Effect of Organizational Silence on Nurses' Work Engagement at Main Mansoura University Hospital

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ABSTRACT

Background: When nurses withhold comments or concerns because of fear or a sense of futility, this is known as organizational silence. This quiet can have a negative impact on nurses' motivation and job satisfaction at Main Mansoura University Hospital. Overcoming organizational silence is vital to enhancing patient outcomes and engagement as nurses play a critical role in patient care. **Aim:** To determine the effect of organizational silence on nurses' work engagement at Main Mansoura University Hospital. The study employed a descriptive correlational method. At Main Mansoura University Hospital, 250 staff nurses work in the medical and surgical departments, offering a variety of healthcare services throughout the Delta Region. The Organizational Silence Scale (OSS) and the Work Engagement Scale were the two tools utilized to gather data. **Results:**Organizational silence and job engagement were moderate for less than two-thirds of the nurses in the study. **Conclusion:** The current study reached findings that among the nurses under research, organizational silence and work engagement were statistically correlated. **Recommendations:** Include work engagement and organizational silence in the nursing recruitment and selection process. In order to educate students for work in the nursing industry, nursing courses should incorporate organizational silence and job engagement as the essence of the nursing profession.

Keywords: Nurses, Organizational Silence, Work Engagement .

Introduction

An organization's nurses are an essential resource. order to improve work and work organizations, nurses frequently have knowledge, thoughts, and ideas. Through communication, people convey their feelings, experiences, ideas, opinions, and attitudes on their jobs and organizations. However, many nurses may be unable to communicate their emotions in any way because of the organization's management policies or other factors. They refrain from making remarks regarding any weaknesses or operations of the company where they are employed **(John & Manikandan, 2019).**

"Nurses" are involved in every area and processes of an organization. If a manager's subordinates lack the necessary information, abilities, and attitudes, he will not be able to accomplish the goals he established. **(Chauhan &Sharma, 2018).** Nurses wouldn't actively share knowledge, thus the team keeps on inadequate utilization their intellectual resources. Not only may individual performance suffer when knowledge is not shared, but organizational performance also gets worse **(Phumdara et al., 2020).** Being silent is more than just not saying; it can also include avoiding recording, not joining, having a negative attitude, not being noticed, and

ignoring **(Akbarian et al., 2015)**. Nurses can choose to stay silent for a variety of reasons, including fear based on ignorance, workload, and unfavorable encounters **(Maqbool, Cerne & Bortoluzzi, 2018).**

The perception of nursing silence has received a lot of attention in the organizational setting in recent years **(Emelifeonwu & Valk, 2018).** The intentional and conscious avoidance of potentially significant information within the organization is referred to as "nurse silence." **(Lam & Xu, 2019).**When the organization faces significant challenges, it also characterizes a collective capacity of talking or doing very little **(Koyluoglu, et al., 2015).**Organizational silence can also be defined as "a collective phenomenon in which nurses suppress their ideas and matters regarding possible organizational troubles" **(Alqarni, 2020).**

Organizational silence may be caused by a number of factors, including neuroticism, psychological safety, negative core effects, and a supervisor's or upper management's perceived lack of receptivity to speech. Nurses don't care about the quality of their overtime workforce while innovation delays ethics deteriorate, and the number of faulty products rises. Thus,

organizational silence is detrimental to the organization, individuals, and nursing both **(Song, et al., 2020).**

The impact of organizational silence on nurses' work engagement, a crucial aspect of the nursing workplace, is one of these indicators. While work involvement has been discussed in the literature since the 1990s, the concept of engagement has only received attention from nursing scholars in the last ten years. The realm of psychology was where the idea of engagement was first developed. The first theorist to examine the theoretical underpinnings of job engagement and disengagement, Kahn (1990), highlighted that individuals are physically, cognitively, and emotionally present throughout task performance **(Botha, Van Dijk, & Marais. 2023).**

The cognitive, emotional, and behavioral states of a nurse that are focused on achieving specific organizational goals are referred to as nurses' work engagement, or nurse engagement. A nurse's cognitive engagement reflects their intellectual dedication to the organization and centers on how they view and comprehend their work, company, and culture. On the other hand, emotional engagement focuses on the emotional connection that an individual has to their workplace and signifies a readiness to contribute personal resources. In order to achieve success for their companies, behaviorally engaged nurses are proactive and put in more effort than is required of them **(Akingbola & van den Berg .2019).** The internal connection that nurses have to their workplaces has a significant impact on their interactions and the amount of effort they put into their tasks and initiatives. The nurses' commitment to delivering higher-quality work increases with their level of engagement in the company **(Harter, 2018).**

Work engagement among nurses is defined as being strong, committed, and fully immersed in one's work. Vigor is the ability to work with great energy, the motivation to work hard, and the tendency to keep going when things get tough or you don't succeed. Strong identification with one's work is referred to as dedication, and it includes sentiments of challenge, pride, inspiration, and excitement. Lastly, absorption is the state of being totally focused on one's work and finding it difficult to separate **(Salcedo, 2016).**

Because an increased workload gives them a sense of accomplishment and completion, engaged nurses improve under pressure.**(Bakker & Oerlemans, 2019).** Regardless of the difficulties they may face, engaged nurses will be more driven

and committed to their work, ensuring that patients receive high-quality care when they are satisfied by the services the organization offers, which will improve the organization's outcomes **(Ilies et al., 2017).**

