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DETERMINANTS OF ORGANISATIONAL SILENCE AMONG PROFESSIONALS IN TERTIARY HEALTHCARE INSTITUTIONS IN LAGOS, NIGERIA

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ABSTRACT
*Effective communication about patients' safety concerns through information, questions, and opinions in clinical settings is vital, especially when immediate action or decisions are required to prevent fatalities. Unfortunately, many issues are under-reported, and healthcare providers often choose to remain silent. This phenomenon of clinician silence is well recognised in healthcare, particularly in public hospitals in Nigeria, due to various individual and contextual factors that could influence employees' silent behaviour within organisations. Therefore, this study examined conscientiousness, neuroticism, self-esteem, procedural organisational justice, ostracism, and perceived organisational support as potential individual and organisational determinants of employee silence. Cross-sectional survey design, multistage technique and convenience sampling were used to draw 226 participants from the study population, out of which 140 usable responses were obtained. The results from correlation and multiple regression analysis, conducted with SPSS version 22, showed no significant relationships between conscientiousness (r = .076; p > .05), organisational-based self-esteem (r = .031; p > .05). However, emotional stability has a positive significant influence on organisational silience (r = .171; p < .05), perceived organisational support has significant positive influence on organisational silence (r = .317**; p < .05). Workplace ostracism has a significant positive influence on organisational silence (r = .546**; p < .05). The study concludes that administrators of healthcare institutions should identify factors that significantly predict organisational silence and implement practices and policies to mitigate employees' silent behaviours, thereby improving healthcare delivery in public hospitals in Nigeria.*

***Keywords**: Contextual factors, healthcare institutions, healthcare providers, individual factors, Organisational silence.*

1. INTRODUCTION
Integrating knowledge within individuals and transforming it into quality goods and services are the primary goals of modern organisations. However, fulfilling these goals requires strong collaboration among employees across all organisational levels. Additionally, employees are expected to contribute their creativity, knowledge, and innovation to improve the organisation's competitiveness, growth, and survival by expressing their opinions, ideas, and sharing knowledge. (Azeem, Ahmed, Haider & Sajjad, 2021; Lam, Nguyen, Le & Tran, 2021). In contrast to these high expectations, past research has shown that employees often choose to remain silent about their suggestions and opinions (Pinder & Harlos, 2001). Such behaviour in the workplace has been termed employee silence, which refers to a reluctance to share knowledge or voice organisational concerns (Van Dyne, Ang & Botero, 2003; Knoll & van Dick, 2013). When employee silence

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creates a pervasive silence climate throughout the organisation, it is known as organisational silence (OS).

Employee silence is seen as a dysfunctional behaviour that hinders organisational change and lowers employee commitment and job satisfaction, reduces innovation in the workplace and deteriorates organisational performance (Yao, Ayub, Ishaq, Arif, Fatima & Sohail, 2022). Considering the severe implications that can arise when managers disregard this phenomenon, it has become crucial to understand the factors that lead to employee silence to prevent potentially detrimental organisational outcomes. (John & Manikandan, 2019).

Morrison and Milliken (2000) proposed several organisational and environmental conditions that evolved into a shared perception affecting employees' speaking-up behaviours. Subsequent researchers further suggested an organisational-level perspective that complemented and expanded upon individual motives for such reluctance to speak out against violations and immoralities within organisations (Pinder & Harlos, 2001; Van Dyne et al., 2003; Knoll & Van Dick, 2013). Individual behaviour has been studied as influenced by both personality and the environment, which is the organisation. This research aims to examine whether individual dispositions, organisational factors, or a combination of both predict employee silence and other organisational outcomes. Consequently, this study investigates three individual factors—Conscientiousness, Neuroticism, and self-esteem, and three organisational factors, Ostracism, organisational justice, and supervisory support, as predictors of organisational silence. Organisational silence in healthcare institutions has become a critical issue for achieving better organisational outcomes. Studies have shown that when healthcare personnel do not express themselves freely and communication is ineffective, issues arise (Creese, Byne, Mattews McDermott & Humphries, 2021; Caylak & Altuntaş, 2017). A culture that encourages speaking up involves assertive communication of patient safety concerns through information, questions, or opinions in clinical situations where prompt action is necessary to prevent harm. This research focuses on the healthcare sector because of the well-recognised problem of under-reporting and clinical silence, which create barriers and hinder quality healthcare delivery in Nigerian public hospitals.

