# Relation between Healthcare Organizational Silence and its Effectiveness among Nurses

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## Abstract

**Background:** Organizational silence represents a behavioral response that can either hinder or enhance organizational performance. It may signal agreement and cooperation or, conversely, disagreement and resistance, thereby functioning as a source of pressure for both nurses and the organization. Therefore, healthcare institutions should identify the underlying causes of organizational silence among nurses, as it significantly influences their level of commitment to work and overall organizational effectiveness. **Aim**: Assess the relation between healthcare organizational silence and its effectiveness among nurses. **Design**: A descriptive correlational research design was used. **Setting**: The study was conducted at Tanta University Psychiatry, Neurology and Neurosurgery Center which affiliated to Ministry of High Education and Scientific Research. **Subjects**: All (n=336) nurses. **Tools**: It involved organizational silence and health care organizational effectiveness questionnaires. **Results**: Nearly half (48.5%) of nurses exhibited a high level of overall organizational silence and the majority (90.5%) of them had a low level of overall organizational effectiveness. **Conclusion**: There was a statistically significant negative correlation between overall silence and overall effectiveness. **Recommendations**: Hospital management provides training courses, workshops and educational programs for nurses regarding organizational silence and organizational effectiveness and establishes a system of reward and retention of nurses.

**Keywords:** Healthcare Organizational Effectiveness, Nurses, Organizational Silence.

## Introduction

Health care organizations face ongoing challenges in sustaining their operations, ensuring patient safety and protecting data security. These challenges entail considerable costs related to recruiting qualified personnel, implementing robust technologies and optimizing both clinical and administrative processes without compromising the quality of care. Additionally, they must cope with emerging competitors who attract patients by offering more convenience lower-cost services. **(Schwarz, 2025).** In addition, organizational silence is another challenge that cause a significant problem that an organization faces it cause disagreement hence, results in low motivation, satisfaction, and commitment from staff nurses (**Sakr, Ibrahim and Ageiz ,2023).**

Organizational silence can be described as a phenomenon where nurses have a conscious decision making to withhold information, feedback, or concerns within their workplace environment often due to fear of negative consequences such as retribution, ostracism, or job loss. (**Shehata, Abo Gad, Shukair and Mostafa,2025).**

Organizational silence has three dimensions, causes, effects, and strategies. The cause of organizational silence includes fear of punishment from superiors, fear of negative interpretation, fear of negative image "troublemaker", fear of criticism, and abusive supervision **(Tichtich and Khaiat, 2024).**

The effect of organizational silence includes increasing the level of dissatisfaction of nurses, low internal motivation, withdrawal, increasing stress, low commitment, a loss of trust in the organization and turnover. Also, failure of the organization to benefit from the ideas and constructive criticism of nurses **(Cobanoglu, Sariisik, & Akovaand Coskun, 2024)**

The strategies of organizational silence can be achieved by promoting accurate and open communication, practicing of fairness within the organization and involving nurses in decision-making process **(Aziez, 2024).**

As remaining silent means not benefiting from the intellectual contributions of nurses, problems not being identified, feedback not provided, and information not obtained directly. So, it can affect organizational effectiveness for the healthcare sector (**Ighiebemhe, 2019).**

Organizational effectiveness can be defined as the accuracy of the goals of a process that occurs in formal institutions that organize a cooperation with components that are coordinated with each other to achieve goals **(Widiasih, 2025).**

Organizational effectiveness has five dimensions including goal accomplishment, resource acquisition, internal processes, organizational involvement and competing value. The goal accomplishment dimension can be defined as the degree to which the organization effectively achieves its stated objectives **(Mostafa, Mahfouz and El-Saiad, 2024).** The resource acquisition dimension refers to the

organization ability to assemble and coordinate its resources, including human, financial, technical, material resources and managerial expertise (**Valeri, 2024).** The internal process dimension reflects the organization ability to effectively utilize and coordinate its available resources to accomplish its pre-stated goals **(Saleh, Elsayed, Elsabahy and Ata, 2024).** Organizational involvement dimension means the ability of the health care organization management to support nurses' participation in all aspect of their work **(Esosuo and Demaki, 2024)**. The competing values dimension means measuring the organization's ability to cope with environmental changes and emphasis on optimization of resources, stability, and flexibility **(Mostafa et al., 2024).**

