Assiut Scientific Nursing Journal
http://asnj.journals.ekb.eg
http://www.arabimpactfactor.com
DOI: 10.21608/ASNJ.2021.98520.1240

Organizational Silence as a Mediator Factor between Work Place Toxicity and Thriving among Nurses

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Abstract
Background: The 21st century hospitals that are closed and accusatory in which nurses feel unvalued, and not esteemed are considered as toxic workplaces which sequentially will remain nurses more silent about variety of issues. Such behavior impairs performance, development and improvement in these hospitals. **Aim:** Current study aimed to investigate the relationship between work place toxicity, organizational silence and thriving among nurses. **Materials and method:** A descriptive correlational research design was utilized with a convenience sample of 235 nurse were participated from different departments at one of the general hospitals (El Salam Hospital) in Port Said, Egypt. **Tools of data collection**: Included staff nurses' personal characteristics, toxic workplace environment questionnaire, organizational silence scale, and thriving at work scale**. Results:** The lowest percent of staff nurses had high workplace toxicity and high level of organizational silence, meanwhile, more than half (53.6%) of them reflected passion for learning and wish to stay and headway in their hospital. A statistically significant negative correlation between thriving at work and workplace toxicity and organizational silence. A highly statistically significant positive correlation between toxic workplace environment and organizational silence was found. **Conclusion:** Work place toxicity contributes to more silence among staff nurses that prevent work flourishing and push nurses to leave. **Recommendations:** Continuous training programs for nurses to teach them about the importance of a healthy work environment to avoid the negative impacts of work place toxicity on psychological status.

Keywords: Nurses' thriving, Organizational silence & Work place toxicity.

Introduction
Many hospitals are striving to enhance nurses' productivity and thriving, but the hospitals' success depended on the nature of work place in which they operates. Nurses are more sensitive and affected by their work environment as have possibility to experiencing frustration and work confusion in a tremendous difficult and toxic work environments **(Stalpers et a.,2015)** . These toxic environments are professionally unethical and poses a risk to nurses, patients and organizations **(ASHA, 2016).**

A toxic work place defined as an environment that negatively influences organizational viability. If the organization is ineffective and/or destructive to its employees, it is considered toxic **(Kimlinger et al., 2007).** Moreover, it's any job where one or a combination of the work, the atmosphere, the individuals cause severe disruptions **(Zhao et al., 2018).** It's a place usually characterized by drama and infighting where battles between individuals or departments harm productivity. Usually, toxic workplaces are a result of workers who are, themselves, best described as toxic **(Housman & Minor, 2015) .**

The nursing profession is facing a toxic workplace that combines a variety of negative characteristics and behaviors that comprise abusive administration, a deleterious organizational climate, bad emotional conditions, and damaging attitudes **(Tastan, 2017).** According to **Anjumet al. (2018),** toxic environments include an extensive variety of influences containing tearing others down, passive-aggressive leadership, control freaks, manipulation, narcissism, bullying, humiliation, poisonous personnel, toxic managers, destructive gossip, devious politics, narcissism, lack of credibility, low trust environment, high stress, and incivility.

Behavioral and contextual toxics are evidenced as the two major classifications of toxicity in the workplace environment. Behavioral toxins are toxic behaviors of coworkers and managers. Contextual toxics include social-structural factors and the toxic climate. These sources of toxicity are varied and interrelated. Therefore, it can have an impact on the nurses' psychological, emotional, behavioral, cognitive, and physiological status **(Tastan, 2017).**

Nurses working at toxic work places suffer from numerous of symptoms as depression, anxiety, burnout, negative mood, fear, embarrassment,

impaired judgment, inability to concentrate, and memory loss, absenteeism, counterproductive work behavior, decreased self-esteem, decreased commitment to the organization, and a greater intention to leave the organization. Essentially, those nurses suffer from impairments that affect their desire and capability to work **(Anjum et al., 2018).** Accordingly, all of these disturbances can affect the way nurses feel, think, and behave. The nurses' behaviors that may consequence from toxic events include not wanting to work, interacting and cooperating, and also, dissatisfaction with the organization that may lead to silence among them **(New Zealand Nurses Organization, 2018) .**

McCulloch (2016) found that toxic organization not support knowledge sharing and communication through employees by prevent them to express openly their knowledge or opinion about any issue. In this context, **Xu et al. (2015)** proved that toxic leadership behavior leads to employees' silence through employees' exhaustion. In this stream, **Liu et al. (2019)** asserted that employees who exhibit negative behaviors in the organizations related to toxic leadership became silent .

