

Workplace Silent Behavior Among Nurses: Its Motives And Its Relation To Engagement And Thriving At Work

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Abstract

Background: Workplace silent behavior constitutes a significant threat to organizational ethics and success. Also, it can cause harm to organizations and nurses as hidden damage to the safety of patients, minimizing nurses' performance, engagement, and thrive at workplace. **Aim:** The present study aimed to assess the motives of nurses' work place silent behavior and investigate the relationship between workplace silent behavior, engagement and thriving among nurses at work. **Design:** A descriptive explanatory research design will be utilized to conduct this study. **Sample:** Convenient sample of 97 nurses who agreed to participate in the study were included. **Setting:** The current study was conducted in 185 for emergency and burns hospital at Al-Kasr Al-Aini Hospital, Cairo University Hospitals. **Tool:** Three tools were used; I. Workplace silent behavior and its motives scale; II. Utrecht Work Engagement Scale (UWES); and III. Thriving at Work Scale. **Results:** Slightly less than half of the nurses reported high levels of overall workplace silent behavior. Moreover, the majority of staff nurses perceived low level of overall work engagement. Furthermore, the majority of nurses perceived low level of thriving at workplace. **Conclusion:** The study findings concluded that, there was a statistically significant negative correlation between the workplace silent behavior, its motives and other two variables (engagement and thriving at work). On the other hand, there was a highly statistically significant positive correlation detected between engagement and thriving at work. **Recommendation:** Nurse Managers should establish strategies to encourage speaking up behavior in the workplace and enhance interactions, engagement, collaborative relationships and teamwork among nurses. In addition, the organization should develop an educational strategy to make nurses more aware about silent behavior, its motives, and its relations to nurses' engagement and thrive at workplace.

Keywords: Workplace Silent Behavior, Motives, Work Engagement, and Thriving at Work

Introduction:

Nowadays organizations are trying to utilize the intellectual capabilities of their employees to improve efficiency and productivity. Organizations are paying more attention to techniques and applications such as teamwork, democracy, opportunity for expression in the organization, and the promotion of organization culture. It turns out that, organizations are now more dependent on knowledge than ever before (Akram, & Ali, 2015; and Jahangir & Abdullah, 2017). As a result, employees who express their thoughts and share their understandings, that will foster nurses more engaged and thrive in their work environment and provide them with the possibility for personal fulfillment in their lives. Organizations are supposed to create such an environment (Moloney, Fieldes & Jacobs, 2018). Despite this, the majority of employees prefer to remain silent (Meral, & Lütffihak, 2014).

Silence is an employee's motivation to withhold versus express ideas, information, and

opinions about work-related improvements (rather than on the presence or absence of speaking up behavior). Hence, workplace silent behavior refers to the intentional withholding of knowledge and opinions of employees to improve their work and organization (Seren, Topcu & Bacaksiz, 2018). So, it can be defined as the intentional act of employees to remain silent about the practical or behavioral issues which are related to employees' obligations or workplace refinement (Das & Cemalo, 2016; and Abid, 2016).

Workplace silent behavior constitutes a significant threat to organizational ethics and success. Also, it can cause harm to organizations and nurses as hidden damage to the safety of patients, minimizing nurses' performance, engagement, thrive at workplace, declining nurses' citizenship behaviors and nurses' dissatisfaction. Furthermore, it causes organizational dis-identification and low commitment when cynicism, stress and turnover

are high among nurses (Yurdakul & Erdogan, 2016 and Taneva, & Arnold, 2018).

A critical element of successful organizations is the ability to develop and sustain high levels of staff engagement. Engagement is another aspect which influences organizational commitment and thrive, which means the positive feeling or attitude of an employee towards work that helps the employees to express themselves emotionally, cognitively, and physically in their role performance. Engagement of employees directly affects the performance of the staff, reduces turnover of staff, improves their well-being and makes them thrive to their work (Rashwan et al., 2018).

Work engagement has assumed as a significant role in organizational research because it catters behavior of keeping employees involved in their assigned tasks (Chandani & Mehta, 2016). In addition, according to researchers, engaged employees are individuals who are highly energetic, resilient in performing their jobs, work with full heart and with a willingness to invest efforts in work. Employee's engagement has a direct link with thrive at work which results increasing satisfaction of customer, retention, loyalty and also helps the employees to make a good relationship with co-workers. Therefore, employees who have a high engagement level have more value in an organization than the employee with less engagement level (Petchsawang & McLean, 2017).