## Significance of the study

Organizational silence reflects nurses' reluctance or inability to voice their opinions and to discuss work-related problems or concerns represents a behavioral response that can either hinder or enhance organizational performance. Silence may indicate agreement and conformity or conversely, disagreement and resistance, thereby functioning as a form of social pressure affecting both nurses and organization. Therefore, healthcare institutions should identify the underlying causes of organizational silence among nurses, as it directly influences their level of commitment and consequently, the overall effectiveness of the organization (**El Abdou, Hassan and Badran, 2022).** The findings of this study will contribute to raising societal awareness of the relationship between organizational silence and organizational effectiveness.

**Aim of the study:**

**The aim of the study is to**: Assess relation between healthcare organizational silence and its effectiveness among nurses.

**Research questions:**

- What are the levels of organizational silence among nurses?
- What are the levels of organizational effectiveness among nurses?
- What is the relation between healthcare organizational silence and its effectiveness among nurses?

**Subjects and Method**

**Research design:**

A descriptive correlational research design was used in the present study.

**Setting**:

The study was conducted at Tanta University Psychiatry, Neurology and Neurosurgery center which affiliated to Ministry of High Education and Scientific Research.

**Subject**:

The subject of the study was contained all available nurses (n=336) who worked at previously mentioned setting.

**Tools of data collection:**

The data of the study were collected using the following two tools.

**Tool I: Healthcare Organizational Silence Questionnaire:**

This tool was developed by **El Abdou et al., (2022)** and was modified by the researcher. It was

used to assess the level of health care organizational silence among nurses. This tool divided into two parts:

**Part I: Nurses' personal characteristics and work-related data** included age, sex, marital status, years of experience, educational level, position title, department, attending training courses and participation in the hospital activities or committees.

**Part II: Health Care Organizational Silence among Nurses Questionnaire:**

This tool consists of 26 items covered three subscales as follows: Organizational silence causes (11 items), organizational silence effects (9 items) organizational silence strategies (6 items).

**Scoring system:**

Responses of nurses were measured on a five-point Likert Scale, ranging from (1-5) where; strongly disagree=1, disagree=2, little agree =3, agree=4, strongly agree=5. Total scores were categorized according to statistical cut-off point into levels of organizational silence:

- **High level** of health care organizational silence ≥ 75%
- **Moderate level** of health care organizational silence 60% - < 75%
- **Low level** of health care organizational silence < 60%

**Tool II: Health Care Organizational Effectiveness among Nurses Questionnaire:**

This tool was developed by **Khalaf (2020)** and was modified by the researcher. It was used to assess the level of organizational effectiveness among nurses. It consists of 28 items covered five subscales as follows:

**Levels of organizational effectiveness:**

Goal accomplishment (7items), resource acquisition (5 items), internal process (5 items) organizational involvement (6items) and competing value (5 items).

**Scoring system:**

Responses of staff nurses were measured on a five-point Likert Scale, ranging from (1-5) where; strongly disagree=1, disagree=2, little agree =3, agree=4, strongly agree=5. Total scores were categorized according to statistical cut-off point into levels of organizational effectiveness:

- High level of organizational effectiveness ≥75%
- Moderate level of organizational effectiveness 60% - < 75%
- Low level of organizational effectiveness <60%

**Method**

1. Official permission was obtained from the Dean of Faculty of Nursing, Tanta University to responsible authorities of Psychiatry Neurology and Neurosurgery Center to conduct the study.

**2. Ethical considerations:**

An approval from the Scientific Research and Ethical Committee at Faculty of Nursing was obtained with code number (486-6-2024).

The researcher introduced herself to the participants, a full explanation of the aim and method of the study was done to obtain acceptance and cooperation as well as their informed consent.

The right to terminate participation at any time was accepted.

The nature of the study did not cause any harm for the entire sample.

Assuring the nurses about the privacy and confidentiality of the collected data and explaining that it was used for the study purpose only was done.

