creating an atmosphere of silence in the organization, is a state in the organization in which the unity, agreement, and consensus are the organizational health symptoms; and yet the disagreement and dissent must be avoided. Barl and Morgan described this situation in a way that managers of the

organization have the interest to establish a unit attitude in the organization rather than benefiting from the diversity of views. The researchers argue that senior managers believe that agreement is desirable, especially in organizational decision-making; however, several studies indicate that this mode negatively affects the quality of decision-making and its results (12). When the attitude of the organization management to employees is positive, and their psychological is valued, the employees will be more willing to express their views and suggestions and as a result the managers when facing with the suggestions of employees will show more positive feedback to them, which in turn will increase the suggestions (30). In a research conducted by Zarei Matin et al. (12), entitled, management factors on organizational silence, it was shown that there's a significant correlation between management factors and organizational silence, among the four components of management (supportive culture of organization, authority thoughts, organizational justice, trust) all are significantly correlated with organizational silence. So if the senior management doesn't encourage employees to express ideas, opinions, suggestions or does not pay attention to their statements or deem them as troublesome, or if the senior management use methods that create this impression that the expression of the views would be at the cost of losing job or promotion opportunities within the organization, the employees will not speak out for the fear of possible consequences even if the conditions are provided for self-expression and communication opportunities(11). One of the main limitations of this study was the lack of cooperation of the studied group to complete the study questionnaire.

Conclusion

Managers tendency to reject feedback, negative reaction to feedback and rejection of negative feedback is informally among management methods affecting the emergence of organizational silence. Managers in facing various issues try to monitor their employees continually. If employees encounter obstacles in terms of job demands, or



not considered by the managers, they will suffer job frustration and isolation in the organization, which in turn leads to the phenomena such as organizational silence. Moving from a silence climate towards free and open communication is difficult, but not impossible. Managers should always with different ways induce employees that they are eager to hear the comments, suggestions, and problems of them and do not show a negative reaction to employees who express the organizational issues with them. Of course, managers should support the message with action. Participatory leadership dominated organizations, empower their people and provide them with freedom, initiative, and ability to work in their office so that employees feel they have the necessary controls in their working environment. Even if there is a participatory dimension in the organization, in which it is expected that the manager does not create an obstacle for hearing statements of the employees, but employees

experience that they are not given attention or that their statements do not cause any changes in the organization and their work, then they prefer to remain silent and stay off.

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Conflicts of interests

Authors declared no conflict of interest.

Author's contributions

Arab M and Shirvani M and Delavari S designed the research; Arab M, Shirvani M, Karami H, and Delavari S conducted the research; Shirvani M and Karami H, Kiani MM wrote the paper. Shirvani M had primary responsibility for the final content. All authors read and approved the final manuscript.

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