Organizational silence (OS) is defined by **Çakıcı (2010)** as an intentional silence experienced by employees and undesired to share their information, opinions, and ideas with their superiors regarding technical or behavioral problems related to work or the workplace. **Nafei (2016)** stated that OS referred to the intentional or willing withholding of expressing or sharing suggestions, opinions, ideas , and knowledge related to work by employees. OS causes include worries of perceived as complainer, losing trust and respect, destructing relationships, fear of professional un promotion or getting fired, belief that talking freely will have any no influence on the choice to stay silent **(Eriguc et al., 2014).** OS prevents nurses from openly expressing their concerns and opinions about organizational issues with superiors, which is a hindrance to organizational change and development **(Aburnet al., 2016)** .

Nafei (2016) suggested that silence behavior decreases when employees are kept involved in the organization's decision-making process as they feel their own self-valued and their confidence in the organization improves. The more risky outcome of organizational silence was reported by Harbalioğlu and **Gültekin (2014)** who mentioned that low motivation, low job satisfaction, and less confidence in an organization in turn reduce creativity, excitement, performance, productivity, nurse retention, quality of care service, commitment to the organization, and thriving at work.

Many studies have proved the remarkable effect of the environment on employees' motivation, productivity, decisions, and thriving **(Anjum et al., 2018; Azuma et al., 2015; & Stalpers et al., 2015)** . Thriving at work is defined as a positive psychological state described by feelings of vitality and learning, resulting in higher levels of work commitment and wellbeing **(Kleine et al., 2019; Moloney et al., 2020)** . Thriving at work refers to employees' active working behaviors that are full of learning and vitality, and they extremely enhance organizational development and health **(Spreitzer et al,.2005).**

Employees' high levels of vitality and learning needs are the basic assumption of thriving at work **(Porath et al., 2012).** Vitality and learning can indicate some improvement in order to achieve growth and personal development at work, but they enhance one another to formulate a thriving experience. Several studies have discovered that work thriving is positively related to job satisfaction, commitment, self-development, and citizenship behavior and negatively related to turnover intentions **(Marchiondo et al., 2018; Taneva & Arnold, 2018; Walumbwa et al., 2018).**Hence, thriving led to creative performance, which resulted in positive employee outcomes involving health and development **(Wallace et al., 2016).**

Significance of study

Work thriving can be achieved through certain personal features such as interpersonal relations such as support and trust, knowledge and positive affect, as well as contextual features such as job autonomy and trust climate, and genetic work behaviors such as exploration and task focus. **Walumbwa et al. (2018)** asserted that thriving at work is correlated to employees' subjective health. Thus, it is of great importance to assess the toxic work place and foster thriving among nurses in order to identify and reduce the nurses' silence as much as possible, and to provide suitable handling and management that will promote nurses' advancement and thrive and provide them with the possibility for personal fulfillment in their lives. In this respect, the current study aimed to investigate the relation between work place toxicity, nurses' silence and thriving in order to highlight the consequences of the problem and draw attention to necessary rapid solutions.

Aim

The current study aimed to investigate the relationship between work place toxicity, organizational silence, and thriving among staff nurses.

Research objectives

1. Identify the work place toxicity from staff nurses' perspective.
2. Determine the organizational silence among staff nurses.

3. Assess the staff nurses' levels of thriving at work.
4. Detect the relationship between workplace toxicity, organizational silence, thriving, and the personal characteristics of the staff nurses.
5. Explore the relationship between workplace toxicity, organizational silence, and thriving.

Methods

Research design

Descriptive correlational research design was utilized to investigate the relationship between workplace toxicity, organizational silence, and thriving among nurses.

Setting

The present study was conducted at all departments of El Salam Hospital, Port Said, Egypt. This hospital delivers a wide variety of health care services.