3. The tools were translated into Arabic language.
4. The tools were revised by supervisors and then submitted to five experts from field of nursing administration to check content and face validity; the experts were classified into four professors and one assistant professor of Nursing Service Administration from Faculty of Nursing, Tanta University. As well as clarity of the questionnaire. The experts were requested to appraise tools′ individual items in relation to its relevance and appropriateness on a 4-point Scale as follows: 1=irrelevant 2=little relevant 3=relevant 4=strongly relevant.
5. The validity of tool I was **96.73%** and tool II was **99.11%.** Necessary corrections and modifications were done based on experts' opinion.
6. Suitable statistic test was done to test reliability. Tools were tested for their reliability by Cronbach Alpha coefficient factors, to measure the internal consistency of the items. Tool I: Health care organizational silence questionnaire and their subscale were reliable was **0.887**, and tool II: Health care organizational effectiveness among nurses' scale (Cronbach alpha coefficient) was **0.939**.
7. Pilot study was carried out on a sample (10%) of nurses (n=34) to check and ensure the clarity of the tools, identify obstacles and problems that may be encountered during data collection.
8. Data collection phase: the data was collected from different nurses during work shifts morning, afternoon, or night and distribute the questionnaires to be filled.
9. The time needed to complete the questionnaire items from nurses was between 20-30 minutes. Nurses were recorded their answers in the presence of the researcher.
10. The data were collected within three months, started from the begging of July to the end of September 2024.

## Results

**Table (1):** Illustrates distribution of the studied nurses according to personal characteristics and work-related data. As noticed in this table, the age of the nurses ranging between (21-53) years old with Mean ± SD (30.20 ± 4.99). High percent (61.6%) of the nurses were females and (72.9%) of them were married. Regarding to years of experience about one third (32.1%) of them had 10-<15 year, (11.3%) had ≥15 year with mean years of experience with Mean ± SD (8.35 ± 5.17) and about half (49.1%,48.2%) of them had a Technical Nursing Institute, Nursing Specialist, respectively. While only (2.7%) had post-graduates' studies. For about position title most (83.3%)

of nurses are staff nurse (49.7%) were distributed in ICU, (25.0%) in Psychiatry, (14.9%) in neurology and (10.4%) in outpatient. Most (84.2%) of nurses had not attended training courses, above half (58.3%) of them had been participated in the hospital activities or committees.

**Table (2):** Reveals mean scores of healthcare organizational silence among nurses. The table showed that strategies subscale of health care organizational silence had the highest mean percent scores (80.92 ± 15.21). While the causes subscale had the lowest mean percent scores (67.81 ± 13.73).

**Figure (1) and Table (3):** Demonstrate levels of organizational silence among nurses. It revealed that nearly half (48.5%) of nurses had a high level of overall organizational silence. While, more than one third (39.3%) of them had a moderate level and minority (12.2%) of them had a low level of overall organizational silence. It can be noticed that the majority (79.5%) of nurses had a high level of strategies subscale of health care organizational silence. More than half (53.0%) of them had high level of effect subscale. More than one third (41.4%) of them had moderate level of causes subscale.

**Table (4)**: Reveals mean scores of healthcare organizational effectiveness among nurses. The table showed that the highest mean percent scores of healthcare organizational effectiveness subscales was (48.11 ± 18.15) for response to goal accomplishment of effectiveness. While the lowest mean percent scores were (31.46 ± 17.70) for competing value subscale.

**Figure (2) and Table (5):** Demonstrate levels of organizational effectiveness among nurses according to their mean percent score about organizational effectiveness. This figure revealed that the majority (90.5%) of nurses had a low level of overall organizational effectiveness. While minority (6.3%, 3.3%) of them had a moderate and high level of overall organizational effectiveness, respectively. It can be noticed that majority (91.7%, 90.8% , 84.2% ,82.4% and 76.2%) of nurses had a low level regarding organizational involvement, competing value ,resource acquisition, internal process and goal accomplishment subscales , respectively.

**Table (6):** Reveals correlation between healthcare organizational silence subscales and health care organizational effectiveness subscales. The table shows that there was a statistically significant negative correlation between overall silence and, overall effectiveness. Also, there was statistically significant negative correlation between all healthcare organizational silence subscales and all health care organizational effectiveness subscales (at $p < 0.001$).