Without engaged nurses, an organization cannot continue for very long; engaged nurses are more productive and create a positive work atmosphere. Positive opinions of their occupations are produced by work engagement among nurses. For instance, engaged nurses perform their duties with enthusiasm and passion. Furthermore, involvement produces a workforce that coordinates nurses' actions with the strategy, aims, and objectives of the company. When a nurse is disengaged, it can lead to unhealthy working relationships with their employer and colleagues. As a result, the nurse will not be treated with respect, loyalty, or commitment when performing their duties **(Reijseger et al., 2017).**

Organizational silence plays a crucial role in the organization, not only to deal with changes but also to achieve high-quality services, it emphasizes the nurses' inability to express their opinions and refraining from talking about problems and issues related to work. Hence, organizational silence is a behavioral choice that can deteriorate or improve organizational performance, excluding its emotionally difficult expression, silence can convey approval and sharing or disfavor and opposition thus becoming a pressure mechanism for both individuals and organizations. Nurses' silence is a barrier to openness, effective decision-making, innovation, the change process, and continuous improvement. Nurses may become frustrated, and dissatisfied with their jobs (Farghaly Abdelaliem and Abou Zeid, 2023). An examination of organizational silence among nurses will provide information for administrators to help prevent its occurrence, ensure patient safety, and promote nurses and organizational development. Organizations need to figure out the reasons of organizational silence from their nurses; as it can has an effect on their work engagement, engagement in the workplace is a very important concept that supports productivity and increases innovation and outcome of the organization. So the present study aims to determine the effect of organizational silence on nurses' work engagement at Main Mansoura University Hospital.

Aim of the Study

This study aimed to determine the effect of organizational silence on nurses' work engagement at Main Mansoura University Hospital through**:**

• Assessing the level of organizational silence as perceived by studied nurses at Main Mansoura University Hospital**.**

• Assessing the level of nurses' work engagement as perceived by studied nurses at Main Mansoura University Hospital**.**

• Assessing the relation between organizational silence and nurses' work engagement as perceived by studied nurses at Main Mansoura University Hospital.

Research Question

The specific research questions are**:**

1**.** What is the level of organizational silence among nurses at Main Mansoura University Hospital؟

2**.** What is the level of nurses' work engagement among nurses at Main Mansoura University Hospital؟

3. What is the relationship between organizational silence and work engagement among nurses at Main Mansoura University Hospital

Methods

Research Design:

This study adopted a descriptive correlational design as its research methodology.

Setting

The study was carried out in the medical and surgical departments of Main Mansoura University Hospital, which offers a variety of healthcare services in the Delta Region.

Participants

The convenience sample for the study consisted of all 250 nurses who work in medical and surgical units and meet the requirements of having at least a year of experience in order to provide their opinions on the study's variables.

Tools of Data Collection

The Organizational Silence Scale (OSS) and the Work Engagement Scale were the two instruments used to gather data for this study.

Tool I: Organizational Silence Scale (OSS) This tool was divided into two parts: Part I: Personal characteristics: this part intended to collect data related to demographic characteristics of the respondents such as age, gender, educational qualifications, and years of experience ..... etc.

Part II: Silence Scale for Organizations (OSS) Adapted from Owuor (2014), it was used for assessing staff nurses' organizational silence levels. There are 23 items on the instrument, which are divided into three divisions as follows: There are three categories: causes of organizational quiet (seven items), effects of organizational silence (10 things), and strategies for controlling organizational silence (6 items). On a five-point Likert scale, respondents scored the items as follows: strongly disagree (1), disagree (2), agree (4), highly agree (5), and natural (3).

Scoring System:

Total score of organizational silence was divided into three levels as the following (Hassan, 2022).

• Low-level value <60 %.

• Moderate level 60% -75 %.

• High level ≥75%.

Tool II: Work Engagement Scale.

It was initiated by Schaufeli and Bakker (2010) with the intention of determining how engaged nurses are at work. The 17 items on the instrument are divided into three categories: Vigor is defined as "high levels of energy and resilience, the willingness to invest effort, not being easily fatigued, and persistence in the face of difficulties" (6 elements). "Deriving a sense of significance from one's work, feeling enthusiastic and proud about one's job, and feeling inspired and challenged by it" are the five components that make up dedication. Last but not least, absorption (6 items) describes being completely and excitedly absorbed in one's work and finding it difficult to separate from it, which causes time passes by and one to forget everything else. Responses were measured on a five-point (Likert) scale, and respondents rated the items as the following, strongly disagree (1), disagree (2), natural (3), agree (4), and strongly agree (5).

Scoring System: The total score of work engagement was divided into three levels based on cut of point as follows:

• Low-level value < 60%.

• Moderate level 60% - 75%.

• High level ≥75%.

Validity of the Tool:

A jury of five experts from Mansoura University's Faculty of Nursing established the validity of the face and content validity. They made revisions to the tools to improve their readability, comprehension, application, clarity, and ease of use. According to their feedback, the tools were

modified because they dealt with grammatical language and sentence rewording.

Pilot Study

25 staff nurses, or 10% of the total subjects, participated in a pilot study to make sure the tools were relevant and clear. No changes were made in response to the pilot research's findings, which showed greater validity and reliability, and the pilot study was added to the study sample.

