ORIGINAL ARTICLE

Organizational justice and workplace spirituality: Their relation to organizational silence behavior among nurses

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ABSTRACT

Background: Justice and its implementation are one of the fundamental and innate needs of the human. Employees' exhibit higher levels of performance, loyalty, act more than their job descriptions when they are treated fairly at the workplace. Organizational injustice negatively affects organizational silence in the workplace and using the workplace spirituality technique decreases this negative effect.
Aim: To assess the relation of organizational justice and workplace spirituality with organizational silence behavior among nurses.
Methods: Design: A descriptive correlational research design. Setting: The study was conducted at the University Hospital of Menoufia Governorate, Egypt. Subjects: A simple random sample consisted of 372 nurses. Tools: Data were collected by using an organizational justice questionnaire, workplace spirituality questionnaire, and organizational silence behavior scale.
Results: the highest percent of the studied nurses had a moderate perception level toward organizational justice, and the mean score of the organizational justice variable was 39.37 ± 6.73. The highest mean score was the interactional justice 18.41 ± 3.16, procedural justice 11.67 ± 2.56, and then the distributive justice dimension 9.51 ± 2.21, respectively. Two-third of the studied nurses had a moderate perception level toward workplace spirituality and the highest the mean score was 27.18 ± 1.68 related to the sense of community dimension. The highest percent of the studied nurses had a high level toward organizational silence behavior and the mean score of the organizational silence variable was 38.24 ± 6.73. Also, the most type of organizational silence behavior was prosocial silence, and the most common cause of nurses silent was "supervisor support for silence factor".
Conclusions: There was a highly statistically significant positive correlation between organizational justice and workplace spirituality and there was a negative correlation between organizational justice, workplace spirituality, and organizational silence behavior among nurses.
Recommendations: Nursing Managers have to respect to rights and duties of nurses in making decisions and conducted periodically meeting with their nurses to discuss and solve work problems and have to create a transparent environment in which nurses express their ideas and views to minimize the reasons that push them to remain silent.

Key Words: Nurses, Organizational justice, Organizational silence, Workplace spirituality

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1. INTRODUCTION

Since nurses are considered the main employees in healthcare institutions and they are the largest workforces in hospitals, the quality of nursing care delivery reflects the performance of hospitals. Additionally, the manager's behavior with nurses and the perceived organizational justice by the nurses are the most important environmental factors affecting the performance of the nursing staff.[1]

Recently, organizational justice has become a widespread concern not only soliciting organizational justice for employees but also sustaining it throughout the organization. Justice is one of the basic conditions for organizations to improve and maintain their existence. Justice plays a role in the systematic improvement of individual and societal life and is an important component of organizations where an individual spends a large part of his or her daily life in the organization.[2] Justice is perceived as an activity or choice that is known to be ethically right keeping in mind moral, religious, equality, and equity.[3]

Organizational justice is considered as an important incentive for organizational behavior and refers to the perception of individuals and groups regarding fair treatment that they received from the organization and fairness in the distribution of resources and opportunities, wages, decision-making processes, interpersonal behaviors and provision of information within their work environment.[1] However, the perception of fair treatment of health workers improves the performance of the health workforce and the operational efficiency of the hospital.[4]

Organizational justice includes three main dimensions which are distributive, procedural, and interactional justice. First, distributive justice refers to the perceived fairness of how outcomes and resources are distributed among employees in organizations.[5] Distributive justice is significantly associated with fairness in the allocation of rewards, taking into account the costs, experience and time offered.[6] Second, procedural justice refers to employees' perceptions of fairness in terms of actions that are adapted to present outcome decisions. Specifically, the integrity of procedures should include the degree of fairness in the processes used to formulate decisions and the extent to which employees are allowed to express their positions before any decision is taken based on accurate information and ethical standards.[7] And third, Interactional justice is the employees' perception of fairness based on dignity, concern, respect, and the interpretation they received to clarify the procedures and the way the results are distributed and it is the personal value of procedural justice that may create reactions against the outcome of decisions.[8]

In other words, distributive justice can be perceived by employees if employees are rewarded or punished for only what they are doing, and if everyone working at the same organization is treated equally for the allocation of outcomes.[9] Procedural justice can be perceived by employees if employees participate in the process, they perceive fairness, though they are not satisfied with the result.[1] Interactional justice refers to the fairness of the interpersonal interaction in organizational processes. Employees are likely to perceive interactional justice if their managers have a fair attitude and behavior toward them through processes.[10]

Spirituality in the workplace is about individuals and organizations seeing work as a spiritual path, as an opportunity to grow and to contribute to society in a meaningful.[11] Workplace spirituality impress past practices of interconnectivity and a feeling of trust between individuals, who are a part of a particular work process, which subsequently instigate cooperative feelings and lead to an overall organizational culture that is driven by motivation, exemplified by a positive response, and unanimity and harmony among the individuals, consequently, uplifting the cumulative performance of the individuals, and in turn aiding to the organizational excellence as a whole.[12]

Spirituality in the workplace means supporting the spirit at work and it is not inferred from religion or adhering to any religious principles, rather it is the inner wisdom, connection to humanity, and value in the workplace that comes from work when one believes that the contribution, makes a difference, relates to others and something beyond, and greater than oneself through the pursuit of a common goal.[13] In healthcare, spirituality in the workplace integrates the individual's efforts to find meaning and purpose in life, maintain healthy relationships with interdisciplinary team members, relatives, and other workers, maintain interconnectedness between the individual's core beliefs and the values of the organization involved and promote spirituality in the workplace is beneficial for both employees and patients.[14] Spirituality in the workplace has the benefit of promoting human well-being; this is because the spiritual aspect not only turns into the physical aspects but also into social and emotional concerns.[15]