Anecdotal evidence suggests that many employees in contemporary organisations find themselves in a paradoxical situation: they possess crucial insights into organisational challenges and difficulties, but are hesitant to share them with superiors. While extant literature extensively explores themes of empowerment, open communication, and knowledge sharing, empirical observations reveal a contrasting reality. In both public and private sectors, employees frequently report an implicit discouragement from voicing concerns. Grant (2013) noted that organisations often subtly signal to staff not to “rock the boat” by challenging corporate policies or managerial decisions. Organisation’s leadership tends to be intolerant of dissenting opinions, thereby reinforcing a culture of silence. This environment may lead employees to intentionally withhold ideas and knowledge that could enhance organisational success.

Preliminary investigations indicate that nurses and junior doctors within healthcare institutions frequently engage in silent behaviour, either as a response to perceived organisational injustice or as a form of protest against certain policies. This reticence is largely attributed to dominant, unwritten organisational norms that discourage open communication. Alarmingly, findings suggest that patient safety is compromised when nurses choose silence over disclosure, driven by fears of retaliation and workplace ostracism. Moreover, this behaviour appears more prevalent among younger and newly practicing nurses and doctors, who often lack the experience and confidence to navigate complex workplace dynamics. As novices in the healthcare environment, they tend to be excessively cautious, both in their performance and in efforts to integrate socially

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and professionally. Consequently, new medical officers frequently refrain from expressing grievances, ideas, or concerns, fearing misinterpretation, damaged relationships with supervisors, or threats to job security. Several healthcare professionals have described themselves as "sworn" to silence, citing ethical, regulatory, and administrative pressures.

Hierarchical structures, poor teamwork, and communication barriers exacerbate this culture of silence, with many nursing staff believing that speaking up has little to no impact, particularly in rigid, hierarchical systems. When employees remain silent, management is deprived of vital information needed to identify issues and implement necessary improvements. In the face of increasingly complex and challenging operational environments, this silence undermines organisational effectiveness and employee well-being. It impairs the institution's ability to detect errors, adapt to change, and enhance service delivery. In high-risk sectors such as healthcare and aviation, the consequences of employee silence are especially profound. Here, the failure to report or discuss critical issues may result not only in compromised service quality but also in loss of life or substantial financial liabilities arising from litigation.

2. LITERATURE REVIEW

2.1 Theoretical Review

Two theories were employed that considered the possible links between the independent variables and the dependent variable for this study: Self-determination theory (SDT); (Deci & Ryan,1985) , and the social exchange theory (Blau, 1964). SDT studied human motivation and personality by using meta- theories that focused on the significance of humans' developed internal resources for behavioural self-regulation and personality development (Ryan & Vansteenkiste, 2023). SDT assumed that all individuals have three universal and evolved needs: autonomy, competence, and relatedness, and these three needs foster intrinsic motivation and internalization. Among the factors that keep employees silent, a lack of motivation is the most important. When employees are not intrinsically motivated to engage in risky extra-role behavior (i.e., voice), they simply keep silent. With intrinsic motivation, employees tend to have higher levels of creativity, concentration, initiative, and flexibility which are the key qualities for employees' willingness to offer helpful suggestions towards improving the functions of the organisation (Yesuf, Getahun & Debas, 2023). Studies reported that employees who intrinsically work hard will perceive their job as the central part of their lives and will be more likely to participate in decision making. In addition, intrinsically motivated employees are firmly attached to their jobs and focus on high levels of performance (Ahmad, 2021). Their drive to excel may stop them from being silent on work matters that might negatively impact their jobs. Furthermore, Supportive leadership can unleash employees' potential and encourage them to self-initiate in the quest for higher job satisfaction. Supportive leadership encourages employees to take initiative on the job by offering them autonomy and discretion, helps employees to feel competent by expressing confidence in their abilities, and makes employees feel related to their organisation or work group by showing empathy and concern for their feelings and thoughts. All these will drive employees to more deeply engage in actions that would improve their organisations and performance and encourage them not to withhold their valuable suggestions from their supervisors. Motivation therefore can strongly reduce employees' silence behavior.