Thriving is the most dominant condition of success; nurses thrive, it has better performance as evaluated by their supervisor in both in-role performance and as far as authoritative citizenship practices, engagement, and extra-job execution (Roach, 2017). Many studies have proved the remarkable effect of the environment on employees' motivation, productivity decisions, and thriving (Azuma et al., 2015; and 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 (Moloney, Fieldes, & Jacobs, 2018 and Kleine, Rudolph, & Zacher, 2019).

Thriving at work refers to employees' active working behaviors that are full of learning and vitality, and they extremely enhance organizational growth and health (Spreitzer,

Lam, &Fritz, 2014). 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, Cortina, & Kabat Farr, 2018; Taneva & Arnold, 2018; and Walumbwa et al., 2018). Hence, thriving led to creative performance, which resulted in positive employee outcomes involving health and growth (Wallace et al., 2016).

Finally, today health care associations are described by quick change, industrialization, urbanization, just as technological headways that lead to progress, engagement and thriving at work among the nurses. Most importantly, satisfaction level has been on the climb due to the ever-expanding rivalry and efforts to attempt to stay up with advancements in one's field, along with the consistent danger of missing the mark concerning one's own and those of other's assumptions (Dhawan, 2013; and Khatri, Gupta, & Varma, 2017). In addition, silent behavior decreases when employees are kept involved in the organization's decision-making process as they feel their own self-valued, thrive and their confidence in the organization improves (Nafei, 2016).

Significance of the study:

The workplace environment of nurses is attracting interest and concern from across the world as a result of the growing realization that exploring opportunities to improve working conditions in hospitals is crucial to attracting and retaining qualified nurses, and offer long-term quality patient care (Ali, 2018). In addition, nursing workforce in Egypt's healthcare system is chronically understaffed. Every 10,000 Egyptians, there are 14.8 nurses and midwives available; this ratio is slightly the half of global benchmark that represent 28.6 nurses (Khan, Kaleem, & Ulla, 2016).

Consequently, Twigg et al., (2011) found that, levels of engagement of the existing nursing staff should be the first priority to handle. The engagement level of nurses is a significant

predictor of patient mortality rates. A body of evidence illustrates every 10% increase in the number of qualified nurses is associated with a 7% decrease in mortality. High engagement of nurses has a significant influence on their job performance because fully engaged nurses allocate their physical, cognitive and emotional resources to their work roles. Furthermore, nurses are more willing to offer their efforts to do well and thrive in their work when be more engaged in their work place.

Many studies done by Shahid, Muchiri &Walumbwa, (2018) and Spreitzer& Hwang, (2019); proved that, among the issues that threaten nurses' job engagement and thrive are increasing the silence and reducing the organizational voice of nurses, which first affects their decisions, job engagement and then leads to a decrease in motivation, thrive and productivity at work. Although, the results of various scholars like; Porath et al., (2012); Eldor&Vigoda-Gadot, (2017) and Prem et al. (2017) asserted that, there is a positive association between thriving at work and work engagement.

In this respect, this study undertakes significance as it has filled the research gap as it has strived to assess the relationship between workplace silence behavior, engagement and thriving among nurses for which rare studies are being conducted. Moreover, this study is imperative as its findings will enable hospital administration in recognizing and minimizing nurses' silence and applying suitable management strategies that will encourage nurses to be more engaged, developed, thrive, and work more efficiently.

Aim of the study:

The present study was conducted to assess the motives of nurses` work place silent behavior and investigate the relationship between workplace silent behavior, engagement and thriving among nurses at work.

Research Questions:

To fulfill the aim of the study, the following questions were formulated:

1. To what extent nurses are silence at workplace?
2. What are the motives of nurses` work place silent behavior?

3. What is the level of nurses` work engagement?
4. What is the level of nurses `thriving at work'?
5. Is there a relation between workplace silent behavior, engagement and thriving at work as perceived by nurses?

Research Design:

A descriptive explanatory research design will be utilized to conduct this study.

Sample:

Convenient sample of all available staff nurses who agreed to participate in the study, deliver direct patient care and working at different units at the study setting. The total number of staff nurses (97) out of (120). Novice nurses (with < 1 year of experiences) will exclude from the study.