There are three dimensions to the phenomenon of spirituality in the workplace namely: meaningful work, sense of community, and alignment with organizational values.[16] Meaningful work reflects a deep sense of meaning and purpose in one's work. A sense of community involves relationship and connectedness with others, and alignment with organizational value indicates the extent to which individuals believe their personal values are aligned with an organization's purpose.[17]

Employees who experience spirituality in the workplace tend to be able to provide services to consumers as much as possible so that they can affect the quality and quality of consumers' feelings.[18] Employee spirituality can influence the performance of individuals and organizations alike. Although individual-level employees can feel a spiritual connection in the workplace which in turn can enhance team effectiveness, job stratification, and employee engagement.[19]

Health organizations have faced various transformations in their working environment. Many organizations are considering the incorporation of workplace spirituality because it can create a positive relationship between the employee and the organization. It is quite important in the creation of innovation in an organization if the employees stay silent or not in making decisions about opportunities. If the employees are at liberty to bring their physical, intellectual, emotional, and spiritual activity to the workplace, it becomes more productive, creative.[20]

Organizational silence is one of the most important challenges facing human resources management in organizations with the growing change in the work environment where the participation of employees with their opinions, knowledge, and experiences related to the organizations is the main source of institutional development, change, and innovation.[21] If employees send a message to their organization or manager through silence, the meaning of that message should be explained completely. Because there are potential risks that may affect employees' attitudes, behaviors, or gains in the background of these messages, and these employees likely face negative feelings such as anger and shame towards the organization, which leads to these behaviors, in the end, a kind of blaming the organization and having a bad mouth about it.[22]

Organizational silence is an inefficient process that can waste all organizational efforts and may take various forms, such as collective silence in meetings and low levels of participation in suggestion schemes and it is the fact that employees do not express their thoughts, concerns, and suggestions about organizational problems or issues that concern them with management and keep them for themselves.[23]

There are three types of organizational silence behavior which are acquiescent/accepted silence, defensive/self-protected silence, and prosocial protective silence.[24] Acquiescent/accepted silence is a paradox that refers to the general acceptance of ideas in a group even when they contradict individual ideas. Acquiescent silence is the aspect of organizational silence where employees of an organization refrain from expressing information, views, and ideas based on the belief that speaking up is pointless and unlikely to make a difference.[25]

Defensive silence refers to employee's avoidance of expressing knowledge and hides of information and thoughts for self-protection and for the fear of encountering a problem as regards knowledge or idea shared and employees prefer to remain calm as a personal strategy by acting proactively to use the alternatives in their favor in the future. This silence is fundamentally different from accepted silence and is more active than accepting silence. Based on defensive silence, there is a fear of making suggestions or speaking for change and the fear of being blamed for the problem.[26]

Prosocial silence is also referred to as the silence of one person for the benefit of other employees and the organization. This type of silence is different from defensive silence and is characterized by worry for others rather than fear from negative, personal results that may arise when expressing one's ideas, and this silence, devotion, and cooperation depending on the work-related ideas, information, and ideas are stored for the benefit of the organization or other colleagues.[27] Acquiescent silence and quiescent silence are affecting job performance negatively, but prosocial silence is affecting job performance positively.[28]

Some factors causing organizational silence are as follows: (1) support of silence by top management due to the supervisors' fears of getting negative reactions or their underlying beliefs, (2) lack of communication opportunities, (3) support of supervisor for silence, (4) official authority and (5) employees' fears of getting negative reactions.[29] Organizational silence hurts both the organization and the employees, because it makes them feel that they are not important, are not under control, and that they have lost their confidence, which causing lower levels of employee commitment, internal conflicts, reducing decision-making, and preventing positive or negative reactions to management. It also causes employee demoralization and motivation, absenteeism, and delay which negatively affect individual and organizational activities.[30]

1.1 Significant of the study

Nowadays, organizational silence is an important problem in organizations and it causes employees to absent from activities that provide progress for the organization, refrainment from sharing opinions and concerns, and deliberately not sharing innovative opinions.[31] In the past, some research studies have supported that employee silence in an organization influenced by low organizational justice, and research conducted by Kareem[32] shows that organizational justice along with its dimensions can be a predictor of employee silence. Justice in organizations can include issues related to

perceptions of fair pay and equal opportunities for promotion and the perception of good organizational justice will increase the positive emotions of employees so that employees will do their work with pleasure and positivity.

The researchers noted that nurses complain about a lack of consideration for their issues and concerns in the distribution of workload and that they do additional work and do not find a suitable compensation from their supervisors, and suffering from the unfairness of managers decision-making towards them, which leads some of them to ta sort of blaming the organization and having a bad mouth about it and lack of commitment to their workplace. Workplace spirituality is one of the new and hot buzzwords in healthcare. To the researchers' knowledge, no published studies discuss workplace spirituality at Menoufia University Hospital. Therefore, this research strongly opens new areas of research in this regard. For these reasons, the present study aimed to assess the relation of organizational justice and workplace spirituality with organizational silence behavior among nurses makes an important contribution to the literature. Also, the results of our study provide guidelines for the hospital from which data were collected and helps decision-makers to develop policies that increase work fairness and reduce the positive dimensions and correct the negative dimensions of organizational silence that enables the organization to raise the performance and morale of employees and gives them an opportunity for creativity and self-development.

