

The Relationship Between Organizational Citizenship and Organizational Silence in Healthcare Institution Employees: A Systematic Review

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ABSTRACT

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Organizational citizenship is the "extra-role behaviors" that employees exhibit with intrinsic motivation within the organization. Organizational silence can be consciously expressed as employees' indifference towards the organization. In this study, a systematic review of the studies investigating the relationship between organizational citizenship and organizational silence in healthcare institution employees was aimed. After the inclusion and exclusion criteria, the total of 249 publications were reduced to five and the study was conducted on these five publications. It is stated that there is a significant and negative relationship in all studies. The limitation of this study is that only the articles on the subject including participants working in health institutions were reviewed. It is recommended that future researchers who want to investigate the subject should also examine studies involving participants working in different institutions.

Sağlık Kurumları Çalışanlarında Örgütsel Vatandaşlık ve Örgütsel Sessizlik Arasındaki İlişki: Sistemik Bir İnceleme

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Örgütsel vatandaşlık, çalışanların örgüt içinde içsel motivasyonla sergilediği "rol dışı davranışlardır". Örgütsel sessizlik bilinçli olarak çalışanların örgüte karşı ilgisizliği olarak ifade edilebilir. Bu çalışmada, sağlık kurumu çalışanlarında örgütsel vatandaşlık ile örgütsel sessizlik arasındaki ilişkiyi araştıran çalışmaların sistemik olarak incelenmesi amaçlanmıştır. Dahil etme ve hariç tutma kriterlerinin ardından toplam 249 yayın beş indirildi ve çalışma bu beş yayın üzerinden yürütüldü. Tüm çalışmalarda anlamlı ve negatif bir ilişkinin olduğu belirtilmektedir. Bu çalışmanın sınırlılığı sadece sağlık kurumlarında çalışan katılımcıların yer aldığı konuyla ilgili makalelerin incelenmiş olmasıdır. Konuyu araştırmak isteyen gelecekteki araştırmacıların farklı kurumlarda çalışan katılımcıların yer aldığı çalışmaları da incelemesi önerilmektedir.

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INTRODUCTION

Following the entry of the public sector into the competition in the private sector in various ways, the importance of organizations being effective and efficient has increased. Human resources (manpower) are at least as important as material resources (physical facilities) in being effective and efficient. Organizations can only be as effective and efficient as the level of activism of their human resources (Agarwal, 2016). At the same time, the complexity of business and service production and the presence of many specialties and employees have increased the importance of efficiency and effectiveness for organizations (Cimen, 2016). In this respect, in such an environment, new concepts have developed as a result of the search for organizations to ensure that both themselves and their employees are effective. Organizational citizenship and organizational silence are among these new concepts. As a matter of fact, there are many studies examining the relationship between the two. Organizational silence is an important concept for the health sector. In an environment where improvements that will be necessary for the health sector or direct health are not said, in other words, in an environment of organizational silence, health-improving services cannot be provided (Aktas and Simsek, 2014).

Organizational Citizenship

The concept of organizational citizenship can be considered as "extra-role behaviors" that employees exhibit with intrinsic motivation beyond their formally defined roles and behaviors within the organization (Karaman and Aylan, 2012). Behavioral patterns such as establishing good relationships with managers, helping other employees or not complaining about the tasks undertaken are behavioral patterns that are evaluated within the scope of organizational citizenship. However, the main point in this evaluation is that these extra-role behaviors should serve positively to the performance of the organization as a whole without being directly or formally dependent on the reward or punishment system (Karaman and Aylan, 2012). According to Podsakoff et al. (2000), organizational citizenship behaviors can be evaluated within seven themes. These themes are as follows (Podsakoff et al., 2000):

- Helpful Behavior (Voluntary help to colleagues, etc.)
- Sportsmanship (Giving up personal interests for the good of the work group, having a positive attitude even in a bad situation, etc.)
- Organizational Loyalty (showing loyalty to the organization)
- Organizational Cohesion (Being a citizen of your organization)
- Personal Initiative (willingness to take extra responsibility for the organization)
- Virtue of Membership (Intrinsic desire to participate)
- Self Development