Setting:

The current study was conducted in 185 for emergency and burns hospital at Al-Kasr Al-Aini Hospital, Cairo University Hospitals. Hospital setting include different units as; emergency department; surgical intensive care unit, neuro intensive care unit, burn unit, OR department and other inpatients departments such as; orthopedic-surgery inpatient department, cardio-thorathic inpatient department, general surgery inpatient department

Tools of Data Collection:

Three tools utilized to collect data pertinent to this study as follows:

First tool: Workplace silence behavior and its motives scale; which consisted of two parts as follows:

Part I: Personal data sheet of nursing staff; it consisted of 8 items as follow; age, gender, marital status, work department, years of experience, nursing educational degree, absenteeism rate during the last 3 months and if attending any course in the area of the study.

Part II: Workplace silence behavior and its motives scale, which was adopted scale by Ali, (2018). It will be used to assess the level of workplace silence behavior and its motives among nurses. This scale consisted of 36

items divided into six dimensions as follow; 1. nurses' avoidance motive, 2. nurses' belief motive, 3. nurses' attitude motive, 4. nurses' fear motive, 5. management-oriented motive and 6. organization-oriented motive.

The scoring system was done using a five-points Likert scale ranging from 1 (extremely disagree) to 5 (extremely agree). The score of the items will summed up and the total divided by the number of the items, giving a mean score for each type. These scores will convert into a percent score. The scores of less than 60% will considered a low level of nurse's workplace silence behaviors, while 60% to 75% will consider a moderate level of nurse's workplace silence behaviors, and more than 75% will consider a high level of nurse's workplace silence behaviors.

Second tool: Utrecht Work Engagement Scale (UWES); this scale was developed by Schaufeli, (2007) and Roach, (2017) and modified by the investigators to assess the levels of the nurses 'engagement at work. The scale consists of 17 items classified under three dimensions as follow; 1. Engagement vigor (6 items) that refers to high energy and resilience levels, willingness to invest effort, not being easily tired, and persistence when faced with difficulties"; 2. Engagement dedication (5 items) that refers to "deriving a sense of significance from one's work, feeling excited and proud about one's job, and feeling inspired and challenged by it. Finally, 3. Engagement absorption (6 items) that refers to being completely and fully absorbed in one's work and having trouble detaching oneself from it such that time passes quickly and everything else around is forgotten.

The scoring system was done using a five-points Likert scale ranging from strongly disagree (1) to strongly agree (5). The score of the items will summed up and the total divided by the number of the items, giving a mean score for each type. These scores will convert into a percent score. The scores <50% refers to low work engagement, 50-75% refers to moderate work engagement and (>75%) refers to high work engagement

Third tool: Thriving at Work Scale; this scale was adopted from Porath et al., (2012) and Roach, (2017). It will be used to assess the level of nurses` thriving at work. It consisted of 10 items classified under two dimensions as follow; 1. vitality with (5 items) and 2. learning (5 items).

The scoring system was done using a seven-points Likert scale ranging from 1 = strongly disagree to 7 = strongly agree. Range score calculated for each of the two dimensions; vitality (5-35) and learning (5-35). Thriving at work scores are classified to low thrive level (<50%), moderate thrive level (50-75%), high thrive level (>75%) based on cutoff point 50%. The nurses were considered to have a desire to learn and prefer to stay and progress in the organization.

Validity and Reliability:

Validity:

The study tools` validity was determined by a panel of five members of professors in nursing administration, Faculty of nursing, Cairo University. The investigators translated the three tools into the Arabic language and will be reviewed by jury who ask to examine the data collection tool for its content coverage and appropriateness, clarity of sentences, sequence of items, length, format, and overall appearance.

Reliability:

The reliability test was calculated using Cronbach's alpha coefficient for the study sample tools, which indicates that the reliability for Workplace silence behavior and its motives scale; Utrecht Work Engagement Scale (UWES); and Thriving at Work Scale value was 0.85, 0.88 and 0.90 respectively which means they were highly reliable.

Ethical Consideration:

An official permission obtained from the selected hospitals directors (hospital manager and nursing director) to conduct the study. The ethical issue considerations include explaining the purpose and nature of the study and its significance assure.

All participants informed that their participation in the study is completely voluntary

and they have the right to withdraw from the study at any time without explanation of the cause and without any penalty. Confidentiality will assure as the information will code using numbers and will not be accessed by anyone or used for any research purposes without taking permission of the participants. Healthcare providers who met the criteria of selection and will accept to participate were asked to sign a written consent form.