Reliability of the Tool:

The researcher used the reliability of the instruments to examine their internal consistency by administering the same instruments to the same person on multiple times under comparable circumstances. The dependability of the data collection instruments was assessed using the Statistical Package for Social Science (SPSS) version 21 Cronbach's α (alpha) test. Cronbach's alpha values for work engagement and organizational silence were 0.819 and 0.929, as well .

Ethical Consideration

Ethical approval was granted by the Research Ethical Committee of the Mansoura University Faculty of Nursing. Authorization to carry out the study was explicitly given by the capable hospital administration. Nurses who agreed to participate provided both verbal and written consent after being informed of the study's goals and design. Each participant was informed that participation in the study is completely optional. Data confidentiality was achieved and secured by assigning a code number to each questionnaire page. Nurses were told that the instruments' content would only be utilized for study. It was determined that participants could leave the research at any moment.

Fieldwork

Three months, from the start of February to the end of April 2024, were dedicated to data collection. Self-administered questionnaires were sent to the available nurses during the morning and afternoon shifts in order to gather data. The aforementioned environment was where the researcher worked two or three days a week. Following her introduction and an explanation of the study's purpose and tool usage, the researcher secured the nurse's consent to participate in the study by confirming data confidentiality. Nurses have been filling out the questionnaires for about twenty-five to thirty minutes. Between five and ten questionnaire papers were collected each day. Nurses were allowed to request any kind of explanation or interpretation.

Statistical Analysis:

SPSS for Windows version 22.0 was used for organizing, tabulate, and statistically analyze the gathered data (SPSS, Chicago, IL). The mean ± standard deviation (SD) was used to express continuous data that had a normal distribution. We represented categorical data with numbers and percentages. To compare variables with categorical data, the chi-square test was used. Two variables with continuous data were tested for relationships using the correlation coefficient test. For the study's questionnaires, the reliability (internal consistency) test was computed. The threshold for statistical significance was $p<0.05$.

Result

The data shows that the majority of the nurses in the study (87.2%) were female, with only 12.8% being male, and that their mean age was 27.5±4.8. More than two-thirds (65.6%) of the nurses in the study had fewer than ten years of work experience, with a mean of 4.9±5.7 years. Additionally, this data showed that 77.6% of the nurses in the study were graduates of technical nursing educational institutions.

Table 2: overall mean of the nurse's organizational silence scale was 208.8±48.0. According to the nurses who were studied, the causes of organizational silence had the highest mean score (102.6±36.1), followed by the effects of organizational silence (61.4±21.8). The strategies of organizational silence had the lowest mean score (59.0±19.3 0).

Figure 1: illustrates the overall organizational silence levels of the nurses under study. According to this data, just 5.6% of the nurses in the study had high levels of organizational silence, compared to the moderate levels of organizational silence (64.8%) and low levels (29.6%).

Table 3: the overall mean of their job engagement score was 208.5 ± 82.8. According to the table, dedication had the highest mean score (74.3 ± 33.2), followed by absorption (68.9 ± 29.1), in that order. For vitality, the nurses that were studied reported the lowest mean score, which was 65.4% ± 27.9%.

Figure 2 demonstrates the total job engagement levels of the nurses under study. With regard to job engagement, this number indicated that 60.8% of the nurses in the study had a moderate level, 26.8% had a high level, and just 12.4% had a low level.

Figure 3: reveals the relationship between the nurses' work engagement and organizational silence. According to this figure, organizational silence and work engagement among the nurses under study were statistically significantly correlated at (p<0.001*).

Table (1): Personal Characteristics of the Studied Staff Nurses (n=250)

Characteristics	No	%
Age (Years)		
▪ 20 – < 30	211	**84.4**
▪ 30 – < 40	28	11.2
▪ 40 – < 50	6	2.4
▪ 50 or More	5	2.0
Mean ±SD	*27.5±4.8*	
Gender		
▪ Male	32	12.8
▪ Female	**218**	**87.2**
Number of years of work experience		
▪ 1 – < 10	164	**65.6**
▪ 10 – < 20	56	22.4
▪ 20 – < 30	25	10.0
▪ 30 or More	5	2.0
Mean ±SD	*4.9±5.7*	
Level of education		
▪ Diploma nursing	11	4.4
▪ Technical institute of nursing	194	**77.6**
▪ Bachelor of Nursing	45	18.0

Table (2) Mean and Standard Deviation of all Organizational Silence scale Dimensions Among the Studied Nurses (n=250)

Organizational silence scale dimensions	No of items	Min – Max	Mean ± SD
• Causes of organizational silence.	7	46 - 141	102.6 ± 36.1
• Effects of organizational silence.	10	22 – 85	61.4 ± 21.8
• Strategies of organizational silence.	6	17 – 83	59.0 ± 19.3
Overall organizational silence scale	23	95 - 274	208.8 ± 48.0
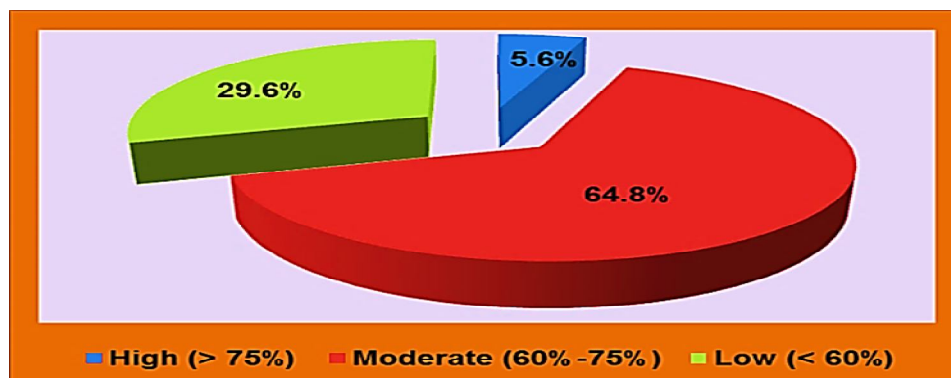
Figure (1): Levels of overall organizational silence among the studied nurses (n=250)