It is accepted that there are two different types of organizational citizenship behaviors. The first is active participation and contribution, while the second is avoidance. There is a fundamental difference between the two behaviors. In active participation and contribution, the employee provides direct benefits for the organization, while in avoidance, the employee does not want the organization to suffer losses but does not want to produce benefits (Karaman and Ayhan, 2012). In this respect, the concept of organizational citizenship is closely related to commitment. If an employee can develop a sense of commitment to his/her organization, it can be said that organizational citizenship exists in that organization (Kaya and Zerenler, 2022). The development of organizational citizenship perception and the emergence of behaviors in employees are desired by institutions. Because in organizational citizenship behavior, an individual has a motivation to work more selflessly by internalizing his/her job and institution (Kaya and Zerenler, 2022). The increase in employee performance, employee loyalty and decrease in turnover rate are the primary benefits that organizations will obtain from organizational citizenship behavior (Karaman and Aylan, 2012). In a study conducted on physicians receiving specialty training, the job satisfaction of physicians was found to be at an average level (Uyar et al., 2018). In another study, it was found that the job satisfaction of healthcare professionals working in the operating room decreased year by year (Naldan et al., 2019).

At this point, the important thing that organizations should pay attention to is to make their institutions administratively suitable for organizational citizenship. Organizations have to provide a fair, equitable and suitable environment for their employees. As a matter of fact, organizational citizenship can only develop in this way (Cimen, 2016). A negative consequence of organizational citizenship is overcommitment. Accordingly, an employee who develops organizational citizenship behavior with an excessive commitment may forget his/her main responsibility over time and this situation causes problems in work or service production (Karaman and Aylan, 2012).

Organizational Silence

Another concept that can be evaluated in relation to commitment is the concept of organizational silence. Organizational silence can be defined as the conscious indifference of employee(s) towards the organization, the developments in the organization or the problems they experience (Islek and Bakioglu, 2023). In this respect, the concept of organizational silence is considered as a concept with a negative meaning (Korkmaz and Aydemir, 2015). It is very important to examine the concept of organizational silence in a special field such as health services. It is necessary to work in coordination with open communication in health services, which have a very high dependency on expertise. In health services, the concept of organizational silence, which leaves employees in silence against changes and developments, is undesirable and is tried to be prevented (Ozkan et al., 2021). In this respect, the development of organizational silence in an organization constitutes a serious obstacle to the development of employees and the organization (Morrison and Milliken, 2000). As a matter of fact, in a study conducted in the United Kingdom National Health System (NHS), it is stated that organizational silence has systematically developed among healthcare professionals. It is stated that this situation is caused by the managerial structure of the NHS and has the potential for serious problems for the quality of health care (Pope, 2019). In their study, Morrison and Milliken define organizational silence as a "collective phenomenon". Accordingly, organizational silence can basically be expressed as employees remaining silent about organizational problems or developments and changes (Morrison and Milliken, 2000). The expression "keeping silent" here does not only mean that employees remain silent in the face of events, but also that they cannot express their opinions unless it is completely necessary. In other words, even if employees have a brilliant idea for their work or organization, they do not express it (Aktas and Simsek, 2014). It is stated that organizational silence has four different dimensions: passive silence, accepting silence, silence for the benefit of the organization and opportunistic silence. Passive silence is the silence of employees due to the fear of being harmed by what they say. There are hopeless employees in accepting silence. These employees are in organizational silence because they have lost hope for change. In the concept of silence for the benefit of the organization, silence behavior develops for the benefit of the organization or other employees. In contrast to silence for the benefit of the organization where there is sacrifice, opportunistic silence shows self-interest. Although the employee knows that the organization or other employees will be harmed, he/she is in silence for the sake of interest (Ozkan et al., 2021).