Procedure:

Once permission granted to proceed with the proposed study, a letter from the faculty of nursing- Cairo University will be sent to the directors of the selected study setting seeking their ethical committee, faculty of nursing, Cairo University for collecting data. Upon receiving the approval of hospital directors, the investigators were contact with the manager of each department to get permission then contact the participant, explained for them the nature and the purpose of the study, invited them to voluntary participate and gain their acceptance by formal written consent. The tools distributed individually by the investigators to staff nurses in their working units while they were on duty. The participants will record the answer in the presence of the investigators to ascertain all questions will answer. The tools sheets will take from 20-30 minutes for each staff nurse to be filled. Data collected by the researcher from nurses three days per week. Data were collected over two months (**January and February 2018**).

Results:

Table (1), shows that the highest percentages (37.1) of staff nurses age was (From 25 to < 30) years old; while all of them (100%) were females and 51.5% of them were married and 61.9% had diploma in nursing. Around two thirds (63.9%) of them had experience ranged from (1 < 5) years. Further (32.3%) of them working in neuro-intensive care units. Finally, 51.5% were attended training courses in the area of study.

Table (2): reports that, workplace silent behavior as perceived by studied nurses. The

table highlighted that slightly less than half (41.23%) of staff nurses perceived high level of overall workplace silence behavior, with a higher mean score (53.6%) for Nurse's attitude motive and a lower mean score (34%) for Nurse's fear motive

Table (3): illustrates work engagement levels as perceived by studied nurses. The table shows that the majority (84.5%) of staff nurses perceived low level of overall work engagement, with lower mean score (86.6%) for Dedication and Absorption. While, only the highest total mean score (5.2%) overall work engagement.

Table (4): declares thriving at work as perceived by studied nurses. The table declared that only (15.5%) and less of staff nurses have moderate to high desire for learning and thriving in their workplace while the majority (74.2) of them perceived low level of thriving at workplace

Table (5): reveals that a correlation between Silent behaviors in the workplace, its motives, engagement and thriving at work. The table depicts a statistically significant negative correlation between behavior in the workplace, its motives and other two variables (thriving at work and engagement) with r value (-.063-, -.003- respectively). On other hand, highly statistically significant positive correlation was detected between thriving at work and engagement (r value 0.691**)

Table (6): reflects a significant relationship between workplace silent behavior and the following variables; working units with ($p \leq 0.00$) and absenteeism ($p \leq 0.02$) while, negative relationship between workplace silence behavior and attending training program. Also, the table reveals a significant relationship between work engagement and the following variables; age ($p \leq 0.00$); working department ($p \leq 0.00$), and attending training program ($p \leq 0.02$). In addition, a significant relationship between thriving at work and the following variables; age ($p \leq 0.02$), level of education ($p \leq 0.01$), working units ($p \leq 0.00$), and nurses' absenteeism ($p \leq 0.07$).

Table (1): Personal and job characteristics of the studied nurses (n=97)

Personal and job Characteristics	Studied nurses	
	No.	%
Age		
▪ From 18 to < 25 years	23	23.7
▪ From 25 to < 30 years	36	37.1
▪ From 30 to < 35 years	24	24.7
▪ More than 35 years	14	14.4
Mean±SD	25.66±7.9	
Gender		
▪ Female	97	100
▪ Male	0	0
Marital status		
▪ Single	30	30.9
▪ Married	50	51.5
▪ Divorced	17	17.5
Nursing Educational Degree		
▪ Nursing diploma	60	61.9
▪ Technical institute	35	36.1
▪ Bachelor of nursing	2	2.1
Years of experience		
▪ 1 years < 5 years	62	63.9
▪ 5 years < 10 years	28	28.9
▪ 10 years < 15 years	3	3.1
▪ From 15 years and more	4	4.1
Work Departments:		
▪ Medical ICUs	21	21.6
▪ Neuro ICUs	31	32.0
▪ In patient units	22	22.7
▪ Emergency unit	23	23.7
Absenteeism rate during the last 3 months		
▪ No	28	28.9
▪ 1-2 days	13	13.4
▪ 3-4 days	7	7.2
▪ 5 days and more	49	50.5
Attending courses in the area of study		
▪ Yes	50	51.5
▪ No	47	48.5

Table (2): Workplace silent behavior as perceived by studied nurses (n=97)

Workplace Silence Behavior Domains	Nurses` High perception		Min-	Max-	Mean±SD
	N	%			
Nurses` avoidance motive	43	44.3	7	18	12.93±2.67
Nurses` belief motive	39	40.2	5	15	11.05±3.27
Nurse`s attitude motive	52	53.6	4	9	6.59±1.88
Nurse`s fear motive	33	34	10	24	16.37±4.17911
Management oriented motive	36	37.1	6	18	12.85±3.49
Organization oriented motive	36	37.1	8	24	15.95±3.713
Total Workplace Silence Behavior	40	41.23	54	99	75.63±13.48

Table (3): Mean scores of work engagement levels among the studied nurses (n=97).