**Table (1): Distribution of the studied nurses according to personal characteristics and work-related data (n = 336)**

| Personal characteristics | No. | % |
|---|---|---|
| **Age (years)** | | |
| <26 | 67 | 19.9 |
| 26 – 30 | 117 | 34.8 |
| >30 | 152 | 45.2 |
| Min. – Max. | 21.0 – 53.0 | |
| Mean ± SD. | 30.20 ± 4.99 | |
| **Sex** | | |
| Male | 129 | 38.4 |
| Female | 207 | 61.6 |
| **Marital status** | | |
| Married | 245 | 72.9 |
| Single | 91 | 27.1 |
| **Years of experience** | | |
| <5 | 96 | 28.6 |
| 5 – <10 | 94 | 28.0 |
| 10 – <15 | 108 | 32.1 |
| ≥15 | 38 | 11.3 |
| Min. – Max. | 1.0 – 30.0 | |
| Mean ± SD. | 8.35 ± 5.17 | |
| **Educational level** | | |
| Associated Degree in Nursing | 165 | 49.1 |
| Bachelor's Degree in Nursing | 162 | 48.2 |
| Post studies | 9 | 2.7 |
| **Position** | | |
| Head nurse | 16 | 4.8 |
| Charge nurse | 40 | 11.9 |
| Staff nurse | 280 | 83.3 |
| **Department** | | |
| ICU | 167 | 49.7 |
| Psychiatry | 84 | 25.0 |
| Neurological | 50 | 14.9 |
| Outpatient | 35 | 10.4 |
| **Attending training courses** | | |
| Yes | 53 | 15.8 |
| No | 283 | 84.2 |
| **Participation in the hospital activities or committees** | | |
| Yes | 196 | 58.3 |
| No | 140 | 41.7 |

IQR: **Inter quartile range** SD: **Standard deviation.**

**Table (2): Mean scores of health care organizational silence among nurses (n = 336)**

| Healthcare Organizational silence subscales | Score Range | Total scores | | Average Scores | Percent Scores | Rank |
|---|---|---|---|---|---|---|
| | | Min. - Max. | Mean ± SD. | Mean ± SD. | Mean ± SD. | |
| **Causes** | **(11 –55)** | 18.0 – 55.0 | 40.84 ± 6.04 | 3.71 ± 0.55 | 67.81 ± 13.73 | 3 |
| **Effects** | **(9 – 45)** | 18.0 – 45.0 | 35.56 ± 5.64 | 3.95 ± 0.63 | 73.78 ± 15.66 | 2 |
| **Strategies** | **(6 – 30)** | 8.0 – 30.0 | 25.42 ± 3.65 | 4.24 ± 0.61 | 80.92 ± 15.21 | 1 |
| **Total** | **(26–130)** | 54.0 – 130.0 | 101.82± 12.18 | 3.92 ± 0.47 | 72.90 ± 11.71 | |