1.2 Aim of the study

This study aimed to assess the relation of organizational justice and workplace spirituality with organizational silence behavior among nurses.

1.3 Research questions

(1) What is the level of organizational justice as perceived by nurses?

(2) What is the level of workplace spirituality as perceived by nurses?

(3) What is the level of organizational silence among nurses in the study setting?

(4) What are the most common factors that cause organizational silence as perceived by nurses?

(5) Is there a relation between organizational justice, workplace spirituality, and organizational silence among nurses in the study setting?

2. Subject and method

2.1 Research design

A descriptive correlational design was used in carrying out this study.

2.2 Study variables

Independent variable: Organizational justice and Workplace Spirituality.

Dependent variable: Organizational Silence behavior.

2.3 Setting

The study was conducted in all departments and units at University Hospital at Menoufia governorate.

2.4 Subjects

2.4.1 *Sample type*

A simple random sample consisted of 372 nurses who work in University Hospital during the time of study and have at least one year of experience and accept to participate in the study.

2.4.2 *The sample size*

The sample size was calculated based on the lowest and highest organizational justice and organizational silence scores recorded in the previous review of literature). It was calculated using the following Equation 1:

$$n = \frac{Z^2 \times p \times q}{D^2} \qquad (1)$$

Where n = the required sample, z = (fixed value of 1.96), p = is percent prevalence from previous study, D = coefficient of 0.05

2.4.3 *Sample technique*

Where the total on job nurses in a university hospital was 1200 at the beginning of the study (Statistical Administrative Records of Hospitals, 2019). So the calculated sample size was 362 increased to 372 to fulfill the randomization method. The study included all working nurses, including males and females nurses who worked regularly in the chosen hospital. A selection was done randomly through a computerized list as each third name in each department.

2.5 Tools for data collection

To fulfill the aim of the study, three tools were used for data collection.

2.5.1 *First tool: Organizational justice questionnaire*

It consists of two parts:

Part I: A structured questionnaire was designed to include; Socio-demographic data such as age, gender, work department, educational level, and years of experience.

Part II: Organizational Justice Questionnaire.

It was developed by Niehoff and Moorman[33] and adapted by the researcher, the original version is in English was trans-

lated into Arabic in the framework of this research. It consists of 20 items used to assess the perception of nurses regarding organizational justice divided into three dimensions of justice, including distributive (5 items), procedural (6 items), and interactional (9 items).

Scoring System:

The subjects' response was rated on a three-point Likert Scale from "agree (3), neutral (2), and disagree (1)". The score of the items was summed-up and the total divided by the number of the items, giving a mean score for each dimension. These scores were converted into a percent score. The scores of less than 60% were considered a low level of nurses perception regarding organizational justice, while 60%-75% were considered a moderate level of nurses perception regarding organizational justice, and more than 75% were considered a high level of nurses perception regarding organizational justice at the study setting.

2.5.2 *Second tool: Organizational silence questionnaire*

It was developed by Şehitoğlu and Zehir[34] and Dyne et al.,[35] and adapted by the researcher, the original version is in English was translated into Arabic in the framework of this research. It consists of two parts:

Part I: Types of Silence

It consists of 15 items used to determine organizational silence levels among nurses divided into three dimensions related to types of organizational silence: 1) acquiescent silence (5 items), 2) defensive silence (5 items), and 3) prosocial silence (5 items).

Scoring System:

The subjects' response was rated on a three-point Likert Scale from "disagree (1), neutral (2), and agree (3)". The score of the items was summed-up and the total divided by the number of the items, giving a mean score for each type. These scores were converted into a percent score. The scores of less than 60% were considered a low level of organizational silence, while 60%-75% were considered a moderate level of organizational silence, and more than 75% were considered a high level of organizational silence.

Part II: Causes of Silence

It assesses the causes of organizational silence as perceived by nurses. It consisted of 27 items divided into five factors:1) support of the top management of silence (5 items), 2) lack of communication opportunities (6 items), 3) support of supervisor for silence (5 items), 4) misuse of official authority (5 items), and 5) subordinate's fear of negative reactions (6 items).

Scoring System:

The subjects' response was rated on a three-point Likert Scale from "not cause (1), a moderate cause (2), and a significant cause (3)." The score of the items was summed-up and the total divided by the number of the items, giving a mean score for each cause. These scores were converted into a percent score. The scores of less than 60% were considered not affective causing factors of silence, while the scores of 60% and more were considered affective causing factors of silence.

2.5.3 *Third tool: Workplace spirituality questionnaire*
It was developed by Milliman et al.,[36] and adapted by the researcher. It consists of 21 items used to assess the perception of nurses regarding the spirituality of workplace divided into three dimensions of workplace spirituality, including meaningful work (6 items), sense of community (7 items), and alignment with organizational values (8 items).

Scoring System:

The subjects' response was rated on a five-point Likert Scale from strongly disagree (1) to strongly agree (5). The score of the items was summed-up and the total divided by the number of the items, giving a mean score for each dimension. These scores were converted into a percent score. The scores of less than 60% were considered a low level of workplace spirituality, while 60%-75% were considered a moderate level of nurses regarding workplace spirituality, and more than 75% were considered a high level of nurses regarding workplace spirituality.

2.6 Validity and reliability of the instrumentation
2.6.1 *Validity*
Tools of data collection were translated into Arabic and reviewed for their content validity by five experts who were selected to test the content and face validity of the instruments. The panel included three experts from the nursing administration department, two experts from the psychiatric nursing department and necessary modifications were done to reach the final valid version of the tools. The tools were considered valid from the experts' perspective.