Table (3) Mean and Standard Deviation of All Work Engagement Dimensions Among the Studied Nurses (n=250)

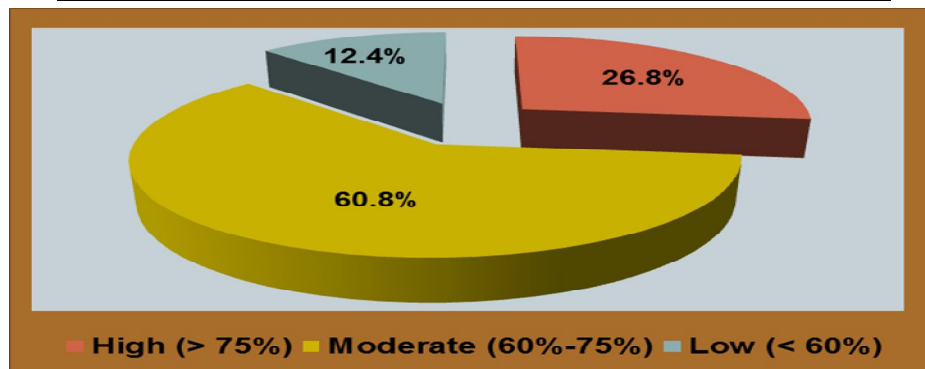| Work engagement dimensions	Number of items	Min – Max	Mean ±SD
• **Vigor**	6	91 - 96	65.4 ± 27.9
• **Dedication**	5	6 - 110	**74.3 ± 33.2**
• **Absorption**	6	10 - 101	68.9 ± 29.1
Overall work engagement	17	35 - 307	208.5 ± 82.8

Figure (2): Levels of Overall Work Engagement Among the Studied Nurses (n=250)
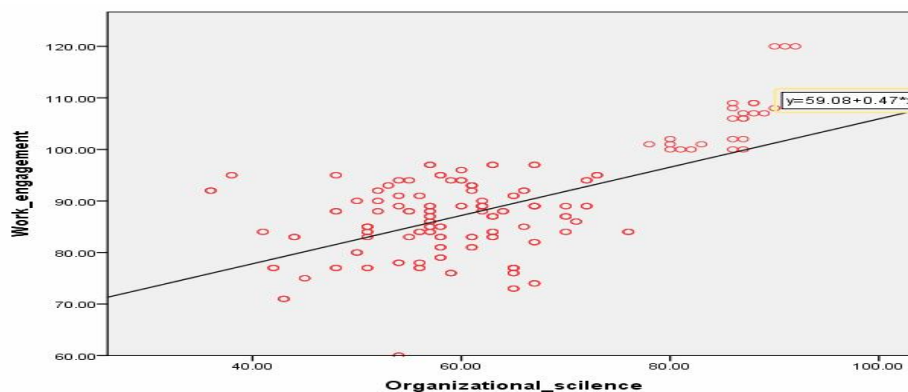

Figure 3 Correlation Between Organizational Silence and Work Engagement (n=250)

Discussion

When nurses intentionally withhold information and thoughts about the organization, it's known as organizational silence. Centralization, hierarchy, and bureaucracy often lead to organizational silence in developing countries. The culture of the organization is one of the main reasons for institutional silence. The most significant and crucial obstacles affecting the efficacy and efficiency of an organization are nurses' workplace silence behaviors **(Sakr, Ibrahim & Ageiz, 2023)**. Silent behavior at work poses a serious risk to the success and ethics of the organization. Additionally, it may impact on nurses and organizations by reducing nurses' performance, engagement, and ability to thrive at work, as well as causing invisible harm to patient safety. Managing the corporate silent behavior requires an understanding of the circumstances, causes, and settings under which organizational silence occurs **(El Abdou, A Hassan, & M Badran, 2023).**

Work engagement is seen as a workplace strategy intended to guarantee that nurses are dedicated to the organization's objectives and core values, inspired to contribute to its success, and, at the same time, to improve their personal sense of wellbeing. Actively participating nurses will be more competent and effective. Reducing organizational silence can have a significant impact on nurses' decisions about their jobs **(Al‑Hamdan & Bani, 2022)**. The purpose of this study is to ascertain how organizational silence affects nurses' work engagement at Main Mansoura University Hospital in light of this.

Thus, the results will be addressed as follows in order to fulfill the purpose and respond to the research objectives of the current study: Nearly two-thirds of the nurses in the study had a moderate level of organizational silence, compared to over 25% who had low levels and a small percentage who had high levels, according to the current study's findings on the overall organizational silence levels of the nurses. According to the investigator, this result might be the result of subordinates being more aware of the risks of talking than the benefits, thinking that discussing work-related issues could result in their termination or promotion to a higher position within the company, avoiding conflicts with others, not receiving support from management, being afraid of destroying their relationships with coworkers, avoiding a growing conflict, and being ignored. This outcome was comparable to a research conducted in Egypt by **Atalla, Elamir & Abou Zeid, (2022)** regarding nurses' organizational learning and organizational silence, and discovered that the average reported level of organizational silence was moderate.