SD: **Standard deviation**

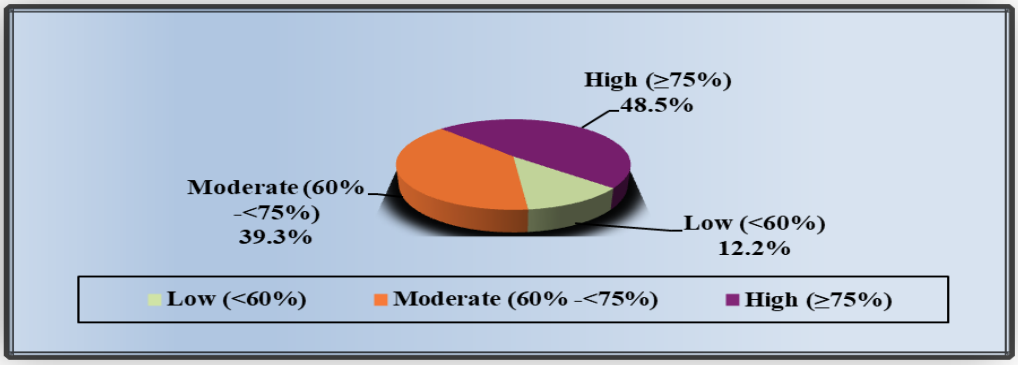


**Figure (1): Total Levels of organizational silence among nurses**

**Table (3): Levels of organizational silence among nurses (n = 336)**

| Healthcare organizational silence subscales | High (≥75%) | | Moderate (60% <75%) | | Low (<60%) | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| **Causes** | **110** | **32.7** | **139** | **41.4** | **87** | **25.9** |
| **Effects** | **178** | **53.0** | **101** | **30.1** | **57** | **17.0** |
| **Strategies** | **267** | **79.5** | **46** | **13.7** | **23** | **6.8** |
| **Overall** | **163** | **48.5** | **132** | **39.3** | **41** | **12.2** |

**Table (4) Mean scores of healthcare organizational effectiveness among nurses (n =336)**

| Health Care Organizational Effectiveness subscales | Score Range | Total score | | Average Score | Percent Score | Rank |
|---|---|---|---|---|---|---|
| | | Min. – Max. | Mean ± SD. | Mean ± SD. | Mean ± SD. | |
| **Goal Accomplishment** | **(7 – 35)** | 7.0 – 35.0 | 20.47 ± 5.08 | 2.92 ± 0.73 | 48.11 ± 18.15 | 1 |
| **Resource acquisition** | **(5 – 25)** | 5.0 – 25.0 | 12.32 ± 3.94 | 2.46 ± 0.79 | 36.58 ± 19.69 | 3 |
| **Internal process** | **(5 – 25)** | 5.0 – 25.0 | 13.32 ± 3.94 | 2.66 ± 0.79 | 41.62 ± 19.70 | 2 |
| **Organizational involvement** | **(6 – 30)** | 6.0 – 29.0 | 14.41 ± 4.41 | 2.40 ± 0.74 | 35.04 ± 18.38 | 4 |
| **Competing value** | **(5 – 25)** | 5.0 – 23.0 | 11.29 ± 3.54 | 2.26 ± 0.71 | 31.46 ± 17.70 | 5 |
| **Total** | **(28–140)** | 35.0 – 131.0 | 71.81 ± 16.68 | 2.56 ± 0.60 | 39.12 ± 14.90 | |

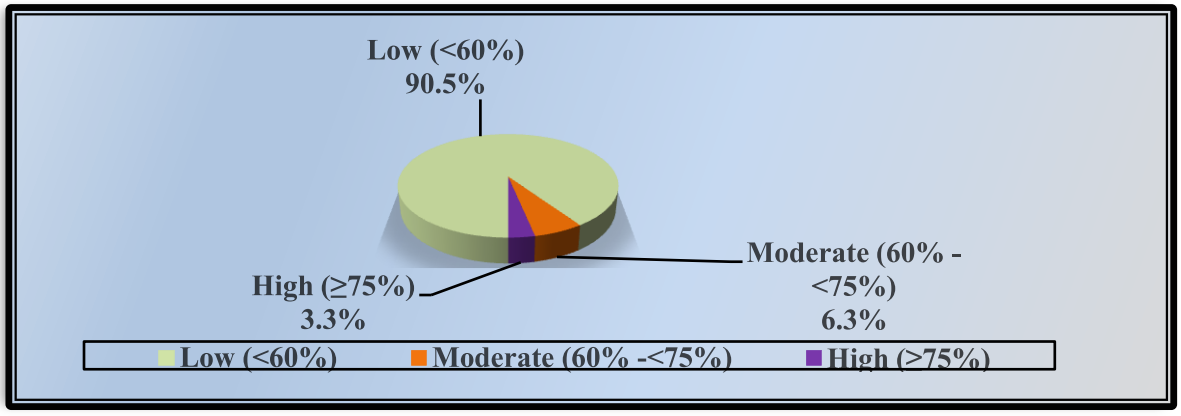


**Figure (2): Levels of organizational effectiveness among nurses**

**Table (5): Levels of organizational effectiveness among nurses (n = 336)**

| Health Care Organizational Effectiveness subscales | High (≥75%) | | Moderate (60% -<75%) | | Low (<60%) | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| **Goal accomplishment** | 27 | 8.0 | 53 | 15.8 | 256 | 76.2 |
| **Resource acquisition** | 18 | 5.4 | 35 | 10.4 | 283 | 84.2 |
| **Internal process** | 25 | 7.4 | 34 | 10.1 | 277 | 82.4 |
| **Organizational involvement** | 12 | 3.6 | 16 | 4.8 | 308 | 91.7 |
| **Competing value** | 8 | 2.4 | 23 | 6.8 | 305 | 90.8 |
| **Overall** | 11 | 3.3 | 21 | 6.3 | 304 | 90.5 |