Work Engagement Domains	Level Of Work Engagement (n=97)						Min-	Max-	Mean±SD
	Low Engagement		Moderate Engagement		High Engagement				
	N	%	N	%	N	%			
▪ Engagement Vigor	79	81.5	16	16.4	2	2.1	6	14	7.13 ± 2.18
▪ Engagement Dedication	84	86.6	8	8.2	5	5.2	5	15	5.95 ± 2.40
▪ Engagement Absorption	84	86.6	10	10.3	3	3.1	6	16	6.5 ± 1.50
Total Work Engagement Level	82	84.5	11	11.3	4	4.2	17	44	19.58 ± 5.23

Table (4): Level of thriving at work dimensions scores among the studied nurses (n=97).

Thriving At Work Dimensions	Levels of Thriving (n=79)						Min-	Max-	Mean±SD
	Low level		Moderate level		High level				
	N	%	N	%	N	%			
▪ Vitality	74	76.3	16	16.5	7	7.2	5	15	6.52±2.58
▪ Learning	71	73.2	14	14.4	12	12.4	5	15	6.50±2.80
Total thriving at Work level	72	74.2	15	15.5	10	10.3	10	28	13.03±4.70

Table (5): Correlation matrix between silent behavior in the workplace, its motives, engagement and thriving at work among the studied nurses (n=97).

Study Variables		Thriving At Work	Silent
Work Place Silence	r	-.063-	1
	P	0.541	
Work Engagement	r	0.691**	-.003-
	P	0.000	0.975

Statistically significant at $p \leq 0.05$

Table (6): Relation between total nurses' perception about workplace silent behavior, work engagement and thrive at work according to their personal characteristics (n=97).

Personal characteristics	Total Workplace Silent		Total Work Engagement		Total Thriving at work	
	F	P	F	P	F	P
Age	.486	.693	7.134	.000	3.639	.016
Nursing Educational degree	1.247	.292	1.920	.152	12.930	.000
Work Departments	1.409	.245	9.669	.000	1.796	.153
	4.708	.002	5.716	.000	6.460	.000
Absenteeism rate during last 3 months	3.222	.026	2.151	.099	4.319	.007
Attending courses in the area of study	-.674-	.502	2.320	.023	1.633	.106

Statistically significant at $p \leq 0.05$

Discussion:

Organizations today place greater and greater demands on their workers, including the need to take initiative, speak up, and accept responsibility. This predicament is caused by more intense rivalry, higher customer demands, and a greater emphasis on quality, all of which point to an ever-changing world. Organizations require workers that can adapt to environmental difficulties, communicate information and expertise without fear, and speak up for their own and their team's views in order to thrive (Ali, 2018).

Regarding the personal and job characteristics of the studied nurses, the findings of the present study revealed that, the highest percentage of nurses age was in the age group from 25 < 30 years old, while all of nurses were female and half of them were married and more than half had diploma degree in nursing. Around two thirds of nurses had experience ranged from (1 < 5) years. Further, third of nurses working in neuro ICUs, Finally, more than half of nurses were attended training courses in the area of study. This result was in agreement with the study

done by Sufian & Modab, (2015) founded that the age of studied nurses ranged between 23- 45 years old with 2-20 years of experience. The majority of them females and two fifth had a nursing diploma and more than half were working in critical care units.

The previous findings not in the same line with the study done by Çaylak, & Altuntaş, (2017) founded that more than half of them their age ranged between (30≥40) with Mean±SD (39.45±5.93), and had experience years ranged between (5 ≥10) with Mean±SD (8.38±5.61), less than three quarters of them were female, and more than half of them had academic certificate from nursing technical health institute.