2.6.2 *Reliability*
The tools were tested for reliability by using Cronbach's alpha coefficient ($\alpha = 0.90$) for organizational justice tool, ($\alpha = 0.97$) for organizational silence tool, and ($\alpha = 0.86$) for workplace spirituality. The tools were clear, comprehensive, and applicable.

2.7 Pilot study
A pilot study was conducted to test the clarity and applicability of the study tools and estimate the time needed for

each tool. It was done on 10% of the sample who were not included in the main study sample. The average time needed to complete each questionnaire related to nurses was 15-20 minutes. The necessary modification was done and the final form was developed.

2.8 Fieldwork

Data was collected upon three months starting from the first of June 2019 until the end of August 2019. This was done weekly in the morning and afternoon shifts. After gaining the acceptance from nurses to participate in the study, the researcher explained the purpose and content of the questionnaire tools to nurses and the tools were given and asked to fill it out and return it anonymously in the same setting or at most the next day. The researchers were available for any clarifications.

2.9 Administrative and ethical consecrations

All the relevant principles of ethics in the research were followed. Before starting the practical work an official letter clarifying the purpose of the study was obtained from the faculty dean of nursing to the hospital director to conduct the study and collect the necessary data. Participants' consent to participate was obtained after informing them about their rights to participate, refuse, or withdraw at any time. The total confidentiality of any obtained information was ensured. The study maneuver could not entail any harmful effects on participants.

2.10 Statistical analysis

A compatible personal computer was used to store and analyzed data. The Statistical Package for Social Studies (SPSS), version 20 was used. Descriptive statistics were applied such as Frequency, percentage distribution; mean and standard deviation. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p < .05$ for the interpretation of the results of tests of significance.

3. RESULTS

Table 1 shows the socio-demographic characteristics of nurses in the study sample. As regarding their age, the studied nurses ranged between 23- 45 years old with 2-20 years of experience. The majority of them female nurses (75.3%) and had a nursing diploma (40.3%) and more than half (58.3%) were working in critical care units.

Table 1. Socio-demographic characteristics of nurses in the study sample (n = 372)

Socio-demographic characteristics of the studied nurses	No.	%
Age/years		
Mean $\pm SD$	29.8 $\pm$ 6.57	
Range	23-45	
Years of experience		
Mean $\pm SD$	8.95 $\pm$ 6.53	
Range	2-20	
Gender		
Female	280	75.3
Male	92	24.7
Qualification		
Nursing diploma	150	40.3
Technical institute of nursing	118	31.7
Bachelor degree in nursing	104	28.0
Departments		
Critical care units	217	58.3
Medical, Surgical departments	155	41.7

Table 2. Ranking with the mean score of organizational justice dimensions as perceived by studied nurses (n = 372)

Organizational justice dimensions	Min	Max	Mean $\pm SD$	Mean (%)	Ranking
Distributive justice	5	15	9.51 $\pm$ 2.21	63.4	3
Procedural justice	6	18	11.67 $\pm$ 2.56	64.8	2
Interactional justice	9	27	18.41 $\pm$ 3.16	68.18	1
Total organizational justice	20	60	39.37 $\pm$ 6.73	65.62	

Table 2 displays ranking with mean scores of organizational justice dimensions as perceived by studied nurses, this table reported that the total mean score of perceived organizational justice was (39.37 ± 6.73). Also, the first ranking with the highest mean score was (18.41 ± 3.16) related to the interactional justice dimension, while the lowest mean was (9.51 ± 2.21) related to the distributive justice dimension.

Figure 1 shows that, the highest percentage (41.7%) of studied nurses had a moderate perception level regarding total organizational justice, while the lowest percentage (28.1%) of studied nurses had a high perception level regarding total organizational justice.

Table 3 displays ranking with mean scores of workplace spirituality dimensions as perceived by studied nurses, this table

reported that the total mean score of perceived workplace spirituality was (76.15 ± 5.72). Also, the first ranking with the highest mean score was (27.18 ± 1.68) related to the Sense of community dimension, while the lowest mean was (26.67 ± 2.04) related to the alignment with organizational values dimension.

Figure 2 shows that, the highest percentage (47.5%) of studied nurses had a moderate perception level regarding total workplace spirituality, while the lowest percentage (24.7%) of studied nurses had a low perception level regarding total workplace spirituality.
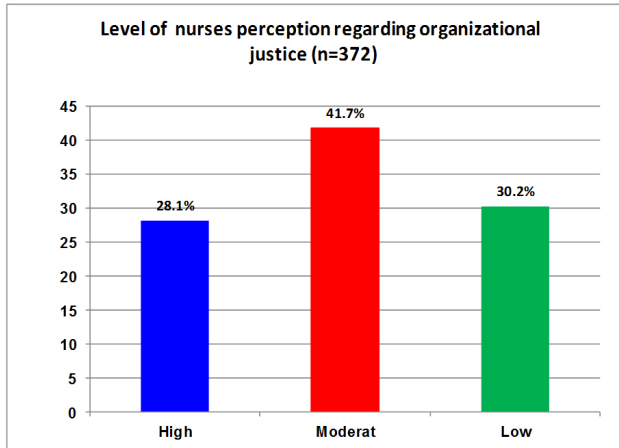