**Table (6): Correlation between healthcare organizational silence subscales and health care organizational effectiveness subscales (n = 336)**

| Healthcare organizational effectiveness | | Health care organizational silence | | | |
|---|---|---|---|---|---|
| | | Causes | Effects | Strategies | Overall Silence |
| Goal Accomplishment | r | -0.182 | -0.115 | -0.303 | -0.234 |
| | P | 0.001* | 0.036* | <0.001* | <0.001* |
| Resource acquisition | r | -0.265 | -0.213 | -0.375 | -0.342 |
| | P | <0.001* | <0.001* | <0.001* | <0.001* |
| Internal process | r | -0.216 | -0.181 | -0.298 | -0.280 |
| | P | <0.001* | 0.001* | <0.001* | <0.001* |
| Organizational involvement | r | -0.253 | -0.267 | -0.406 | -0.371 |
| | P | <0.001* | <0.001* | <0.001* | <0.001* |
| Competing value | r | -0.227 | -0.284 | -0.407 | -0.366 |
| | P | <0.001* | <0.001* | <0.001* | <0.001* |
| Overall Effectiveness | r | -0.284 | -0.259 | -0.445 | -0.394 |
| | P | <0.001* | <0.001* | <0.001* | <0.001* |

**R: Pearson coefficient** ***: Statistically significant at p ≤ 0.0**

## Discussion

### Concerning healthcare organizational silence

The findings of the current study revealed that nearly half of nurses demonstrated a high level of organizational silence. This outcome is due to that above one third of nurses exhibited a moderate level of organizational silence causes subscale, while more than half of them showed a high level of organizational silence effects subscale and majority of them scored high level of organizational silence strategies subscale.

These results are in agreement with the finding of **Mohamed, Shazly and Saad (2024)** who reported that approximately two fifths of nurses perceived organizational silence at high level.

Conversely, the present finding is inconsistent with the finding conducted by **Shehata et al., (2025)** displayed that more than two thirds of the head nurses and most of nurses experienced a low level of overall organizational silence.

Current study finding revealed that above one third of nurses had a moderate level of organizational silence causes subscale. This finding is due to that majority of the nurses were agree that organizational culture doesn't support nurses to speak up about their concerns. Also, high percent of them were agree that most nurses can't express their opinions regarding critical matters in the

hospital cause of nurses who speak up are always victimized, lack of nurse's authority which prevents them from conveying problems to their superiors, nurses thought that it's pointless to speak up about their concerns to their boss, their fear of retaliation from executives at the workplace.

This result is consistent with the results of **Soliman, Marouf and Eldeep (2024)** who found that nurses who experience incivility may develop a negative perception of the organization, leading to organizational cynicism that in its turn, may contribute to organizational silence.

In contrast, the present finding is different with the study of **Yağar and Dökme Yağar (2023)**, who found that increased silence among nurses was associated with reduced job engagement and higher intent to leave the profession.

Current study finding illustrated that more than half of nurses had a high level of organizational silence effects subscale. This finding is due to that majority of nurses were agree that if they join a hospital where nurses are afraid to speak up, they will not feel satisfied at work, they will feel unappreciated. Also, most of them were agree that if they joined a hospital where nurses are afraid to speak up, their motivation to work will decrease, they would no longer want to contribute to problem solving and making decisions or even submitting suggestions, they will feel that they are likely be exposed to internal conflicts, their turnover chance may increase and their level of commitment to the profession will decrease.

This result is similar to the finding of **Parlar Kılıç, Öndaş Aybar and Sevinç (2021)** highlighted the negative impact of silence on job satisfaction and professional performance.