This outcome was likewise similar to **Labrague & Santos (2020)** in the Philippines, who investigated the relationship between hospital and nurse characteristics and organizational silence behaviors in nurses. They found that the organizational silence behavior scale's overall composite score in ten hospitals in the Central Philippines was moderate. However, a study in Amman conducted by **Alheet, (2019)** regarding the effects of organizational silence causative elements on the self-efficacy of Jordanian capital health center nurses, They discovered that the nurses' opinions on the general level of organizational silence varied from moderate to high. Similarly, **Köse & Köse (2019)** found that the participants had a medium level of organizational silence after examining instructors' opinions about it in Turkey based on several demographic characteristics. The effectiveness of acceptance and commitment-based nursing interventions on workplace ostracism, organizational silence, and psychological distress among nurses was also examined in a study conducted in Egypt by **El-boudy, Hashem & Emaraa ,(2023)**.

The study found that the nurses in question displayed a moderate degree of total organizational silence in the study environment. In accordance **with Okeke-James et al., (2020)** a study that examined the impact of gender on school environment and organizational silence among Nigerian teachers, the perceptions of organizational

silence were found to be moderate. Furthermore, this result was consistent with a study by **Farghaly & Abou Zeid, (2023)** in Saudi Arabia that examined the mediating role of nurses' silence in the relationship between toxic leadership and organizational performance.

The study found that nurses' perceived level of silence was moderate.In a similar spirit, She et al. (2023) studied the influence of moral leadership on nurses' organizational silence in China, emphasizing the function of organizational justice as a mediator. They found that nurses' organizational silence was moderate. In addition, this result was consistent with **Sakr, Ibrahim, and Ageiz , (2023)** study of the relationship between organizational silence and organizational learning among Saudi Arabian nurses, which found that nurses' reported levels of organizational silence were moderate.

The current findings were consistent with those of **Abdelaliem & Abou Zeid (2023)**, who investigated the mediating role of nurses' quiet in Egypt in the relationship between toxic leadership and organizational performance. They found that the overall score of nurses' perceived organizational silence was moderate. Accordingly, Chinese hospital nurses' organizational silence study by **Yang, Yang, and Wang, (2022)** found that nurses generally had a moderate level of organizational quiet.

In the same context, **Aslan (2022)** conducted a study in Turkey to look into the connection between organizational silence in school administration and teachers' perceived power distance. They discovered that the amount of silence was medium. Further, the findings aligned with a study by **Nekoei-Moghadam et al., (2018)** about organizational silence, fear of failure, and nurses performance in hospitals in Kerman, Iran, which found an average degree of organizational quiet. Accordingly, **Elshahat, & Mahmoud, (2024)** study from Egypt, "Organizational cynicism as a mediator of the relationship between workplace incivility and organizational silence among nurses," confirmed that the majority of nurses in the study felt that organizational silence was at a moderate level.

However, the study's findings were at odds with those of **El Abdou, Hassan, and M. Badran,(2023)**, who have out research on staff nurses' perceptions of organizational silence and how it relates to self-efficacy in Egypt. They discovered a significant degree of organizational silence among more than half of the staff nurses.

Additionally, a study conducted in Jeddah by **Alqarni, (2020)** titled "How school climate predicts teachers organizational silence" found that participantshad a poor perception of organizational quiet throughout the study. On the other hand, slightly less than half of the nurses reported high levels of overall workplace silent behavior, according to **Hassan & Ali, (2018)**, who performed a study in Egypt to analyze workplace silent behavior among nurses: its motivations and its relation to engagement and thriving at work. Furthermore, a study by **Mohamed, Nosier&, Mohamed (2021)** examined organizational silence as a mediator between workplace toxicity and thriving among Egyptian nurses.

The study found that the majority of the staff nurses in the study had low levels of organizational silence. In contrast, **Elhanafy and Ebrahim ,(2022)** reported that fewer than half of nurses found it difficult to maintain organizational silence overall. The study was conducted in Egypt and examined the impact of organizational cynicism and workplace ostracism on organizational silence. However, **Gencer et al., (2023)**study from Turkey , which looked at the connection between organizational culture, organizational quiet, and job performance, found that almost two-thirds of the nurses in the study had high organizational silence. Conversely, a study by **Abd El-Fattah,El-Shanawany& Ghanem, (2022)**studied workplace silence behavior and its impact on nurses in Egypt and discovered that nurses were very likely to engage in workplace silence behaviors. However, two-thirds and the majority of staff nurses in the studied setting had a low level of organizational silence, according to **Abd-Erhaman et al., (2022)** who investigated authentic leadership and organizational identification: its relation to organizational silence and cynicism among staff nurses in Egypt.

The causes of organizational silence had the highest mean score among the organizational silence dimensions, followed by the effects of organizational silence, and the strategies of organizational silence had the lowest mean score, according to the nurses who participated in the current study. This could be because nurses at Main Mansoura University Hospital are more familiar with the causes of organizational silence and its effects than they are with possible solutions. The reasons dimension's highest mean indicates that nurses often find themselves in situations where they are afraid to speak up, lack confidence in leadership, or think their concerns won't result in significant change.