Relationship Between Organizational Citizenship and Organizational Silence

In a study conducted on healthcare professionals, a significant positive relationship was found between organizational silence and informal communication level. In the study, the possibility that the deepening of this situation will lead to communication problems for the organization and cause disconnections in the hierarchy is evaluated (Sarı and Kırılmaz, 2022). In another study conducted on health managers, it was determined that the level of organizational silence of managers in general was low, but silence for the benefit of the organization was high (Ozkan et al., 2021). In another study conducted by Urek et al. (2015), a similar result is expressed. In this study, silence behavior for the benefit of the organization came to the forefront among healthcare professionals. In addition, in the same study, it was determined that there was a weak negative relationship between organizational silence and organizational citizenship behavior of healthcare professionals (Urek et al., 2015). In another study, while organizational citizenship was found to be at a high level in healthcare professionals, organizational silence was found to

be at a low level. A similar result of other studies was seen here and it was determined that there was a significant negative relationship between organizational citizenship and organizational silence behavior for healthcare professionals (Turgut, 2015). Based on this information, it is thought that it is important to investigate the concepts of organizational citizenship and organizational silence in healthcare professionals and the relationship between them. Considering the fact that organizational silence in healthcare professionals is found to exist at a remarkable level in the studies, it is thought that it is important to address the studies examining organizational silence for healthcare services from various aspects with different study methods. In this respect, in the current study, the relationship between organizational silence and organizational citizenship behavior in healthcare professionals was examined as a qualitative research with the systematic review method. With this method, it is aimed to systematically reveal the current situation regarding the subject of the study and to determine in which context, in what way and how it is done.

METHOD

A systematic review is a structured and comprehensive synthesis of a large number of studies conducted with similar methods to determine the best available research evidence by experts in the field (Karacam, 2013). In systematic review studies, a research question is written on the subject under investigation and an answer to this question is sought (Tosik-Gun and Guyer, 2019). In this respect, this study is a literature review of the research on the organizational citizenship and organizational silence levels of healthcare workers in Turkey. The research question of this study is whether there is a relationship between organizational citizenship and organizational silence levels of healthcare workers. Systematic review studies are conducted in accordance with a structured protocol prior to the research (Baran and Akin, 2023). A research using the systematic review method can be carried out in seven steps. These steps are; defining the work, screening, evaluating the quality of evidence, summarizing and reporting the evidence, discussing the evidence, presenting and publishing the systematic review (Karacam, 2013). The studies to be included in the research were subject to certain inclusion and exclusion criteria. Studies meeting the following inclusion criteria were included in the study:

- The language of publication was Turkish and English,
- Coverage of healthcare professionals working in Turkey,
- Studies using quantitative research methodology,
- Studies with full text access.

In addition, apart from these criteria, duplicate publications in databases and articles produced from the thesis are excluded from the scope. Because thesis articles also lead to duplication. The literature review includes publications up to July 2023. Articles were identified using six databases: ULAKBIM, Web of Science, Science Direct, YOK Tez, Google Scholar and DergiPark. The following keywords were used to search for articles: organizational citizenship, organizational silence, health worker, hospital, health. Letters to the editor, qualitative studies and reviews were excluded from the scope of the research. No year limitation was made. In the research, "Quality Criteria for Assessing Research" suggested by Polit and Beck (2010) were used for quality assessment of studies. These quality criteria consist of five dimension which are credibility, criticality, integrity and authenticity. Credibility dimension answers the questions whether the research can reflect participants' experiences and adequate verification procedures used or not. Criticality dimension is related to key decisions and critical self-reflections. The meaning of integrity is that the research reflects ongoing and repetitive checks on the many aspects of validity in the study. The last dimension authenticity refers to multiple realities in the study. It tries to find the answer whether the researcher adequately represented the multiple realities of those being studied (Polit and Beck, 2010).

The quality evaluations of the studies selected for evaluation were carried out by the researchers independently from each other, with the highest score being 12 and the lowest score being 8. The articles and theses obtained from the databases were independently screened by the author/authors for appropriateness. The Fleiss kappa value for the total of all items was 0.737, and the consistence between raters was found to be adequate. Kappa is a test used to measure the consistency of agreement between

observers. Kappa provides a statistical measure of how consistent and reliable the observers' reviews are with each other (Kılıc, 2015). Kappa value takes a value between -1 and +1. However, at this point, the Kappa value should be higher than a minimum of 0.61 as an acceptable value. (Bıkmaz Bilgen and Dogan, 2017). In this direction, the Kappa value of 0.737 is considered to be sufficiently reliable. The articles obtained as a result of screening were examined in terms of author names, publication year, sample size, study design, and the results of the relationship between organizational citizenship and organizational silence.