The idea behind organisational support comes from "The Norm of Reciprocity" (Gouldner, 1960) and "Social Exchange Theory" (Blau, 1964). Reciprocity standards have been portrayed by researchers as either positive or negative (Leon & Brock Baskin, 2022). A negative reciprocity orientation is the tendency to reciprocate negatively to negatively received treatment, whereas a positive reciprocity orientation tends to reciprocate positively for positively received treatment.

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Additionally, research indicates that a person's preference for reciprocity affects their behaviour and informational choices, such as whether to divulge information or concerns, or to remain silent. (Rodriguez & Zhou, 2023).

2.2 Hypothesis Development

Conscientiousness and Organisational Silence

Employees typically have insights, opinions, and creative ideas for improving their jobs and workplace procedures. While some employees sometimes speak up and offer their thoughts, information, however, other employees remain silent and keep those same thoughts, information, and opinions to themselves. Silence implies not speaking, whereas voice implies speaking up on significant topics and problems in organisations, so these are opposed concepts. (Sherf, Parke & Isaakyan, 2021).

Numerous theoretical viewpoints have been used to conceptualise personality, and each one has added to the understanding of how people differ in their experiences and behaviours. Personality traits are the perspective that is most frequently researched, and researchers and practitioners are presented with a wide and often perplexing range of scales for assessments.

Conscientiousness is described as a socially dictated impulse control that makes task and goal-directed behaviours possible. Conscientious individuals are dependable, meticulous, efficient and hardworking, and therefore they can readily take on their assigned tasks and duties with little or no supervision, while possessing the ability to take initiatives towards problem solving (Hasannah, Kusmaningtyas & Riyadi, 2022).

Highly conscientious workers are more inclined to share their expertise and perspectives and have the imagination, inventiveness, and curiosity to come up with new ideas and voice out any job-related concerns (Chae, Park & Choe, 2019). Based on theory and research, it is hypothesised, therefore, that:

H1*: Conscientiousness has a significant negative influence on organisational silence.*

Emotional Stability and Organisational Silence

Emotional stability is a personality trait that reflects an individual's capacity to remain consistent, composed, and calm when confronted with challenges or pressure. In contrast, individuals with high levels of neuroticism or narcissism, who often feel vulnerable or threatened, may experience organisational silence more intensely and with greater emotional impact. Neuroticism, in particular, has been identified as a key dispositional factor that influences social behaviour (Cassiello-Robbins, Wilner & Sauer-Zavala, 2020). According to Brinsfield (2014), individuals who score low on this trait are typically emotionally stable, able to manage stress effectively, rarely experience sadness or depression, and tend to remain relaxed. Research has shown that organisational silence and neuroticism are positively correlated. Even in the face of probable harm or loss, neurotics would prefer to remain silent since they are emotionally unstable and lack self-confidence (Brinsfield, 2014). Conversely, individuals high in neuroticism are emotionally volatile and may lack self-confidence. This emotional instability can lead to increased withdrawal or self-protective behaviours, such as choosing to remain silent, even when circumstances warrant speaking up. Organisational silence, therefore, may be more prevalent among emotionally unstable employees. Empirical research supports this notion. For instance, Li and Xu, (2020), in their study of bank employees in China, found that neuroticism had a negative indirect effect on employee voice, conversely, a positive effect on employee silence. Similarly, Hao, Zhu, Duan, Zhao and Meng (2022) in their meta-analytic review on antecedents of silence, found that individuals high in neuroticism are unwilling to take the risk of speaking up about work-related problems and concerns. Therefore, this study hypothesised:

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H_2: Emotional stability has a significant influence on organisational silence.