Furthermore, nurses are well aware of the detrimental consequences of such silence, such as elevated stress, diminished job satisfaction, and possibly poor patient care, as seen by the impacts dimension's next-highest mean score. The strategies dimension's lowest mean, however, raises the possibility that there aren't enough practical steps in place to promote candid dialogue and deal with the underlying reasons why people choose to remain silent. According to **Parlar Kılıç, Öndaş Aybar & Sevinç (2021)** who studied the impact of organizational silence on nurses' job satisfaction and performance levels in Turkey, nurses were more silent about "administrative and organizational reasons" than they were about other sub-dimensions, and the reasons for staying silent sub-scale had the highest mean score as reported by nurses. Similarly, the study by **Mohamed, Nosier & Mohamed (2021)** confirmed that the causes of organizational quiet had a higher mean score.

According to a study by **Yang, Yang, & Wang (2022)**, nurses' perceptions on the causes of organizational silence dimension got the highest mean score. This finding aligned with a study by **Diab & Mohamed, (2020)** on workplace spirituality and organizational justice: Their relationship to organizational silence behavior among Egyptian nurses. The study found that the dimension of causes of organizational silence had the highest mean score as reported by nurses. **Sakr, Ibrahim & Ageiz, (2023)** consistently discovered that the causes of organizational silence had the greatest mean of all the organizational silence dimensions, while the methods of organizational silence had the lowest mean. This result confirmed that the reasons of organizational silence dimension had the highest mean score, which was consistent with a study conducted in Pakistan by **Malik, Iqbal & Sheikh, (2020)** to investigate how different types of employee quiet affect subjective well-being and job satisfaction. When contrasted with other organizational quiet dimensions, the effects of the organizational silence dimension obtained the highest mean score, according to **Aldhafri & Alsaidi, (2020)**who investigated the association between organizational justice and organizational quiet among Sultanate of Oman school staff.Additionally, the findings were in conflict with a study conducted by **Srivastava, Jain & Sullivan, (2019)** to examine the mediation function of emotional intelligence in the relationship between employee silence and burnout in India.

The study found that the organizational silence dimension had the highest mean score. Researchers have attempted to identify organizational characteristics that contribute to and reinforce organizational silence in some earlier studies examining the circumstances surrounding organizational silence. According to these investigations, workers had a variety of motivations for wanting to keep quiet. According to **Çaylak & Altuntas, (2017)** some nurses would rather remain silent because they had experienced conflicts with others, disagreed with decisions regarding organizational practices in the workplace, did not get along with managers, or believed that their opinions would not be taken into consideration or would be judged.

According to recent studies,nurses were also whistleblowing that is, disclosing, accusing, and dissenting about significant flaws and wrongdoings instead of remaining silent **(Kaur & Arora, 2023).** In some previous studies concerning the conditions surrounding organizational silence, researchers have tried to pinpoint organizational traits that support and contribute to organizational silence.

These investigations revealed that nurses had a range of reasons for wishing to remain silent. Some nurses would prefer to keep quiet because they had a history of conflict with coworkers, disagreed with decisions about organizational practices in the workplace, did not get along with managers, or thought their opinions would be judged or ignored **Çaylak & Altuntas, (2017)** . Nurses were also whistleblowing, which is the act of revealing, accusing, and protesting about serious defects and wrongdoings rather than keeping quiet, according to recent studies. The inadequate salary of nurses, particularly in the public and commercial sectors, and the growing number of migration options where the pay is higher, are further factors.

Additionally, because work engagement and decision-making involvement are significantly correlated, nurses may be dissatisfied with their amount of involvement in decision-making, which impacts their level of engagement **(Al-Fifi, 2020)**. This study's findings were consistent with those of **Nasurdin, Ling & Khan, (2018)** who conducted a study in Malaysia titled "Linking social support, work engagement and job performance in nursing" and found that over half of nurses had an average level of work engagement.

Accordingly, a study conducted in Indonesia by **Sulistyo & Suhartini, (2019)** examined how work engagement influenced job satisfaction by moderating the effects of job characteristics, perceived organizational support, and self-efficacy.

The study found that the majority of participants had a moderate level of work engagement. The majority of nurses exhibited an average level of job engagement, according to **Al-Hamdan & Bani Issa's, (2022)** study on the impact of organizational support and self-efficacy on work engagement among registered nurses in Jordan. Furthermore, this result was consistent with a study carried out in Egypt by **Mohamed et al., (2022)** to evaluate nurses' perceptions of importance, burnout, and work engagement during the corona virus outbreak. The study discovered that most nurses had a moderate level of involvement at work.

In this regard, the current Egyptian study concurred with **Awad & Ashour, (2020)** who examined the connection between moral distress, emotional intelligence, and work engagement as reported by critical care nurses. The main conclusion they came at was that nurses were moderately engaged at work. Additionally, a study conducted in Egypt by **Mohamed, (2024)** that examined nurses' work engagement and knowledge sharing in healthcare organizations found that about two-thirds of the nurses in the study had a moderate level of work engagement. These findings, on the other hand, contradicted those of **Ghazawy et al., (2021)** who investigated the work engagement of nurses in Egypt and its effect on employment outcomes. They showed that more than half of nurses were comparatively engaged at work. Additionally, a study conducted in China by **Sun et al., (2022)** revealed that work engagement is at a pretty high level and was titled Quality of Work Life and Work Engagement Among Nurses with Standardized Training.