Figure 1. Total nurses' perception level regarding organizational justice
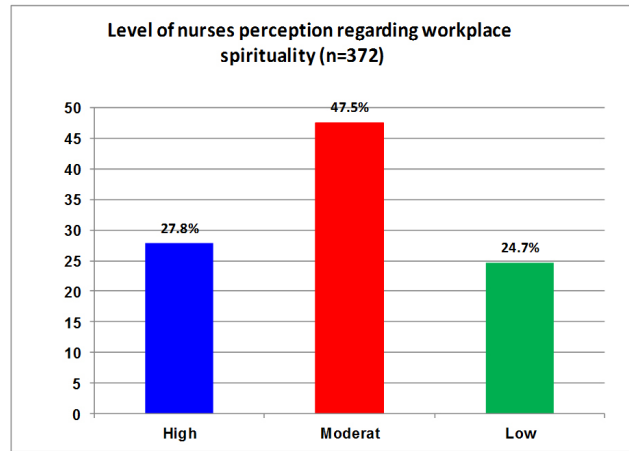

Figure 2. Total nurses' perception level regarding workplace spirituality

Table 3. Ranking with the mean score of workplace spirituality dimensions as perceived by studied nurses (n = 372)

Organizational justice dimensions	Min	Max	Mean ± SD	Mean (%)	Ranking
Meaningful work	6	30	21.24 ± 2.03	70.81	2
Sense of community	7	35	27.18 ± 1.68	77.65	1
Alignment with organizational values	8	40	26.67 ± 2.04	69.17	3
Total workplace spirituality	22	110	76.15 ± 5.72	69.23	

Table 4. Ranking with the mean score of organizational silence types as perceived by studied nurses (n = 372)

Organizational justice dimensions	Min	Max	Mean ± SD	Mean (%)	Ranking
Acquiescent silence	10	15	11.88 ± 2.26	79.2	3
Defensive silence	9	15	12.52 ± 3.61	83.5	2
Prosocial silence	6	15	13.61 ± 1.63	90.7	1
Total organizational silence	21	43	38.24 ± 6.73	85	

Table 5. Ranking with the mean score of factors causing organizational silence as reported by the studied nurses (n = 372)

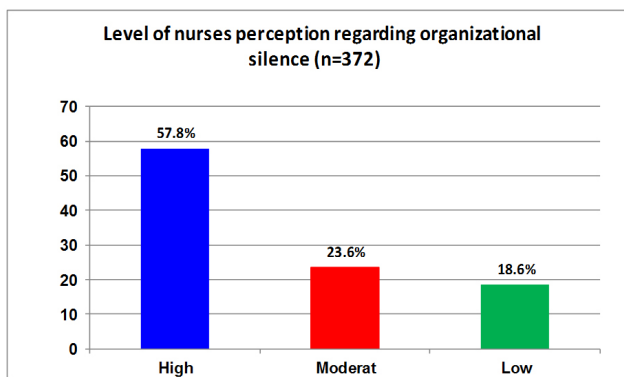| Factors causing organizational silence	Min	Max	Mean	SD	Mean (%)	Ranking
Support of the top management of silence	8	15	11.4	2.56	76.0	3
Support of supervisor for silence	9	15	12.4	1.85	82.7	1
Lack of communication opportunities	10	18	14.2	2.16	79.2	2
Misuse of official authority	5	13	9.47	2.27	72.8	5
Subordinate's fear of negative reactions	8	18	13.4	2.96	74.4	4
Total causes of organizational silence	40	79	61.2	2.36	77.46	

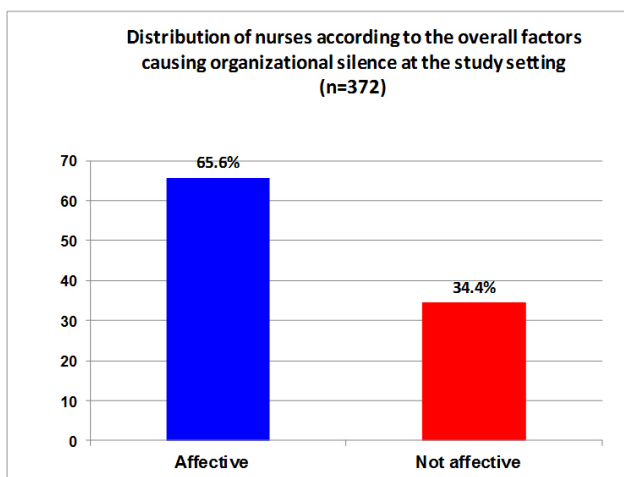**Figure 3.** Total organizational silence behavior among nurses (n = 372)

Figure 4. Distribution of nurses according to overall factors causing organizational silence at the study setting

Table 4 displays ranking with mean scores of organizational silence types as perceived by studied nurses, this table reported that the total mean score of perceived organizational silence was (38.24 ± 6.73). Also, the first ranking with the highest mean score was (13.61 ± 1.63) related to prosocial silence, while the lowest mean was (11.88 ± 2.26) related to acquiescent silence.

Figure 3 shows that the highest percentage (57.8%) of studied nurses had a high perception level regarding total organizational silence behavior, while the lowest percentage (18.6%) of studied nurses had a low perception level regarding total organizational silence behavior.

Table 5 clarifies ranking with mean scores and standard deviation of factors causing organizational silence as reported by studied nurses, this table demonstrated that the first ranking with the highest mean score was (12.4 ± 1.85) related to support of supervisor for silence, while the lowest mean was (9.47 ± 2.27) related to misuse of official authority.

Figure 4 illustrates distribution of nurses according to overall factors causing organizational silence at the study setting, this figure indicates that more than two-thirds (65.6%) of the studied nurses affected by factors causing organizational silence at the study setting while nearly one third (34.4%) of the studied nurses not affected by factors causing organizational silence at the study setting.