Participants

A convenience sample of 235 staff nurses who worked in the previous mentioned setting. Inclusion criteria was that nurses had at least one year of experience at work.

Tools of data collection

The data collection tools used in this study were divided into four parts as follows: the staff nurses' personal characteristics, the toxic workplace environment questionnaire, the organizational silence scale, and the thriving at work scale.

Personal Characteristics of the Studied Sample

As age, gender, marital status, level of education, and years of experience.

Toxic Workplace Environment Questionnaire

An adapted questionnaire based on **(Ellis et al., 2015 & Tastan, 2017)**. It was used to assess the toxic workplace environment from nurses' perspective. It consists of 37 items that were categorized under four domains: 1) Coworkers' toxic behaviors (14 items) as humiliations & gossiping; 2) Managers' toxic behaviors (9 items) as abusive supervision & mobbing; 3) Toxic social-structural factors(8 items) as unreasonable over work hours & tasks; and 4) Toxic climate (6items) as discrimination and work stressors.

Scoring System

Response options ranged from strongly disagreeing (1) to strongly agreeing (5). The points that could be scored on the questionnaire ranged between 37 and 185. According to cut off points, the nurses were considered to have a high perception of a toxic work place, if the percentage score was 60% or more, and a low perception of a toxic work place if the percentage score was less than 60%.

Organizational Silence Scale (OSS)

This tool was developed by **(Çakıcı, 2008).** Aimed to measure organizational silence as experienced by nurses, with 30 statements grouped into five domains as follows: 1)Administrative and organizational reasons (13 items) as mistrust towards the administrators; 2) Work issues (6 items) as the change of workplace or position; 3) Lack of experience (4 items) as the concern that ignorance and inexperience are noticed; 4) Fear of isolation (4 items) as fear of the loss of trust and reputation; and 5) Fear of damaging relationships (3 items) as negative reactions of the administrators towards negative feedback . Cronbach's alpha coefficient scale was 0.92.

Scoring System

The OSS is a 5-point Likert scale. Selections ranged from 'I definitely do not agree' (1), "I do not agree" (2), "neutral" (3), "I agree" (4), and "I definitely agree" (5). Higher scores indicated a high level of perceived organizational silence. To estimate the cut off points, the median was calculated (70) and divided by the total scores of organizational silence (150) giving a result (0.466); these scores were converted into a percentage score (cut off point 46.6%). The nurses were considered silent if the percentage score was 46.6% or more and not silent if less than 46.6%.

Thriving at Work Scale

The scale was developed by **(Porath et al., 2012).** It comprised ten items covering vitality and learning factors. Response categories were in a 7-point Likert-scale format, with responses ranging from strongly disagree (1) to strongly agree (7). According to cut off points, the nurses were considered to have a desire to learn and prefer to stay and progress in the organization (high level of thriving) if the percentage score was 70% or more and not have a desire to learn and not prefers to stay (low level of thriving) if less than 70%. The Cronbach's alpha for the scale was 0.725.

Tools' validity and reliability

The researchers translated the three tools into the Arabic language. Retranslation was conducted by a multi-lingual qualified individual. The tools were revised by a panel of five experts in the field in order to confirm their validity and reliability. The Cronbach's alpha reliability test for the toxic workplace environment questionnaire, organizational silence scale, and thriving at work scale was (0.85, 0.93, 0.77) respectively.

Data gathering

Data was collected in four days/week all over the three shifts and the time of the data collection lasted for three months from the beginning of March to the end of May 2020. The researchers met nurses according to their time schedule and distributed the study tools to them. Consequently, some nurses filled the tools in the time of distribution and others returned the tools after a while. The toxic workplace environment questionnaire, the organizational silence

scale, and the thriving at work scale required 30 minutes to be filled out by each staff nurse.

Pilot research

Twenty-four staff nurses representing 10% of the 235 were randomly recruited before the beginning of the data collection to ascertain the clarity and applicability of the tools, as well as to allocate the time needed to fulfill them. Participants in the pilot study were excluded from the study's sample to assure the stability of the responses.