While, the present finding is inconsistent with the study of **Zou, Zhu, Fu, Zong, Tang, Chi and Jiang (2025)** illustrated that appropriate silence can avoid interpersonal conflicts and information overload, protect the privacy of personal information, and improve organizational efficiency and decision-making.

The outcome of this finding showed that the majority of nurses exhibited high level of organizational silence strategies subscale .This result is due to that majority range of nurses were agree that the hospital management does not care about the nurses' welfare, does not take nurses' opinions and ideas into consideration , lack of verbal assurance of no victimization from the hospital management would not be encouraging enough for nurses to voice anything, does not adopt an open communication policy among nurses.

This finding is in agreement with the finding of **Zou et al., (2025)** highlighted that hospitals with weak communication policies and poor staff inclusion tend to experience higher levels of silence, as nurses feel unsafe to express their opinions.

Despite that, this finding is disagreed with the study of **Labrague and De los, (2020)** reported that while

organizational silence was present, it can be reduced when appropriate strategies are actively implemented by management such as when leadership explicitly encouraged open feedback and regularly involved staff in decision-making.

**Concerning health care organizational effectiveness:**

The present study showed that majority of nurses experienced a low level of health care organizational effective-ness. This result is due to majority of nurses experienced a low level of all dimensions of organizational effectiveness. As more than two thirds of nurses experienced a low level of goal accomplishment, majority of them had a low level of resource acquisition, majority of them experienced a low level of organizational effectiveness internal process, majority of them experienced a low level of effectiveness organizational involvement, majority of them experienced a low level of organizational effectiveness competing value approach.

The present results align with the study of **Hatta and Abdullah (2020)** which indicated that organizational effectiveness was relatively low.

On the other hand, the study of **Mostafa et al., (2024)** reveled that most of the participants exhibited high level of organizational effectiveness.

The present study illustrated that more than two thirds of nurses experienced a low level of goal accomplishment subscale. This is due to that more than two thirds of nurses were agree that they achieve hospital's goals efficiently. Also, more than half of them were agree that the hospital management builds its goals on its strategy. Despite nurses believe that the hospital management builds its goal on its strategy and nurses achieve organizational goals efficiently, more than half of them were disagree that the hospital management provides the required resources to achieve the goals, sets measurable goals. Also, less than half of them were disagree that it sets a time constrain goals, sets specific, realistic, and achievable goals.

This outcome is agreed with the outcome of the study of **Ojogiwa and Qwabe (2023)** illustrated that the organization has a low belief in goals' achievement, organization's dominance, performance and failure to achieve set objectives and productivity.

On the other hand, this study is in consistent with the study of **Cahyono, (2024)** revealed that transformational leaders encourage staff to match their personal aspirations with those of the hospital report higher levels of job satisfaction and a greater dedication to the hospital's objectives.

The current study showed that majority of nurses experienced a low level of resource acquisition subscale. This finding is due to that more than two thirds of nurses expressed disagreement that the devices used to work at the hospital are updated whenever necessary. Additionally, above half of them were disagree that the hospital management uses its resources

effectively to achieve its goals and it is keen on making the best use of resources the hospital resources are used to adapt to environmental changes.

This outcome is consistent with the outcome of the study of **Lyng, et al., (2021)** that many nurses disagree that the hospital effectively uses resources or updates equipment highlighting a lack of proactive resource strategies. While this study is different from the study of **Abdel-Azeem, Zakiand Ghoneimy (2023)** demonstrated that the item ranked first had the highest mean score related to system resources dimension; and there is availability of needed equipment, technical skills and managerial expertise as perceived by staff nurses.

The present finding illustrated that majority of nurses experienced a low level of organizational effectiveness internal process subscale. This result is due to that half of nurses were disagree that the hospital management evaluates the quality of its services in accordance with internal processes. Additionally, above one third of them were disagree it seeks to achieve a competitive advantage in its services, it constantly analyzing jobs, sets standards that link its performance with its goals, clearly defines the scope of work for each position.