Table 6. Pearson correlation of nurses regarding total Organizational silence score and overall factors causing organizational silence behavior among nurses (n = 372)

Causes of organizational silence behavior	Total organizational silence	
	r	*p*-value
Support of the top management of silence	0.44	.001[**]
Support of supervisor for silence	0.57	.001[**]
Lack of communication opportunities	-0.32	.001[**]
Misuse of official authority	0.43	.001[**]
Subordinate's fear of negative reactions	0.38	.023[*]

Note. [*] statistically significant at $p < .05$, [**] highly statistically significant at $p \leq .001$

Table 6 indicates the Pearson correlation regarding total organizational silence score and overall factors causing organizational silence behavior among nurses. As demonstrated from this table, there was a highly statistically significant correlation between total organizational silence and all causes of organizational silence behavior where $p \leq .001$ except subordinate's fear of negative reactions where the correlation was statistically significant where $p < .05$.

Table 7 clarifies the Pearson correlation between organizational justice, workplace spirituality, and organizational silence behavior among studied nurses. As illustrated from this table, there were highly statistically significant negative correlations between the total organizational silence score and both the total organizational justice score and total workplace spirituality score where $p \leq .001$. While there were statistically significant positive correlations between the total organizational justice score and total workplace spirituality score where $p < .05$.

Table 8 displays the correlation between the overall score of organizational justice, workplace spirituality, organizational silence, and socio-demographic characteristics of nurses. As noticed from the table, there were highly statistically significant correlations among age, years of experience, and gender with both workplace spirituality and organizational silence where $p \leq .001$. While there was a statistically significant correlation between organizational silence and age where $p < .05$.

Table 7. Pearson correlation between organizational justice, workplace spirituality and organizational silence behavior among studied nurses (n = 372)

Variable	Total organizational justice score		Total workplace spirituality score		Total organizational silence score	
	r	*p*-value	*r*	*p*-value	*r*	*p*-value
Total organizational justice score	1					
Total workplace spirituality score	0.16	0.004*	1			
Total organizational silence score	-0.328	.001**	-0.355	.001**	1	

Note. * statistically significant at *p* < .05, ** highly statistically significant at *p* ≤ .001

Table 8. Correlation between the overall score of organizational justice, workplace spirituality, organizational silence and socio-demographic characteristics of nurses (n = 372)

Characteristics	Organizational justice		Workplace spirituality		Organizational silence	
	r	*p*	*r*	*p*	*r*	*p*
Age	0.397	.001**	0.385	.001**	0.198	.006*
Years of experience	0.350	.001**	0.233	.001**	0.047	.418
Gender	0.263	.008**	0.220	.074	0.043	.686
Qualification	0.174	.131	.016	.831	0.218	.828
Department	0.049	.500	0.083	.256	0.103	.079

Note. * statistically significant at *p* < .05, ** highly statistically significant at *p* ≤ .001

4. DISCUSSION

Organizational justice perceptions and spirituality can mitigate the intention of misbehavior at work and organizational justice may be an antecedent of organizational misbehavior if employees perceive their organization as employing unjust procedures or when discrimination is felt.[37] Employee silence is also considered misbehavior and perverse behavior in the workplace when the employee intentionally or unintentionally withholds any kind of information that might be useful to the organization. The problem occurs if an employee fails to disclose important information, adversely affecting the effectiveness of the organization.[38] Justice is a key issue for understanding organizational behavior and the promotion and maintenance of justice behaviors in hospitals and among nurses really necessary for increasing positive attitudes, inspiring loyalty, motivation, and individual/group efforts accordingly. If nurses perceive that they are treated with fairness, this translates into improved self-confidence, self-efficacy, citizenship behavior, and silence behavior reflected in improved patient outcomes and organizational performance.[39]

Therefore, the present study aimed to assess the relation of organizational justice and workplace spirituality with organizational silence behavior among nurses working in the University Hospital. In the current study which was done with a total of 372 nurses and regarding nurses' age, the studied nurses ranged between 23-45 years old with 2-20 years

of experience with mean experience years 8.95 ± 6.53 years and the majority of them female nurses and had a nursing diploma and more than half of nurses were working in critical care units. A total of five questions were tested during the study. Firstly, what is the perception's level of nurses regarding organizational justice?

The most important result in the present study revealed that slightly less than half of nurses had a moderate perception level toward total organizational justice in the study setting. From the researchers' point of view; nurses do not have a strong justice feeling about the hospital where they are employed. This may be due to the different perceptions of the studied nurses about organizational justice in salary, decisions, and personal relationships from their managers. This finding is in agreement with Mohamed et al.,[40] who found that the perceived level of the individuals of the sample was moderate for the organizational justice in all its dimensions. Also, Mohamed et al.[41] showed that more than half of the nurses had a moderate level of perceived organizational justice. On the contradicting with the present findings, the results of El-Naggar[42] found that the nurses had a low perception of justice. Also, Mansour and Ismail[43] displayed that the study sample had a high level of organizational justice. Besides, Iqbal and Ahmad[44] reported that fairness in the organization ensures that employees trust the organization and the processes in the organization.

Results regarding the three dimensions of organizational

justice, the findings of the present study revealed that the decrease in the mean score of two justice dimensions: Distributive and Procedural justice, and the highest mean score in the dimension of Interactional justice. From the researchers' point of view; this result indicates the sense of the nurses' sample that the work environment is dominated by human relations, respect and mutual friendliness, but there is no space for participation in making decisions and expressing their views, as they are not provided with additional information and details when inquiring about decisions, and this reinforced their sense of unfair procedures, as for the decrease in their sense of fairness of distribution, it may be due to the system of incentives and financial rewards that they receive, especially when compared to other jobs, with high prices and high cost of living with increasing the burdens and requirements of the family and the lack of discrimination in remuneration, in exchange for their efforts.