Concerning to the level of workplace silent behavior perceived by staff nurses; the study's findings showed that, slightly less than half of the nurses reported high levels of overall workplace silent behavior, with higher mean scores for attitude and lower mean scores for nurse's fear motive. This result from a researcher's perspective it might be due to that nurses tend to remain silent because they quite sure their opinions will not be valued by supervisors, also it

may be due to the belief that speaking up will have no impact and it will be useless or there is personal incapability to influence the situation in hand. Moreover, it may be due to nurses feel fear of negative outcomes, fear of losing their job or status once speaks up or not being promoted, in order not to be seen as a complaining person and to keep social relations from damaged or the nursing staff are unaware on how to handle complaints. Finally, it may be due to nurses forced to follow head nurse and medical staff`s orders without asking for a rationale for these directives. Therefore, the nurses favor to withhold their opinion or new ideas and information because they believe that their opinions are not valued.

The previous result was in agreement with the study done by Çaylak, Altuntaş, (2017) who found that, more than half of staff nurses had high level of organizational silence. Meanwhile, more than one quarter of them (26%) had low level of organizational silence. Further, Yurdakul, & Erdoğan, (2016) found that perceptions of organizational silence were high. Organizational silence is the employees' unwillingness to express problems at work intentionally or unintentionally. Therefore, employees prefer to remain passive in their organizations because they think they will be harmed if they talk about issues that are sensitive to the organization.

Meanwhile this result was on the same line with the study of Abid, (2016) highlighted that only 28.51% of the staff nurses had high level of the organizational silence for administrative and organizational reasons and fear of damaging relationship.

Concerning to levels of work engagement perceived by staff nurses; the present study illustrated that the majority of staff nurses perceived low level of overall work engagement. From the researchers point of view, the lower levels of work engagement among nurses may be due to nurse have a feeling of disengagement from the workplace and they doesn't care to raise their voice for the benefit of organization and their inability to adapt to changes in their environment and difficult move from one activity to another in comparison to other occupational groups as increased workload, lack of support from supervisors and co-workers and low salaries, dissatisfaction ,burnout especially in the

teaching hospital in Egypt . Thus, a low level of nurses' engagement poses a significant risk to the quality of patient care, patient outcomes, and organizational productivity.

The previous result was disagreed with Ghazawy, et al., (2018) who found that less than two-third of the studied subjects were considered to have a low level of their work engagement. While, the previous finding congruence with Swensen, et al., (2013) and Siller al., (2016), who founded that only 40.3 % of hospital team members are engaged in their work. In addition, consistent with Fountain, (2016), and Gabel-Shemueli, Dolan, & Suárez Ceretti, (2014), they reported that low work engagement is associated with undesirable effects such as an increased turnover rate, low job satisfaction and inadequate execution of job tasks and duties.

Concerning to levels of thriving at work perceived by staff nurses, the present study declared that the majority of study nurses perceived low level of thriving at workplace. From the researcher's point of view this result could be due to lacks opportunities to learn and grow, they tend to stagnate rather than thrive. This is because nurses in the study are complaining from chronic nursing shortages at their work departments, hard workloads, stressful work environments, a lack of autonomy and appreciation, interpersonal problems, workplace silence, bullying, and job dissatisfaction.

This explanation contrasted with study of Feeney & Collins, (2015) found in his study of public sector workplaces that working longer hours was a response to the shortage of resources, especially long-term or chronic staff shortage; and to show one's willingness to work in order to secure future prospects or promotion

In additions, this result was in agreement with study done by Kleine, Rudolph, & Zacher, (2019) which declared that, highest percentage of staff nurses had high and moderate levels of vitality and thriving at work and incongruent with study of Roach, (2017) who reported that, the nurse satisfaction in the workplace improves the thriving of the work at work scale. Research on thriving has addressed the importance of factors such as caring relationships to support thriving both during periods of stress and adversity, as well as during periods of opportunity and growth, social support is an important element that helps

people thrive when they are experiencing positive growth as well (Feeney & Collins, 2015).

Concerning the correlation between the motives of workplace Silent behaviors, work engagement and thriving at work; the present study depicted that there was statistically significant negative correlation between the motives of workplace Silent behaviors and other two variables (engagement and thriving at work). On other hand, highly statistically significant positive correlation was detected between engagement and thriving at work. This result may be attributed to the negligence of the hospital administration and nurse` managers for nurses` opinions about work issues and listened to and acted upon, lack of trust between nurses` mangers and staff nurses this all made nurses to remain silent. Hence there is no enough training opportunities for nurses and career development this led to nurses become disengaged in the work and diminish learning and thrive at work.