This finding is consistent with the finding of the study of **Saleh et al., (2024)** revealed that internal processes had the lowest average percentage score across domains of organizational effectiveness.

conversely, this study is inconsistent with the finding of **Naveed, Alhaidan, Al Halbusi, and Al-Swidi, (2022)** who proved that adjusting to changes ingrained in workplace practices and favorable perceptions (i.e., organizational culture and innovation) increases the organization's ability to maintain a competitive edge in this quickly evolving market and technological landscape.

The present study illustrated that majority of nurses experienced a low level of organizational effectiveness organizational involvement subscale. This finding is due to that high percent of nurses were disagree that the hospital management achieves the expectation of nurses who work in it, it seeks to achieve job satisfaction for nurses. Additionally, more than half of them were disagree that it seeks to provide distinguished educational services to nurses, it encourages nurses to take part in problem-solving and decision-making process.

The findings corroborate the conclusion of **Atalla, Sharif, Katooa, Kandil, Mahsoon and Elseesy (2023)** revealed that the nurses in the study thought there was little shared governance and that they would not be able to take part in choices pertaining to shared governance areas, setting goals, and dispute resolution.

This study is disagreed with the study of **Akpa, Asikhia, and Nneji (2021)** revealed that an effective organizational culture can enhance overall organizational performance, improve nurses' job satisfaction and foster a greater sense of confidence in problem-solving and changing

expectations of its internal and/or external stakeholders.

The present finding showed that majority of nurses exhibited a low level of organizational effectiveness competing value subscale. This finding is due to that majority of nurses were disagree that the hospital management responds to nurses' needs in a timely manner. Also, more than two thirds of them were disagree that it is constantly working to re-engineer its internal process.

This finding is accepted with the study of **O'Neill, Vries and Comiskey (2021)** observed that the competitiveness between health care organizations was the least favored and not preferred by the participants.

This study is contrary with the study of **Prowell, (2021)** illustrated that administration experience, project control, accounting, and human resources contributing to the organizational competitiveness.

**Correlation between healthcare organizational silence subscales and healthcare organizational effectiveness subscales:**

The finding of this study indicated that there was a statistically significant negative correlation between overall silence and, overall effectiveness. Also, there was a statistically significant negative correlation between all healthcare organizational silence subscales and all health care organizational effectiveness subscales. This result may be due to that silence within healthcare settings, may hinder the institution's overall performance. When healthcare professionals do not feel safe or motivated to speak up, this limits opportunities for learning, improvement, and error correction. Consequently, critical organizational functions, such as communication, collaboration, and innovation, may be compromised.

The present finding is in accordance with the finding of the study of **Abd El-Mawla, Eid, Allam and Elshrief, (2025**) showed a statistically significant negative association between organizational silence and organizational learning that in its turn lead to reduced opportunities of knowledge sharing communication, change, growth, development and organizational effectiveness.

On the other hand, this study is different with the study of **Okan, (2021)** revealed that organizational silence exerted a positive influence on organizational effectiveness and added that the more the nurse choose to be silent, the more he/she will learn and the more learning of nurses, the more growth and development of the organization that contribute to organizational effectiveness.

**Conclusion**

The present study concluded that nearly half of nurses had a high level of overall organizational silence. While more than one third of them had a moderate level and minority of them had a low level of overall organizational silence. Majority of nurses had a low level of overall organizational effectiveness. While minority of them had a moderate and high level of overall organizational effectiveness, respectively. There was a negative correlation between healthcare organizational silence and its subscales, and health care

organizational effectiveness and its subscales.

**Recommendations**

**Based on the results of the current study, the following suggestions were made:**

**For hospital management**

- Create a supportive organizational culture and environment to build good working relations within the hospital.
- Establish a system of rewards and retention of nurses to increase motivation and hospital loyalty.

**For head nurses:**

- Create a procedural justice climate in which nurses feel that their head nurse make decision that include their input.
- Listen to nurse's insights, grievances and openly express interest in nurse's opinions to reduce fear of possible negative consequences.

**For nurses:**

- Attend training courses and workshops programs to be update and to have the managerial experience to move problems to their boss.
- Use their diversity of skills and talents to achieve organizational effectiveness.

**For future research:**

- Study the relation between organizational silence and organizational loyalty.
- Study the relationship between organizational effectiveness and talent management.

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