Ethical considerations

Official permission was granted from authoritative personnel in the study's setting in order to conduct the study. From the study subjects, verbal and written consent were attained. The anonymity of the participants was assured and maintained. No coercion or pressure was applied on the participants and no risk or burden was imposed upon them. Clarification of the confidentiality of data gathered was declared to be used for research purposes only. All participants are informed about their right to refuse participation or even withdraw from the study at any time.

Statistical analysis

Data was analyzed with SPSS version 22.0. The normality of the data was tested with a one-sample Kolmogorov–Smirnov test. Qualitative data was labeled using numbers and percentages. Continuous variables were shown as mean and standard deviation (SD) for parametric data. Two un-matched groups were compared using an independent sample 'T' test. Analysis of variance (one-way ANOVA test) was used to compare the means of more than two groups. The Pearson correlation coefficient was used, and the level of significance was considered at $p< 0.05$.

Results

Table (1): Personal characteristics of studied nurses (n= 235)

Personal characteristics	Studied nurses		
	No.	%	M ±SD
Age			
<25	37	15.7	36.66 ±7.9
25-<40	136	57.9	
≥40	62	26.4	
Gender			
Male	26	11.1	
Female	209	88.9	
Marital status			
Single	23	9.8	
Married	180	76.6	
Divorced	22	9.4	
Widow	10	4.3	
Educational qualifications			
Nursing diploma	144	61.3	
Technical institute	59	25.1	
Bachelor of nursing	22	9.4	
Master degree	10	4.3	
Years of experience			
<5	33	14.0	10.75 ±39
5-<10	32	13.6	
≥10	170	72.4	
Attending courses in the area of study			
Yes	170	72.3	
No	65	27.7	

Table (2): Toxic workplace environment as perceived by studied nurses (n= 235)

Toxic work domains	High perception		Min-Max	Median	M	SD
	N	%				
Coworkers toxic behaviors	53	22.55	14-58	31	31.47	11.91
Managers toxic behaviors	156	66.38	9-39	29	24.12	10.1
Toxic social-structural factors	53	22.55	8-40	27	24.65	8.25
Toxic climate	166	70.63	6-30	24	19.49	8.19
Total perception	76	32.34	37-167	111	99.73	30.45

Table (3): Organizational silence as reported by studied nurses(n= 235)

Organizational silence domains	Silent nurses		Min-Max	Median	M	SD
	N	%				
Administrative and organizational reasons	77	32.76	13-65	36	30.38	13.55
Work issues	92	39.14	6-24	14	13.28	6.79
Lack of experience	41	17.44	4-15	6	7.09	3.27
Fear of isolation	64	27.23	4-15	8	7.67	3.58
Fear of damaging relationship	32	13.61	3-15	6	5.62	2.79
Total silence	67	28.51	30-134	70	64.04	25.50

Table (4): Thriving at work as perceived by studied nurses(n= 235)

Thriving at work domains	High thriving		Min-Max	Median	M	SD
	N	%				
Vitality	131	55.7	17-35	24	28.67	3.97
Learning	163	69.4	20-35	25	28.31	3.35
Total thriving	126	53.6	37-70	49	56.98	7.32

Table (5): Relation among toxic workplace environment, organizational silence, thriving at work and personal characteristics of studied nurses