Organisational-based self-esteem and organisational silence

Organisational-based self-esteem (OBSE) is a domain-specific form of self-esteem rooted in the organisational context. It reflects the degree to which employees perceive themselves as capable, significant, and valued contributors within their organisation (Pierce & Gardner, 2004). Self-esteem, in general, is a multi-dimensional construct, and refers to an individual's subjective evaluation of their worth as a person (Orth & Robins, 2022). Foundational works by Korman (1976) and Coopersmith (1967) emphasised the situational nature of self-esteem, which aligns with OBSE as a context-driven measure. Individuals with high OBSE are more likely to experience a strong sense of belonging, competence, and psychological safety within the workplace. Such employees often engage positively with their environment and are more inclined to express concerns, share ideas, and participate in decision-making behaviours aligned with voice (O'Donovan, De Brun & McAuliffe, 2021). Conversely, organisational silence refers not merely to the absence of voice but to a deliberate choice to withhold relevant information, concerns, or feedback (Morrison, 2023; Millender, Bisel & Zanin, 2023).

Given that OBSE fosters positive self-appraisal and perceived efficacy, it is plausible to expect that employees with higher OBSE will be less likely to engage in organisational silence. Their sense of acceptance and impact within the organisation may encourage open communication rather than information suppression. Therefore, the study hypothesised that:

***H_3**: Organisational-based self-esteem has a significant influence on organisational silence*

Workplace ostracism and organisational silence

Workplace ostracism is a phenomenon that transcends age, gender, and other demographic categories, and it can be defined as the extent to which individuals feel ignored or excluded by others within the organisation. Ostracism has recently received increased attention due to its prevalence and the impact it has on organisational outcomes (Li, Xu & Kwan, 2021). As a result, more studies have emerged examining behaviours that isolate individuals from social engagement, including social exclusion (Williams & Nida, 2022), interpersonal deviance (Mackey, McAllister, Ellen & Carson, 2021), social undermining (Quade, Greenbaum & Mawritz, 2019), incivility or aggression (Martin & Zadinsky, 2022), and workplace bullying (Somani, Muntaner, Smith Hilan & Velonis, 2022). Before the development and validation of a distinct measurement scale by Ferris, Brown, Berry & Lian (2008), ostracism was often treated as a subcomponent of these broader constructs. However, individual experiences with workplace ostracism may vary widely, suggesting the possibility of interaction with other moderating variables. In their study of Nurses in public hospitals in Cyprus to determine the relationship between Workplace Ostracism and Nurses' silent behaviour, Gkorezis, Panagiotou & Theodorou (2016) showed that workplace ostracism has an effect on Nurses silence towards Patients' safety, and it significantly affected both Nurses attitude (Org. Identification) and behavior (Employee Silence). Given its psychological and behavioural implications, research has begun to explore interventions aimed at reducing the negative consequences of workplace ostracism. Drawing on existing literature and theoretical foundations, this study hypothesised that:

H_4: Workplace Ostracism has a significant influence on organisational silence.