On the other hand, **Aljohani, (2019)** discovered that nurses in Saudi Arabia had a high degree of work engagement when examining it as a mediator in the relationship between job resources and nurses' intention to leave their jobs. Additionally, a study conducted in Egypt by **El Desoky, El Said & El-Shaer, (2021)** evaluated organizational culture, individual creativity, and their relationship to the job engagement of nursing staff. The study found that over two-thirds of nursing staff had high levels of work engagement. This finding contradicted a study by **Hegazy, Ibrahim & Shokry, (2022)** in Egypt that examined nurses' perceptions of work environment elements and how these related to their degree of involvement at work.

The study indicated that over half of nurses had poor levels of engagement. Additionally, a study conducted in Egypt by **Attia, Abo Gad & Shokir, (2020)** examined the impact of

workplace bullying on the work engagement of staff nurses and found that over one-third of them had low levels of engagement. Furthermore, a study by **Amin, Mostafa & Mohammed, (2022)** in Egypt examined the connection between organizational justice and staff nurses' work engagement, finding that over half of them had low levels of overall work engagement.

On the other hand, **Gómez-Salgado et al., (2021)** who carried out a study in Spain to evaluate the psychological distress and work engagement of health professionals during the COVID-19 pandemic, discovered that the participants had a high level of work engagement. However, a Colombian study by **Contreras, Espinosa & Esguerra, (2020)**stated "Could personal resources affect burnout and work engagement? The nurses in question had a respectably high level of work engagement, per a research done on a sample of nursing workforce.

In contrast, a study conducted in China by **Zhang et al., (2021)** examined the impact of perceived stress and strain on front-line nurses' work engagement during the COVID-19 epidemic and discovered that nurses felt highly engaged at work. In addition, this finding contradicted a study by **Allande-Cussó et al., (2021)** in Spain that evaluated nurses' work engagement during the COVID-19 pandemic and found that the sample's nurses generally shown high levels of work engagement. In the same **vein, Baghdadi, Farghaly & Alsayed, (2021)** conducted a study in Saudi Arabia to investigate the connection between nurses' job crafting behaviors and their level of work engagement. They found that the nurses who participated had a high level of work engagement. Furthermore, this finding ran counter to that of **Alkorashy & Alanazi, (2023)** who examined the personal and professional aspects affecting Saudi Arabian hospital nurses' work engagement and concluded that study participants shown high levels of work engagement.

However, Shang et al.'s (2018) study of Chinese registered nurses' work engagement and its predictors found that nurses' work engagement was low. According to the current study, devotion and absorption had the highest mean scores when it came to aspects of work engagement. However, the nurses who were studied reported the lowest mean score for vitality.

The nature of nursing employment, which frequently requires a great degree of commitment and emotional involvement, may be the cause of this, according to the researcher. Despite the difficulties they encounter, nurses usually have a strong sense of meaning and purpose in their work, which strengthens their commitment **(Awad & Ashour, 2020)** Absorption, which is defined as being completely focused and contentedly absorbed in one's work, also had a high score, maybe as a result of the demanding and frequently intense nature of nursing responsibilities, which call for total engagement and focus. Conversely, the trait with the lowest mean score was vigor, which is associated with energy and mental resilience. This may be explained by the physically and psychologically taxing nature of the work, long hours, and regular exposure to traumatic and stressful events, all of which can gradually sap nurses' vitality and energy levels **(Mohamed, 2024).**

The findings of the current study were consistent with those of **Remegio et al., (2021)**, who studied the work engagement and professional quality of life of nurse leaders and found that vigor was the lowest dimension of work engagement and dedication was the greatest. These findings were consistent with a study by **Lepistö et al., (2018)**, who carried out a cross-sectional study in New York to characterize the relationship between health care professionals' work engagement and its background factors. They noted that respondents gave higher scores in the dedication and absorption dimensions.

According to **Alkorashy & Alanazi, (2023)** research, the nurses who exploited part in the study shown a high level of dedication. They also highlighted that dedication is thought to be the most valuable aspect of job engagement since it has a beneficial effect on both the work and the nurses. Devoted nurses cherish their work and see obstacles at work as opportunities rather than difficulties. The devotion dimension of job engagement got the highest mean score as indicated by nurses in a study by **Abd Elkader, (2017)** concerning the association between work engagement and quality of work life among head nurses in Egypt. This outcome aligned with a study by **Al-Hamdan & Bani, (2022)** which found that of the three sub-scales measuring work engagement, the dedication sub-scale had the highest score. As a result, the devotion dimension of job engagement had the highest mean score, followed by the vigor and absorption dimensions, according to **Amin, Mostafa & Mohammed, (2022)** study.

Similarly, the devotion dimension of work engagement had the highest mean score, according to **Ghazawy et al., (2021).** On the other hand, the vigor and absorption dimensions of job engagement

had the highest mean score, according to a study done in Egypt by **Mamdouh, Mostafa & Mohamed, (2024)** to examine the association between work design characteristics and work engagement among staff nurses. Additionally, a study conducted in Egypt by **Lateef, Mohamed & Hossny, (2021)** measured the connection between organizational commitment, job engagement of nursing staff, psycho-social safety climate, and work-life quality. In terms of work engagement, they discovered that vigor got the highest mean score. In essence, work engagement is a reflection of how employees perceive their work experience: as exciting and motivating, as something they genuinely need to invest time and energy in (the vigor component), as a significant and meaningful endeavor (the dedication component), and as captivating and demanding their full attention (the absorption component).