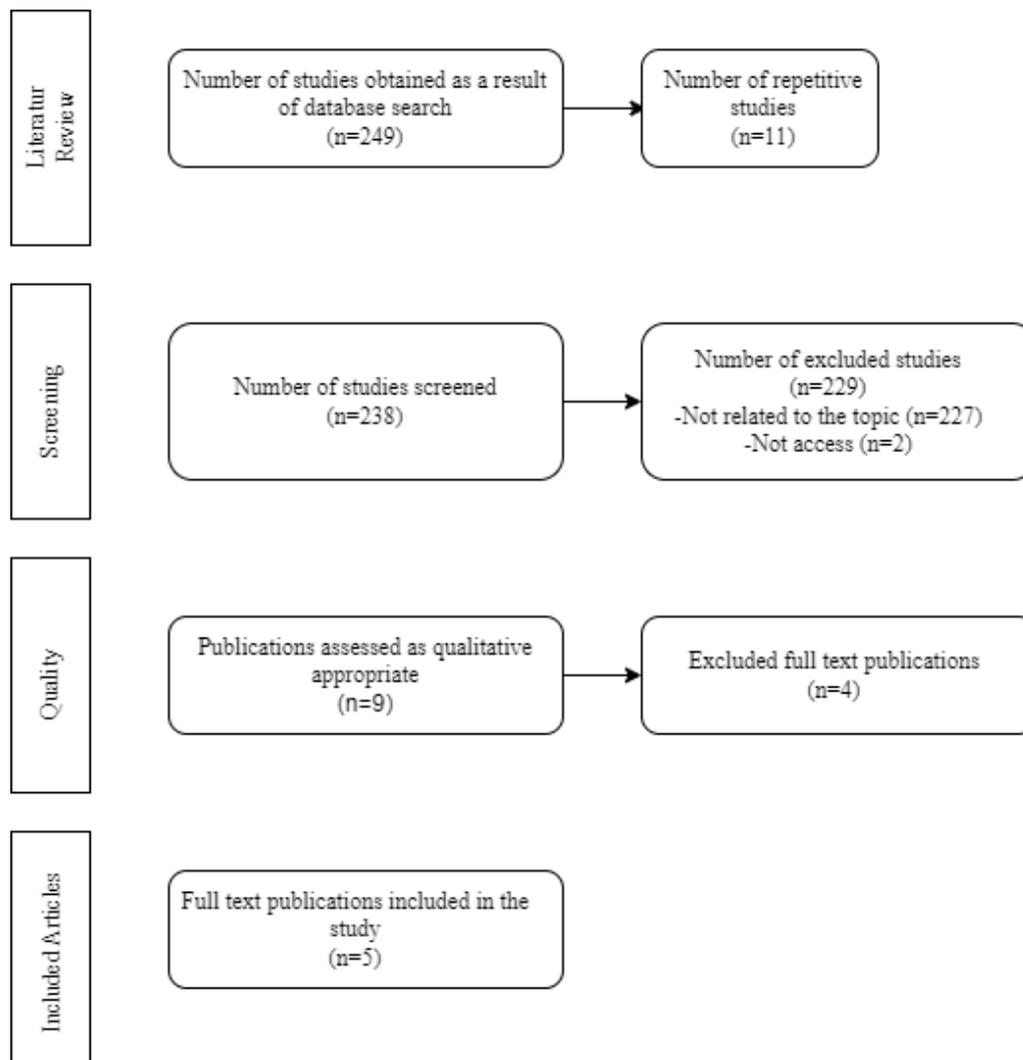


Figure 1. Selection Flow of Studies

In Figure 1, as a result of the screening process, two articles and four master's theses were included in the study. In addition, the article produced from Turgut (2015)'s master's thesis titled "The relationship between organizational citizenship behavior, organizational identification and organizational silence: an application on health care professionals" was included and his thesis article was excluded in the evaluation. Again, Aliogulları (2012)'s master thesis with titled "The relationship between organizational silence and organizational citizenship behavior: An application" was included and her thesis article was excluded in the evaluation.