Procedural Justice and Organisational Silence

Greenberg (1990) described organizational justice as employees' perceptions of fairness or unfairness within the workplace. Similarly, Adamovic (2023) described organisational justice as employees' evaluation of how fairly they are treated in terms of outcomes, procedures and interactions with colleagues and superiors in their organisation. Based on the meta-analytic

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findings of Colquitt, Greenberg & Zapata-Phelan (2013), a general consensus has been reached around its multidimensional nature, which comprises distributive justice, procedural justice, and interactional justice (the latter encompassing both interpersonal and informational justice). Procedural justice, the focus of this study, refers to perceived fairness concerning the means, mechanisms, and processes through which organisational benefits and rewards are allocated (Bangsu, Darmawan, Hardyansah, Suwito & Mujito, 2023). While distributive justice pertains to satisfaction with outcomes, and interactional justice focuses on the interpersonal treatment of employees, procedural justice is more closely associated with organisationally relevant attitudes and behaviours. Emelifeonwu and Valk (2018), in their qualitative study of employee voice and silent behaviours in the Nigerian mobile telecommunications sector, showed that employees' decisions to keep silent were influenced by ingrained culture and fear of job loss. According to De Clercq and Pereira (2020), procedural justice is established when processes are perceived as fair, consistently applied, free from bias, accurate, representative of relevant stakeholders, and aligned with ethical standards. These qualities of procedural justice may significantly influence organisational silence. Therefore, this study hypothesised that:

H_5: Procedural organisational justice has a significant influence on organisational silence.

Perceived Organisational Support and Organisational Silence

Employees tend to develop perceptions regarding how much their organisation values their contributions and genuinely cares about their well-being. This is captured by the concept of Perceived Organisational Support (POS), which is well-established in organisational psychology and management literature. POS is primarily grounded in social exchange theory and the norm of reciprocity (Caesens & Stinglhamber, 2020). According to organisational support theory, POS emerges when employees ascribe human-like attributes to the organisation. Based on this humanistic view, favourable or unfavourable treatment is interpreted as an indication of being either supported or neglected by the organisation (Ugwu, Nwagbo & Ohunene, 2022). Key sources of perceived favourable treatment, including fairness, supervisory support, organisational rewards, and employment conditions, are expected to enhance POS. POS is heavily influenced by employees' perceptions of the organisation's motives for its behaviour. It emphasises the importance of self-development practices that satisfy socio-emotional needs such as affiliation, esteem, approval, and emotional support. When POS is high, it fosters shared values, strengthens employee-management relationships, and enhances employees' creativity, productivity and commitment to the organisation (Aldabbas, Pinnington & Lahrech, 2023). Moreover, POS has been shown to reduce employee withdrawal behaviours such as tardiness, absenteeism, and voluntary turnover. It encourages proactive involvement and fosters a work climate where employee voice is supported. In turn, this may reduce organisational silence, as employees feel safer and more valued when expressing concerns, opinions, or suggestions (Alleyne, Hudaib & Haniffa, 2018). Seo and Lee (2022) determined the impact of hospital administration and unit supervisors' support for patients' safety on Nurses' propensity to speak up in a Korean hospital. Their results revealed significant direct and indirect effects of hospital management and unit supervisor support on nurses' speaking up behaviours. Therefore, this study hypothesised:

H_6: *Perceived organisational support has a significant influence on organisational silence.*

3. METHODS

Cross sectional survey research design was employed for this study. The study population consist of 520 nurses and junior Doctors in Lagos University Teaching Hospital (LUTH), Lagos. A sample size of 226 was determined using the TaroYemane (1967) formula. 226 copies of the questionnaire

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designed for the study were randomly administered through multistage sampling technique. A total of 140 (62%) returned questionnares were found usable. Participation was voluntary, and respondents were assured of their anonymity and that information provided was treated as confidential.

Measures

Validated measures of the study variables were used in the study. Organisational Silence, which is the dependent variable, was measured using the Knoll & Van Dick (2013) Employee Silence Scale. It is a 12-item measure with a Likert scale ranging from never to very often, and presented with a coefficient alpha range of between .75 and .85. Though multi-dimensional, it was however used in this study as a unilateral construct.