One way to enhance health care workers' experiences is through job engagement, which is a measure of motivation at work. This allows nurses to innovate, which enhances the work environment and maintains organizational culture **(Kuijpers, Kooij & van Woerkom, 2020)**. When it comes to satisfaction, innovation, dedication, retention, and productivity, work engagement and efficiency may prove to be a great way to gauge the overall health of the company. According to **Abou Hashish, Abdel All & Mousa, (2018)** companies with a positive organizational culture are more likely to reward their nursing staff, which fosters innovation and an environment that empowers workers and enables them to reach their full potential.

Regarding the relationship between the organizational silence levels of the nurses under study and their work engagement levels, the current study found a statistically significant and highly positive relationship between the two variables. This could be because nurses may feel helpless and disengaged as a result of organizational silence, which is the concealing of thoughts, worries, or feedback. Nurses may lose interest in their work and the organization's objectives if they don't feel comfortable or supported to voice their opinions, which lowers motivation and engagement. On the other hand, a workplace that encourages candid communication and values nurses' opinions might boost their sense of dedication and belonging, which will raise their level of engagement at work.

The present study's positive correlation indicates that nurses' passion, dedication, and general engagement in their duties are directly impacted when they encounter higher levels organizational silence. This finding was consistent with that of **Yağar & Dökme, (2023)** study, which found a negative correlation between organizational quiet and work engagement. Similarly, **Hassan & Ali, (2018)** found a statistically significant negative relationship between work engagement, silent behavior in the workplace, and its motivations. Nurses' silence and job engagement are significantly correlated negatively, according to **Pirzada et al., (2020)**, who examined the effects of nurses quiet on organizational justice and work engagement in Pakistan. Furthermore, this result was consistent with that of **Kaur & Arora, (2023)** who used a structural equation modeling approach to investigate the effects of nurses' silence in private hospitals in India and found a statistically significant inverse relationship between job engagement and nurses' silence. This conclusion was corroborated by Nafei, (2016) who carried out research in Egypt to determine the different forms of organizational quiet and how they affect nurses' engagement.

The study discovered a strong correlation between organizational silence and nurses' engagement. Additionally, they discovered that job engagement is directly impacted by organizational quiet. To put it another way, one of the main obstacles to nurses' organizational involvement is organizational silence. However, a study from Ghana by Opoku et al.,(2023) titled "How organizational climate of silence affects job performance: the role of work engagement and supervisor support among front-line nurses" found that respondents' attitudes toward silence were not mediated by work engagement. It's crucial to consider how organizational silence influences nurse involvement at work.

Additionally, nurses' work engagement can be greatly impacted by organizational silence. Nurses' sense of autonomy and involvement declines when they feel unable to express their thoughts or ideas. Work engagement suffers as a result of this communication breakdown since it can cause dissatisfaction, a decline in job satisfaction, and a lessened sense of professional purpose. Healthcare organizations need to address and reduce organizational silence in order to promote a more engaged nursing workforce. Enhancing nurses' participation can result in better patient care and overall organizational performance by fostering a supportive environment that values open communication, acknowledges contributions, and rapidly resolves problems **(Pirzada et al., 2020)**.

Conclusion

According to the study's findings, nurses' work engagement at Main Mansoura University Hospital is significantly impacted by organizational silence. As a result, almost 50% of the nurses in the study exhibited a moderate degree of organizational silence. Additionally, a moderate level of work engagement was reported by over half of the nurses in the study. Furthermore, among the nurses under study, there was a statistically significant relationship between organizational silence and work engagement. **Recommendations: - Based on the study finding, the current study recommended the following:** Recommendation at hospital administration level:

- Include work engagement and organizational silence in the nursing recruitment and selection process.
- Provide nurses with chances for professional growth and ongoing education to raise their organizational silence and job engagement levels, which will raise the standard of care and services.
- Hire nurses with advanced degrees who exhibit greater levels of organizational silence and work engagement.
- Create coaching and mentoring initiatives that encourage nurses to engage in their work and leverage organizational quiet. To raise nurses' understanding and awareness of the importance of these factors, these can take the shape of lectures and seminars.
- Assess the organizational silence and job engagement levels of nurses who ought to be involved in quality improvement initiatives and hospital audits.
- Encourage nurses to express their thoughts and opinions in order to improve their social skills through coaching from head nurses.

Recommendation at educational level:

- incorporate organizational silence and work engagement as the essence of the nursing profession into nursing curriculum To educate students for work in the nursing field .
- Create targeted learning exercises (such as case studies, group projects, online simulations, and role plays) to encourage nursing students to engage in organizational silence and job engagement. These are crucial requirements since they greatly influence the reputation and image of the companies and sectors in which these graduates work.

Recommendation for further research:

- The impact of organizational silence and work engagement on nurses' productivity and other organizational outcomes requires further, in-depth research.
- Examine nurses' organizational silence from a patient's point of view.
- Examine work engagement and organizational silence from the viewpoint of upper management.
- In order to obtain more precise data and comprehensive findings, future research use qualitative methodologies or a combination of qualitative and quantitative techniques and procedures.
- A larger sample of nurses could be used in a replication of the study to potentially yield more broadly applicable findings.

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