This result is a similar line with Vaamonde et al.,[45] who found that the highest mean score of participant perception was interactional justice while the lowest mean score was distributive justice. On the contradicting with the present findings, the results of Tourani et al.,[46] found that the participants' perception of the highest mean score was for the distributive justice while the lowest mean score was for interactional justice.

The results of the second question regarding, level of workplace spirituality the present study revealed that less than half of nurses had a moderate level of workplace spirituality. This finding was supported by Dimaano[47] found that moderate workplace spirituality amongst employees. Additionally, this result was congruent with Aboobaker et al.,[48] who reported that the significant role of workplace spirituality in fostering well-being at work. On the other hand, the results of this study contradict Jahandideh et al.,[49] who found that nurses had a high spiritual in the workplace.

Results regarding the three dimensions of workplace spirituality, the findings of the present study reported that the first ranking with the highest mean score was associated with a sense of community dimension while the lowest mean score was associated with alignment with the organizational values dimension. From the researchers' point of view; this result indicates that the nurse understands how to build a good relationship with her colleagues and others in the workplace. A sense of community includes exchanging, mutual obligations, and commitments that make belonging between the parties. These values make the nurses in the hospital feel a sense of membership and connection with other individuals as well as building their spirit and soul.

This result was consistent with Promsri[50] who revealed in

their study of "The Effects of Social Intelligence on Workplace Spirituality" that the high mean score was related to conditions for the community dimension followed by inner life and meaning at work. On the contradicting with the present findings, the results of Sahoo and Sahoo[20] found that the high mean score was related to the alignment of values while the lowest mean score was related to the meaningful work dimension. Also, Doraiswamy and Deshmukh[51] reported that the meaningful work dimension was the high mean score, and alignment with organizational values dimension was the lowest mean score.

The results of the third question the less than two-thirds of participant nurses had a high level of total organizational silence in the study setting. From the researchers' point of view, the nurses' high organizational silence level indicates that they are disposed of not to have a say about the organization where they work although they have important opinions related to the organization. Therefore; it is an unfavorable situation for organizations to employ nurses with high organizational silence levels. This result is a similar line with the study of Şimşek and Aktaş[52] seen that attendees' silence grade points were generally high. Also, Abdi et al.[53] reported nurses' difficulties in voicing opinions or expressing disagreement with the decisions of senior colleagues and physicians.

Results regarding the three types of organizational silence, the findings of the present study revealed that the increase in the mean score of its types of silence: acquiescent silence, defensive silence, and prosocial silence type. The current study reported that the first ranking with the highest mean score was associated with prosocial silence type while the lowest mean score was associated with a defensive silence type. From the researchers' point of view, this result reflects the lack of importance of the sample nurses to participate in the proposals and provide opinions even if they are consistent with the viewpoint of their superiors in a way that serves the interest of work. On the other hand, their defensive silence that includes sparing their ideas, thoughts, and knowledge for protecting themselves was at a low grade. While the highest rise was in the level of prosocial silence, this indicates the nurses' keenness to keep data of their organization confidential and to preserve the organization's reputation and privacy, which confirms their sense of belonging to it.

This result was consistent with Karakas[54] who revealed in their study of "The Relationship between Perceived Supervisor Support and the Aspects of Organizational Silence" that the high mean score was related to prosocial silence type. Also, Flynn et al.[55] explained that prosocial behavior has been associated with many positive individual qualities,

including empathy, agreeableness, and acceptance by peers. Consequently, these nurses are more prone to withhold information because they value social relationships. While in acquiescent silence, nurses withhold information because they believe their opinions are not valued. On the contradicting with the present findings, the results of Abied and Khalil[56] found that descending order according to the arithmetic means of the nursing staff was as follows; Acquiescent Silence, Defensive Silence, Prosocial Silence respectively.

As regarding nurses' perceptions of factors causing organizational silence behavior in the study setting. The findings of the present study revealed five factors that have been identified; support of supervisor for silence, lack of communication opportunities, support of silence by top management, employees' fears of getting negative reactions, and misuse of official authority respectively. The results of the current study revealed that two-thirds of the nurses reported that these five factors were causative factors for their silence in their workplace and there was a highly statistically significant positive correlation between factors causing organizational silence and the behavior of nurses' silence, where the silence of employees increases in light of the presence of the factors that cause organizational silence.

Also, the results of the current study indicated that the most common factors causing organizational silence as perceived by studied nurses were related to support of supervisor for silence and lack of communication opportunities factors. Otherwise, misuse of official authority was the least mean score of all factors causing organizational silence in the study setting.

Form the researchers' point of view: This may indicate that the nursing leaders working in the management of the hospital, units, and departments also contribute to building the appropriate climate for the growth of silence through some practices such as bringing in people who share their views at the expense of others, and their unwillingness to receive criticism about their performance, or their classification of the owners of opposing views on they are trouble makers, and also their desire that their negative practices and problems do not reach the top management of the hospital to preserve the hospital's reputation and show it well in front of the higher authorities and the public as well, so they are trying in any way to silence the voices of the opposing nurses.