Personal characteristics	Toxic workplace environment				Organizational silence				Thriving at work			
	M	SD	Sig. test	P	M	SD	Sig. test	P	M	SD	Sig. test	P
Gender												
Male	85.61	32.73	t = 1. 71	.047*	58.92	26.11	t = 1.09	.277	56.27	7.90	t = 1.61	.037*
Female	83.60	30.47			64.70	25.41			57.08	6.10		
Age												
<25	74.37	27.28			43.43	24.05			59.27	5.61		
25-<40	98.80	31.80	F= 10.06	.567	69.19	25.82	F= 16.46	.008*	57.70	5.64	F= 10.67	.423
≥40	96.62	26.13			67.51	19.17			54.08	7.52		
Marital status												
Single	59.34	20.09			43.69	26.56			63.26	2.22		
Married	101.1	27.89	F= 19.84	.576	67.40	24.09	F= 7.51	.145	56.51	5.75	F= 10.27	.000*
Widow	64.00	23.19			50.00	21.08			57.00	9.48		
Divorced	90.68	33.88			64.40	26.91			54.36	8.09		
Educational qualifications												
Nursing diploma	93.67	26.27			66.63	22.83			56.29	5.63		
Technical institute	89.01	27.30	F= 41.49	.004*	48.94	28.32	F= 14.71	.007*	58.08	7.15	F= 6.09	.001*
Bachelor of nursing	133.1	10.94			95.72	21.06			55.45	7.30		
Master degree	87.05	11.79			90.50	17.90			64.00	9.67		
Years of experience												
<5	65.60	18.63	F= 14.98	.457	39.54	22.93	F= 15.28	.035*	62.27	3.07	F= 12.01	.113
5-<10	106.5	30.89			63.03	26.53			54.44	7.59		
≥10	97.25	29.84			68.37	23.31			56.52	6.08		

t= Independent t test *F= ANOVA test.*

Table (6): Correlation matrix between toxic workplace environment, organizational silence and thriving at work.

Study variables		Thriving at work	Toxic workplace environment
Toxic workplace environment	**r**	-.475**	--
	p	. .000	--
Organizational silence	**r**	-.535**	.784**
	p	.000	.000

r: Pearson coefficient ***. Correlation is significant at the 0.01 level (2-tailed).*

Table (1): Illustrates the personal characteristics of the studied nurses. The table indicate that 88.9 % of the studied nurses were female, 36.66 was the mean age score, 76.6% were married, 72.4% have more than ten years of experience, and 61.3% have nursing diploma level of education.

Table (2): Shows the toxic workplace environment as perceived by studied nurses. It was noted that 32.34% of staff nurses had high workplace toxicity, with a higher mean score for coworkers toxic behaviors (31.47), while, the lowest mean score was found for toxic climate (19.49).

Table (3): Shows organizational silence as reported by studied nurses. The table highlighted that only 28.51% of the staff nurses had high level of the organizational silence, with a higher mean score (30.38) for administrative and organizational reasons and a lower mean score (5.62) for fear of damaging relationship.

Table (4): Declares thriving at work as perceived by studied nurses. The table showed that more than half (53.6%) of staff nurses reflected desire for learning and favor to stay and progress in their hospital with a higher mean score for vitality domain (28.67) followed by learning domain with mean score of (28.31).

Table (5): Reflects a significant relationship between toxic workplace environment and the following variables; gender with P value (.047) and educational level (P value 0.004) with a higher mean score for nurses with bachelor degree (133.1) Also, the table reveal a significant relationship between organizational silence and the following variables; age (P value 0.008) with a higher mean score for nurses who aged 25 to less than 40 years old (69.19), educational level (P value 0.007) with a higher mean score for bachelor degree nurses (95.72), years of experience (P value 0.035) with a higher mean score for nurses who had more than ten years of experience (68.37). Moreover, the table reveal a significant relationship between thriving at work and the following variables; gender (P value 0.037), marital status (P value 0.000) with a higher mean score for single nurses (63.26), and educational level (P value 0.001) with a higher mean score for nurses with master degree (64.00).

Table (6): Reveals a correlation between toxic workplace environment, organizational silence and thriving at work. The table depicts a statistically significant negative correlation between thriving at work and other two variables (workplace toxicity and organizational silence) with r value (-0.475, -0.535 respectively)**.** On other hand, highly statistically significant positive correlation was detected between toxic workplace environment and organizational silence (r value 0.784).

Discussion

The sources of toxicity are varied and interrelated. So, it can have an impact on the nurse's psychological and physiological status **(Taştan, 2017)** The greatest challenge for health care organizations is to maintain a healthy work environment that is characterized by less toxicity through the implementation of varied policies to effectively manage events that can eliminate toxic emotions among their employees and enhance thriving **(Chu, 2014 & Jacobs, 2019).**

The present study indicated that the minority of staff nurses had high workplace toxicity with a higher mean score for coworkers' toxic behaviors followed by managers' toxic behaviors and lowest mean score for toxic climate. This finding might be attributed to the confounding characteristics of nursing jobs where the climate, the work, the coworkers, the managers, or any combination of those factors can cause serious disturbances in the rest of a nurse's life. Also, the studied nurses may generally evaluate encounter behaviors and then react in accordance with experienced situations. The extent to which stressors strain a nurse is determined by how these stressors are interpreted by nurses. This interpretation is supported by **Benoit & Suzanne (2011)** who illustrate that workplace toxicity has consequences for both the individual and the organization. This affects the level of performance and success of interventions of health workers. Toxic events negatively affect organizational wellbeing as they create pain and suffering for the affected employees **(Rock, 2014)**.