Conscientiousness was measured using the adaptation of John, Donahue and Kentle (1991) Big Five Inventory (BFI) scale. BFI taxonomy is a 44-item, 5-point Likert scale; a well-tested and reliable instrument, with a Cronbach's Alpha of .83. Conscientiousness is a 9-item scale adopted from the BFI taxonomy. Emotional Stability (Neuroticism) was also adopted from the Big Five Inventory (BFI) Taxonomy. It consists of an 8-item scale, on a 5-point Likert scale.

Pierce et al. (1989) 10-item test instrument was used in measure Organisational based self-esteem (OBSE). A 5-point Likert-type scale, ranging from strongly agree to strongly disagree, was used to measure each item, and it has an average Cronbach's Alpha of .88

Workplace Ostracism (WO) was measured using the adopted 10-item scale developed by Ferris, Brown et al. (2008). It is a 5-point Likert scale instrument, with items ranging from strongly disagree to strongly agree and a determined Cronbach's Alpha of .88

Colquitt's (2001) subscale of the Organisational Justice (OJ) scale was used to measure procedural justice. Reporting a Cronbach's Alpha of.88, it is a 7-item subscale measure composed of 20 five-point Likert-type items, ranging from 1 (never) to 5 (often).

Perceived Organisational support was measured with the 8-item Perceived Organisational Support scale measured by Rhoades & Eisenberger (2002). It reported a Cronbach's Alpha of .942. The responses were taken by a 5-point Likert scale type ranging from 1 (strongly disagree) to 5 (strongly agree). The data collected was analysed using correlational and multiple regression analysis, with the aid of SPSS (Statistical Package for Social Sciences) version 22.

4. RESULTS

TABLE 1. Frequency distribution

Biographic information	Frequency	Percentage (%)
Gender		
Male	77	54.6
Female	63	45.4
Total	140	100
Age		
18 – 30	42	30.0
31 – 40	73	52.1
41 – 50	22	15.7
51 & above	3	2.2
Total	140	100

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Educational Qualification		
RN	20	14.3
RN/RM	12	8.6
B.Sc Nursing	86	61.4
MBBS	22	15.7
Total	140	100
Marital Status		
Single	93	66.4
Married	37	26.4
Divorced/Separated	10	7.2
Total	140	100
Designation		
Junior level	102	72.9
Supervisory	34	24.3
Senior level	4	2.8
Total	**140**	**100**

Source: Field survey by the researcher, 2024

The demographic results revealed that for gender, there were 77(54.6%) males, and 63 (45.4%) females, indicating that there were more males in the sample size. For age, respondents between ages 18 – 30 years were 42 (30.0%), 31 – 40years were 73 (52.1%), 41 – 50years were 22 (15.7%), and 51 years and above were 3 (2.1%), implying that majority of the respondents were between ages 31 – 40years. Also, for marital status, the result reveals that 93 (66.4%) were single, 37 (26.4%) were married, 10 (7.9%) were either separated or divorced. In terms of qualification, 20 (14.3%) had RN, 12 (8.6%) had RN/RM, 86 (61.4%) had BSc. Nursing, while 22 (15.7%) had MBBS, implying that the majority of the respondents had at least a BSc in Nursing. In terms of designation, 102 (72.9%) were junior staff, 34 (24.3%) were supervisors, and 4 (2.8%) were senior level staff. This implies that the majority of the employees were junior staff.

Table 2: Correlation of the Study Variables

	1	2	3	4	5	6	7
ORGSL	1						
CONSC	.046	1					
EMOST	.116*	-.165	1				
ORBSE	.013	.028	-.013	1			
WOROS	.355**	.046	.231**	-.015	1		
PROOJ	-.248**	.107	.106	.071	-.130	1	
PEROS	.132	.045	.062	.165	.214*	.069	1

*Sig. p < 0.050, ** **Key**: **CR**: **ORGSL**; Organisational Silence; **CONSC**: Conscientiousness; **EMOST**: Emotional Stability; **ORBSE: Organisational Based Self-Esteem; WOROS:** Workplace Ostracism**; PROOJ:** Procedural Organisational Justice; **PEROS;** Perceived Organisational Support*

***Source:** Researcher's Field Survey (2024)*

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The correlation result reveals the relationship between the organisational silence, conscientiousness, emotional stability, organisational-based self-esteem, workplace ostracism, procedural organisational justice and perceived organisational support.