The previous results were in agreement with the study done by Rashwan, et al., (2018) who found that highest percent of the nurses had a moderate level of total work engagement and absorption domains. Also, the highest percent of the nurses had a moderate level of thriving and there had a level of vitality and learning domain. Hence there was a highly positive correlation between work engagement, workplace spirituality, thriving at work among nurses.

This finding was congruent with the study done by Breytenbach, (2016) who discovered correlation between work engagement and spirituality at work. This finding suggests that the degree to which individuals feel connected with and immersed in work and upon the degree to which they experience spirit in their work. Moreover, Sharma & Hussain, (2012) found a relationship between all workplace spirituality dimensions and the vigor dimension of engagement. Additionally, Spreitzer, & Hwang, (2019) suggested that spirituality-based organizations enable nurses to completely engage in their jobs, leading to nurses` engagement and spirituality at work.

Concerning to the relation between total nurses' perception about workplace silent behavior, work engagement and thrive at work according to their personal characteristics The present study showed a significant relationship

between workplace silent behavior and the following variables; working department and absenteeism rate. While, negative relationship between workplace silent behavior and attending training program. Also, revealed a significant relationship between work engagement and the following variables; age; working department, and attending training program. In addition, a significant relationship between thriving at work and the following variables; age, level of education, working unis and nurses` absenteeism.

From researcher point of view this result may be due to nurse have a feeling of disengagement from the workplace and remain silent, also working department with heavy work load and shortage leads to increase nurses` absenteeism and turnover. These results were 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, the study result is congruent with Breytenbach, (2016) 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 Mortier, Vlerick, &Clays, (2015) who concluded that employees' demographic characteristics seem to contribute to their silence. Meanwhile, no significant relationships were found with gender and marital status.

This result was in agreement with Khatri, Gupta, & Varma, (2017) which mention that work engagement has arisen as a critical apparatus for guaranteeing patient wellbeing and care quality. Also, there were agreement with Suzuki, et al. (2015) who found that, there was also positive correlation between of work engagement and thriving at work. Also, there was highly positive correlation between workplace spirituality and thriving at work.

Conclusion:

In the light of the preceding present study results, it can be concluded that, slightly less than half of the nurses reported high levels of overall workplace silence behavior. Moreover, the

majority of staff nurses perceived low level of overall work engagement. Furthermore, the majority of nurse perceived low level of thriving at workplace. In addition, there was a statistically significant negative correlation between the workplace silent behaviors, its motives and other two variables (work engagement and thriving at work). On other hand, there was a highly statistically significant positive correlation detected between thriving at work and work engagement.

Finally, a significant relationship between workplace silence behavior and the following variables; working units and absenteeism. While, negative relationship between workplace silence behavior and attending training program. Also, revealed a significant relationship between work engagement and the following variables; age; working units, and attending training program. In addition, a significant relationship between thriving at work and the following variables; age, level of education, working department and nurses' absenteeism.

Recommendation:

The following recommendations were made based on the findings of the study:

1. Hold regular meetings among hospital administrators and nurses to discuss issues at work and come up with solutions for each issue
2. Share nurses in decisions related their work issues.
3. Update the organizational policies to maximize flexibility.
4. Nurses' managers should receive training to support their workers more.
5. Administrators should maintain a culture for getting nurses more engaged and socialized by create different ways like; team work, social meals, and conversations.... etc.
6. Administrators should create an organizational climate which decrease the fear from negative reactions in case of nurses` talking about work issues and problems.
7. Administrators must adopt a democratic style of leadership that fosters a collaborative environment where nurses can actively express their opinions.
8. Administrators should pay attention to develop effective channels of communication between them and the employees to ensure the participation of employees in solving problems and issues of work.
9. Fostering an atmosphere of trust between nurses` mangers and staff nurses, which encourages nurses to communicate their ideas and find a way that decrease their level of silence.
10. Nursing managers should consider the nurses` reasons that lead to workplace silent behavior and created trust and justice environment where nurses feel comfortable and confident when speaking up and expressing their new ideas, opinion problems or mistakes.
11. Nurse managers should establish strategies to encourage speaking up behavior in the nursing workplace and enhance interactions, engagement, collaborative relationships and teamwork among nurses.
12. More considerations should be directed towards the development of educational strategies to make nurses more aware about silent behavior, its motives, and its relations to nurses' engagement and thrive.
13. Further studies are recommended for studying the nursing workplace silence behavior on patients and organizational outcomes.

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