Similarly, **McCulloch (2016)** who assessed toxic work environments at Carleton University in Ottawa, Ontario, asserted that the workplace had many sources of toxicities as aspects of one's job, coworkers, leaders, and organization. This author concluded that the minority of participants had toxic work environments, and the workgroup and leadership had strong associations with work place toxicity compared to other sources. Workplace toxicity has a lot of adverse effects on employees by stimulating them to ruminate on negative experiences at work. According to **Abrams (2020),** negative rumination symbolizes an active cognitive preoccupation with work issues, either in an attempt to solve work issues or anticipate future scenarios for work issues. On the contrary, **Taştan (2017)** concluded that most of the studied subjects have high perceptions of toxic behaviors and aspects of their workplaces.

As yielded by the current study, coworker toxicity is reflected by incivility behaviors such as bad relationships with peers, lack of respect, acts such as threats, yelling, and the presence of cliques in hospitals. On the same line, **Madell (2015)** found that coworker toxicity is the dominant toxic source among

staff due to abusive behavior like acts such as manipulation, gossip, sabotage, and more violent behaviors, such as throwing objects, speaking negatively about each other, and cliques.

The second dominance of an unhealthy workplace is managers' toxicity, which appears as negative and dismissive leader's behavior, lack of empathy and concern for nurses' welfare, less respect, and less enhancement of team building creativity and innovation. This point of view is supported by **Jerry & Morris (2019)** who concluded that management has the strongest influence on toxicity appraisals by workers and that toxic leadership harms both individual employees and organizations. This result is consistent with **McCulloch (2016)** who claimed that toxicity appraisals were strongly associated with leadership features and supervisor support. A nontoxic work place is characterized by open and supportive management. **Astrauskaite et al. (2014)** mentioned the causes of toxic leadership which involved poor leadership training, workplace stress, personality traits, and unsuccessful leadership skills.

The findings showed that about one quarter of the studied nurses had a high level of organizational silence, for administrative and organizational reasons. This may be attributed to a variety of reasons that nurses denoted as fear of losing respect and damaging relationships with top management, the inability to talk frankly about work problems, a bureaucratic and secretive hospital system, punishment, self-neglect and unsupported organizational policies, and abusive supervision. Similarly, **Eriguc et al. (2014)** had the same point of view. This result is supported by **Çaylak & Altuntaş (2017)** who assessed the organizational silence among nurses in Ankara, and found that the nurses' silence was particularly affected by administrative and organizational reasons.

In addition, **Seren et al. (2018)** recommended that there is a need for greater attention to the administrative and organizational topics were prominent among the reasons that keep the employee of healthcare organizations to remain silent for both physicians and nurses. On contrary, **Akul et al. (2014)** investigate the organizational silence of midwives and nurses, and concluded that organizational silence is very common among participants. They keep silent most about the ethics and responsibilities' issues. Also, **Eriguc et al. (2014)** assessed organizational silence among health care providers in Turkey and claimed that less than ten percent of the clinic staff, nurses, and physicians can be faced directly when colleagues became knowledgeable that a clinical decision can harm the patient or is missing.

Moreover, one approach advocated by the field of positive organizational scholarship is thriving at work, a construct based on learning, vitality, psychological, and behavioral outcomes **(Spreitzer et al., 2005).** The importance of this variable has been demonstrated in Egypt by **Abid et al. (2016)** who claimed that thriving at work is a means to sustainability and organizational effectiveness through healthy, high performing, and committed employees. The current study stated that more than half of the employed nurses expressed a passion for learning and preferred to stay and advance in their hospitals with higher average scores for the area of vitality. A possible explanation for this finding might be that nursing is the largest health care profession, serving as a primary care provider in hospitals and is considered crucial to the effectiveness of any healthcare delivery system and patient care quality. So, these health care organizations need more creative nurses that had self-efficacy, autonomy, critical thinking and clinical competence that push nurses for self-achievement in their careers and get more economic benefits through learning.