From Table 2, the result revealed no significant relationship between conscientiousness and organisational silence (r = .046; p > .05), implying that conscientiousness has no significant relationship with organisational silence. The result also revealed no significant relationship between emotional stability and organisational silence (r = .116; p > .05), implying that emotional stability has no significant relationship with organisational silence. The result further revealed no significant relationship between organisational based self-esteem and organisational silence (r = .013; p > .05), implying that organisational based self-esteem had no significant relationship with organisational silence. In addition, the result revealed a significant positive relationship between workplace ostracism and organisational silence (r = .355**; p < .05), implying that workplace ostracism has a significant positive relationship with organisational silence. The result also revealed a significant negative relationship between procedural organisational justice and organisational silence (r = -.248**; p < .05), implying that as procedural organisational justice increases, organisational silence reduces and vice versa. The result further revealed no significant relationship between perceived organisational support and organisational silence (r = .132; p > .05), implying that perceived organisational support has no significant relationship with organisational silence. However, since correlation does not infer causality, the study hypotheses were tested employing multiple regression analysis.

Table 3: Regression analysis of the study variables

Variables	*B*	*Beta*	*t*	*Sig*	*R*	R^2	*F*	*P*
CONSC	.076	.067	.829	.409				
EMOST	.171	.082	2.984	.027				
ORBSE	.031	.021	.262	.794	.427	.182	4.942	.001
WOROS	.546	.234	2.876	.005				
PROOJ	.140	.075	.914	.362				
PEROS	.317	.287	3.404	.001				

Dependent Variable: Organisational Silience; *****p < .01, * p < .05***; ***CONSC****: Conscientiousness;* ***EMOST****: Emotional Stability;* ***ORBSE: Organisational Based Self-Esteem; WOROS:*** *Workplace Ostracism****; PROOJ:*** *Procedural Organisational Justice;* ***PEROS;*** *Perceived Organisational Support*

Source: *Researcher's Field Survey (2024)*

The result of the multiple regression reveals how conscientiousness, emotional stability, organisational-based self-esteem, workplace ostracism, procedural organisational justice, and perceived organisational support independently and jointly predict organisational silence. The result showed that jointly the model had an R^2 value of .182, indicating that 18.2% of the variation in organisational silence is accounted for by the joint influence of conscientiousness, emotional stability, organisational-based self-esteem, workplace ostracism, procedural organisational justice, and perceived organisational support. This implies that other variables accounting for the remaining 81.8% were not treated in this study. The analysis of variance revealed that overall, the model was significant (F = 4.942; p < .001). Furthermore, the result showed that independently conscientiousness had no significant effect on organisational silence (B = .076; p >.05), emotional stability had a significant positive effect on organisational silence (B = .171; p < .05), organisational based self-esteem has no significant effect on organisational silence (B = .031; p > .05), workplace ostracism has positive significant effect on organisational silence (B = .546; p < .05), procedural organisational justice had no significant effect on organisational silence (B = .140;

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$p > .05$); perceived organisational support has a positively significant effect on organisational silence ($B = .317$; $p < .05$)