This finding is similar to the study conducted by Ciris[57] who found that the most primary reasons for silence are organizational and managerial reasons and fear of isolation. Also, Alheet[58] found that managerial and organizational factors were the most factors for silence while the factors of anxiety and fear were the least factors for silence. Moreover, according to Wang et al.,[59] explained that the employees might have chosen to stay silent outweighing the risks associated with being labeled a trouble-maker or being looked down upon by the leaders or fellow co-workers. Also, Nafei[29] reported that the employee silence is considered as particular conduct in which employee chooses to remain quiet and halts giving their view in an organization to remain harmless from any negative results.

Regarding the relation between organizational justice and organizational silence behavior among nurses, a negative and statistically significant correlation was found between organizational justice and organizational silence behavior among nurses. According to this, increases in unjust behaviors in organizations have a remarkable effect on the creation of organizational silence. This result is a similar line with Pirzada et al.,[60] who found that employee silence has a negative and significant effect on organizational justice. Also, the results of the current study support by Pangestu and Wulansari[61] which states that organizational justice has a negative effect on employee silence. Additionally, this result was congruent with Erdoğdu[2] who explained that perception of justice or the way of employees' perceiving justice affects job outputs related to performance like job satisfaction, organizational commitment, organizational silence, organizational cynicism, performance, and job motivation. Moreover, Chamberlin et al.[62] reported that the organizational culture and climate that prevails in the organization as one of the critical factors that influence employees' voice behavior.

Regarding the relation between workplace spirituality and organizational silence behavior among nurses, a negative correlation was found between workplace spirituality and organizational silence behavior among nurses. This result is a similar line with Paul and Saha[63] who found that a negative and moderate relationship between organizational silence and workplace spirituality. Additionally, this result was congruent with Weitz et al.,[37] who found that there was a negative association between workplace spirituality and organizational misbehavior.

Regarding the relation between workplace spirituality and organizational justice as perceived by nurses, a positive correlation was found between organizational justice and workplace spirituality. Workplace spirituality provides a setting where employees can realize their prime purpose in life, establish strong relationships with colleagues and others connected with the workplace, and develop alignment between their core beliefs and the values of the organization.

This result was congruent with Minon[64] who stated that organizational justice is positively associated with workplace spirituality. Additionally, according to Haldorai et al.,[17]

evident that organizational justice predicts spirituality in the workplace, and when employees perceive justice in their workplace, it enhances their psychological well-being and encourages spirituality in the workplace, which leads to improving their ethical behavior. Besides, Kokalan[65] found that spiritual values in the workplace are the mediating role in the relationship between organizational justice and organizational silence.

The results of the study revealed the statistically significant correlations among age, years of experience and gender variables with total organizational justice. This is result supported by Ghasi et al.,[66] revealed the statistically significant relationship for the age variable with organizational justice, whereas increasing age predicted a high perception of justice among nurses. While according to Aldhafri and Alsaidi,[67] no found statistical differences were found in organizational justice with years of experience among teachers.

The results of the study revealed the statistically significant correlations among age, and years of experience with total Workplace spirituality. This result is a similar line with Albaqawi et al.,[68] who revealed that age is significantly associated with the perceived spiritual climate of the nurses. Additionally, this is supported by the previous study by Cruz et al.,[69] who reported that the length of experience influencing the perceived spiritual climate.

The results of the study revealed the statistically significant correlations among age variables with total organizational silence. This is result supported by Labrague and Santos[70] revealed the statistical association between the nurses' age variable and organizational silence and no significant correlation between organizational silence and years in the present unit, the gender of nurses. Additionally, Rai and Agarwal[71] stated that there was a relationship between age and quiescent and prosocial silence, while there was no relationship between gender and organizational silence. While Zhang et al.[72] determined that organizational silence differed according to gender. In general, there was a positive correlation between organizational justice and workplace spirituality and there was a negative correlation between organizational justice, workplace spirituality, and organizational silence behavior among nurses.

5. CONCLUSIONS

In light of the present study findings, it can conclude that less than half of the study nurses had perceived a moderate level of organizational justice and had a moderate level of workplace spirituality, and two-third of the study nurses had a high level of organizational silence. Moreover, the most type of organizational silence behavior as perceived by studied nurses was prosocial silence, and the most common factors causing organizational silence are supervisor support for silence, lack of communication opportunities, support of the top management of silence, fear of negative reactions, and misuse of official authority respectively. There was a statistical correlation between the total organizational justice score, workplace spirituality score, and total organizational silence among nurses working at University Hospital in the Menoufia governorate.

RECOMMENDATIONS

In the light of the present study the following recommendations were suggested:

(1) The job security of the nurses must be guaranteed to reduce their fear of expressing their opinions and to refrain from following the behavior of silence.

(2) Hospital senior management should include clear features of justice and spirituality when developing policies and regulations for the healthcare environment.

(3) Health care policymakers and hospital managers should support their nurses through fairness in distributions, procedures, and interactions.

(4) Improve and develop methods and mechanisms for communication with nurses to avoid the silent behavior of the nurses.

(5) Provide a spiritual, reliable, and friendly work environment to create emotional and cooperative relationships with staff nurses.

(6) The nursing managers hold regular meetings with nurses to identify their spiritual needs, opinions and suggestions and talking about organizational problems facing them and diagnosing the factors that cause them to feel organizational silence and address these factors.

(7) Administrators should address the causative factors for organizational silence using a suitable way to achieve the spirituality of the workplace.

(8) Leadership should create a positive emotional atmosphere by setting aside time for regular confidence building sessions and providing rewards for achievements.

(9) Carry out further studies address the same problem of the study to different hospitals.

(10) Researchers should consider making more studies about organizational silence and its causes and effects on self-efficacy.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare they have no conflicts of interest.

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