This result is in alignment with **Sharif et al. (2018)** who highlight the importance of nurses' role in the success of the organization within the health system. Thus, prosperity at work will not only reduce absenteeism and improve nurses' well-being and support how they work, but also positively affect patients' care by enhancing working conditions and quality of care. From the viewpoint of effort–reward, **Coombs et al. (2007)** declared that the nature of nursing as a profession lies in exchanging professional experience for economic rewards. Nurses' self-esteem and self-attribution need approval during this process. Career self-achievement is important for nurses to realize their career goals. In this stream, **Field (2009)** reported that learning at work enhances economic benefits such as income and employability, as well as noneconomic factors including autonomy, self-efficacy, civic engagement, competence, and a sense of control over one's life.

Concerning the relations between organizational silence and personal characteristics of staff nurses, the findings revealed that there was a statistically significant relationship between organizational silence and age, years of experience, and educational level. Those who had bachelor's degrees with more than ten years of experience and aged from 20 to less than 40 years old had more silence than other nurses. This may be explained by the fact that the younger nurses with higher educational levels and experience seem to more frequently have opinions and ideas on task execution or on the organization itself, but sometimes they remain silent and refuse to give this valuable input to their organizations because they fear experiencing controversy or conflict, which may have an effect on their competence and experience as

professional nurses. This result was in agreement with **Yalçin & Baykal (2013)** who reported that nurses generally have a preference to keep silent when they try to protect both the patients' rights and their personal rights according to their education and experience, and when they confront the reactions of their colleagues and institutional managers.

Moreover, similar results were identified by **Wynen et al. (2020)** in their study conducted in Norway and highlighted the structural reform of database which showed that recurrent structural reforms affect engagement of the employee in defensive silence. The study result is congruent with **Akul et al. (2014)** who investigated the midwives' and nurses' organizational silence and found that the nurses' silence was influenced by age and educational level. Silent increased in line with the rise in educational levels. This result was parallel to **Ozkan et al.(2015)** who concluded that employees' demographic characteristics seem to contribute to their silence. Meanwhile, no significant relationships were found with gender and marital status.

A recent study also found that female single nurses with master's degrees in nursing had less work place toxicity and more passion for thriving than other nurses. It is unnecessary to say that educated, mature nurses are able to decide appropriately the source of psychological, social, as well as physical support. Nurses with a master's degree are more likely to pursue higher-paying jobs. They are treated with more deference and expect a more healthy relationship and thrive in their hospital. Besides, they are more knowledgeable, powerful and authoritative compared to the others with less education who were more involved in direct patient care. The same viewpoint was reported by **Kleine et al. (2019)** who asserted that position certainly relates to thriving at work. High-ranking employees might have more resources to acquire knowledge and to fully engage in their work, subsequently leading to higher levels of thriving at work. Another viewpoint is that of **Mohamed et al. (2018)** who discovered that technical-institute nurses are more vulnerable to negative workplace behavior.

Furthermore, **Mourssi-Alfash (2014)** stated that poorly educated nurses had a higher level of negative behavior in the workplace than others. The previously mentioned results were also supported by **Kleine et al. (2019)** who concluded that an association was found between educational level and job thriving. This could imply that higher educational levels facilitate the acquisition of job-related knowledge and skills, which improves the experience of thriving at work. Also, **Carter et al. (2014)** reported that with the exception of some socially exclusionary and more veiled work-related behaviors, female nurses had minimal levels of negative behaviors. Aside from that, no statistically meaningful link was discovered between the toxicity of the work place, thriving at work, and other characteristics. Meanwhile, age had no effect on thriving or learning, but it did have an effect on vitality, according to **(Kleine et al., 2019)**.