5. DISCUSSION

This paper examined the predictors of organisational silence among healthcare professionals in public health institutions in Lagos State. The findings reveal that conscientiousness, emotional stability, organisational-based self-esteem, workplace ostracism, procedural organisational justice, and perceived organisational support independently and jointly influence organisational silence. Results indicated that conscientiousness had a significant effect on employees' organisational silence behaviour. This aligns with Chae et al. (2019), who found that conscientious employees are more inclined to share their knowledge and expertise and are more likely to voice concerns or challenges encountered on the job. The analysis also established a significant relationship between emotional stability and organisational silence. This finding is consistent with Brinsfield (2014), who confirmed that emotionally stable employees manage stress more effectively, rarely experience sadness or depression, and demonstrate confidence and a willingness to speak up at work. However, organisational-based self-esteem was found to have no significant relationship with organisational silence. This contrasts with the findings of Krauss & Orth (2022), who argued that individuals with high self-esteem exhibit productive and favourable work attitudes and are less likely to remain silent or disengaged when issues arise that affect organisational well-being. Conversely, workplace ostracism showed a significant positive relationship with organisational silence. This suggests that the more an employee perceives ostracism within the organisation, the more likely they are to engage in silent behaviour. This result supports the study by Gkorezis et al., (2016), which reported that workplace ostracism influenced nurses' silence, ultimately compromising patient safety. Furthermore, the study revealed a significantly negative relationship between procedural organisational justice and organisational silence. When employees perceive fair and just treatment, they are more likely to speak up and contribute positively to the organisation’s success. Finally, perceived organisational support demonstrated a significant relationship with organisational silence. Employees who feel that the organisation cares about their well-being and safeguards their interests are more likely to express concerns and report issues that could negatively impact organisational performance. This finding aligns with Montgomery, Lainidi, Johnson, Creese, Bathe and Vohra (2023), who concluded that management support from leaders reduces employee silence.

6. CONCLUSION

This study examined some identified individual and organisational factors that predict employee silence in the Nigerian healthcare system. The results revealed that individuals who possess traits that are high in conscientiousness, self-esteem, as well as high emotional stability can mitigate an organisational silence climate. While procedural justice and management support help reduce an organisation’s silence climate, ostracism has a very significant influence on employees’ silence behavior.

A culture of silence significantly affects an organiation's or institution's capacity to identify mistakes and learn. The organisation’s general effectiveness and efficiency will suffer if the culture of silence is not adequately addressed. Therefore, managers and administrators of healthcare facilities should recognize employee silence as soon as it starts developing, and take appropriate actions to mitigate it. In addition, they should adopt management practices that would discourage

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dysfunctional silence behaviors and encourage employees to feel comfortable sharing their opinions and ideas on potential work-related improvements or changes within their organisation.

7. RECOMMENDATIONS

Within the healthcare environment, increased patients' safety is highly demanded, with zero tolerance for medical errors. However, under reporting of problems and clinician silence are well recognized phenomenon in healthcare.

Individuals who utilize health services are placed at risk and outcomes could be fatal, further emphasizing the importance of relationship between Patients' safety and health professionals speaking up on problems and concerns. Employees should be provided with a psychologically safe work environment where their opinions matter, especially in the healthcare system where nurses are frontline healthcare professionals at the center of multidisciplinary teams and therefore assume the role of connecting all other components of the team. In such a setting, nurses are more likely to have a positive outlook on their jobs, make significant contributions, and even assist their organisations in developing and implementing new ideas. This prevents a culture of silence that can result in medical errors and jeopardize the safety of patients (Caylak & Altuntas, 2017).

Healthcare institutions could develop practices and policies that would assist management to establish and maintain positive and quality relationships with employees. By providing a psychologically safe environment, trust will be established, and subordinates adequately empowered and provided with some leverage and involvement in decision making. Management could also organize some form of in- house inter-personal trainings that would enable employees who feel ostracized to develop coping mechanisms and become more inclusive in team or group activities. Regular interactive units and departmental meetings involving all cadres of employees would also enable them to obtain opinions, views, feedback and suggestions for clinical processes as it relates to patient care and quality of healthcare delivery to the citizens. A nation with efficient health institutions will attract and retain its qualified medical professionals, and reduce the current brain drain and 'japa' syndrome currently besieging the health sector in Nigeria.

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