The study results clearly show that there was a statistically significant positive correlation between a toxic workplace environment and organizational silence. This may be due to work place toxicity, which is real in all hospitals and affects the way nurses feel, think, and behave. Toxicity boosts their negative motivation by giving them a sense of non-attachment to the hospital, resulting in silence for nurses and poorer production as a result. This interpretation is supported by **Bordignon & Monteiro (2019)** who affirmed that the increasing level of toxic workplace culture leads to less job satisfaction and an intent to leave the organization and profession.

This implies that a toxic workplace , as well as the resulting workplace stress, have a negative impact on job success. Workers who face these issues may eventually develop diseases such as depression and anxiety that decrease morale and thus, negatively affect productivity **(Wang et al., 2020).** Moreover, **Glaso et al. (2015)** proved that toxic leadership has negative implications for the organization, such as decreased productivity or talent loss. Affected employees frequently experience emotional exhaustion, which can lead to undesirable behaviors. Lastly, **Xu et al.(2015)** discovered that abusive supervision, as a type of toxic leadership behavior, causes employees to remain silent due.

Finally, the current study proved a statistically significant negative correlation between thriving at work, workplace toxicity and organizational silence. The importance of this correlation has been demonstrated in a study in China by **(Zhao et al., 2018).** Toxic workplaces had a large negative impact on nurses' job satisfaction and ability to thrive at work, while having a significant favorable impact on nurses' intention to leave. Job satisfaction was found to be a strong predictor of job success and the intention to leave. Also, **McCulloch (2016)** clarified that toxic work environments have negative, and dismissive management that does not care about workers' welfare. The loss of confidence reduces creativity and excitement, directing individuals to remain silent **(Afşar, 2013).** Organizational silence is viewed as a barrier to organizational development and change **(Cakici, 2008).**

These results are in congruence with **Kılıçlar & Harbalıoğlu (2014)** who detected that organizational silence can reduce employee

motivation, job satisfaction, and confidence in an organization. In addition, **George (2016)** recommended that the need to thrive is linked to improved employee health and well-being, and that companies are increasingly focusing on delivering a healthy work environment. Thriving leads to high levels of performance, development, success, and holistic functioning, all of which help to improve an individual's performance and health at the same time **(Brown et al., 2017).**

Other perceptive by **Sarıkaya (2013)** reflected that, when staff participate in the decision-making process, they feel more valuable, their trust in the organization grows, and negative conduct decreases. Similar results were identified by **(Moloney et al., 2020)** in their study. Through thriving at work, managers are able to systematically establish and maintain a healthy, functioning workforce. In addition, a connection between thriving and creative performance has been shown **(Wallace et al., 2016).** Furthermore, according to **Eriguc et al., (2014),** the survival of health care organizations is intimately linked to workers' participation, devotion, and dedication to their jobs.

Additionally, the American Nurse Association asserted that nurses must treat everyone in the work environment with dignity and respect, and take action to prevent harm to others and responsibility to ensure a culture of civility **(Winland-Brown et al., 2015).** Therefore, hospital administrators should appreciate the importance of the organizational support and disseminate civility behavior that enhance satisfaction, performance, productivity, and retention of talent nurses.

Conclusion

The study concluded a statistically significant negative correlation between thriving at work and workplace toxicity and organizational silence. In addition, a highly statistically significant positive correlation between a toxic workplace environment and organizational silence was also identified. Workplace toxicity contributes to more silence among staff nurses, which prevents work from flourishing and pushes nurses to leave.

Recommendations

According to the preceding research, the following points are recommended:

1. Healthcare leaders should establish professional relationships based on mutual trust, shared competence, and accountability to develop effective policies to limit and overcome toxicity issues in the workplace.
2. Continuous training programs for nurses to teach them about the importance of a healthy work environment to avoid the negative impacts of work place toxicity on psychological status.
3. Programs and activities to replace negative ideas that lead to nurses' silence with positive ideas should be implemented that can assist with the improvement of the work environment.
4. Activities aimed at raising hospital administrations' and employees' awareness of the factors that contribute to and maintain nurses' silence..
5. Nurse managers must upgrade nurses' thriving through the use of specific strategies in clinical areas.

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