RESULTS

As a result of the screening process, 249 articles related to the keywords were reached. The findings obtained from the five studies that were evaluated as a result of elimination within the framework of exclusion and inclusion criteria were analyzed under three headings: "general characteristics of the studies", "general characteristics of the participants" and "the relationship between organizational citizenship and

organizational silence".

General Characteristics of Research

Of the studies included in the systematic review, 2 were cross-sectional and 1 was quantitative research with a survey model. The studies were published between 2012 and 2019. It is seen that 2 of the studies were conducted in 2012, the other 2 in 2015 and 1 in 2019. It was determined that the studies were conducted in Erzurum, Sivas, Ankara, Sakarya provincial centers and Kırklareli provincial center and Lüleburgaz, Babaeski, Pınarhisar and Vize districts.

Table 1. *General Characteristics of The Research*

Year of Publication	Author(s)	Research Design	Province
2012	Aliogulları	Quantitative Screening	Erzurum
2012	Kılinc	Quantitative – Cross Sectional	Sivas
2015	Urek, Bilgin Demir, Ugurluoglu	Quantitative	Ankara
2015	Turgut	Quantitative	Sakarya
2019	Bulunuz	Quantitative - Cross-Sectional	Kırklareli provincial center and Lüleburgaz, Babaeski, Pınarhisar and Vize districts

In Table 2, the aim of the studies was to examine the relationship between organizational citizenship behaviors and organizational silence levels of healthcare workers. In addition, in one of the studies, organizational identification and in the other, employee performance variables were analyzed together with these two concepts. The first data on the subject were collected in 2011 and the last data were collected in 2019. When examined as a data collection tool; while the scale prepared by Podsakoff et al. (2000) was used in three studies for organizational citizenship, the scale translated into Turkish by Basım and Sesen (2006) was used in two studies. While the scale developed by Van Dyne et al. was used in three studies to collect data on organizational silence, the scale prepared by Cakıcı (2010) and Alparslan (2010) was used in one study.

Table 2. *Information About The Research Content*

Author/Year	Research Purpose / Data Collection Interval	Measurement Tools
Aliogulları (2012)	To examine the relationship between organizational silence and organizational citizenship behavior/ June 2012	-Organizational Citizenship Scale (Basım and Sesen, 2006) -Organizational Silence Scale (Çakıcı, 2010)
Kılinc (2012)	To examine the relationship between organizational citizenship behavior, organizational silence and employee performance levels of physicians and nurses and these three concepts/ July-December 2011	-Organizational Citizenship Behavior Scale (Podsakoff et al., 2000) -Organizational Silence Scale (Van Dyne et al., 2003) -Employee Performance Scale (Rahman and Bullock, 2004)
Urek, Bilgin Demir, Ugurluoglu (2015)	To reveal whether health care workers' evaluations of organizational silence behavior and its sub-dimensions are effective on organizational citizenship behavior and its sub-dimensions / February-March 2015	-Organizational Citizenship Scale (Basım and Sesen, 2006) -Organizational Silence Scale (Alparslan, 2010)
Turgut (2015)	To determine the levels of organizational citizenship behavior, organizational identification and organizational silence of healthcare workers and to examine the relationship between these three	-Organizational Citizenship Behavior Scale (Podsakoff et al., 1990) -Organizational Identification Scale (Mael and Ashforth, 1992) -Organizational Silence Scale (Van

	concepts /1 March- 30 April 2015	Dyne et al., 2003)
Bulunuz (2019)	To examine the relationship between organizational citizenship behavior and organizational silence levels of nurses / February 2019	-Organizational Citizenship Behavior Scale (Podsakoff et al., 2000) -Organizational Silence Scale (Van Dyne et al., 2003)

General Characteristics of Participants

When the studies were evaluated in terms of the general characteristics of the participants, it was found that a total of 1453 health institution employees participated in the studies. In Aliogulları (2012)'s study, hospital employees and pharmaceutical company employees constituted the sample. Nurses (n=766) constituted 52.7% of the sample volume in the studies. 63.4% of the participants were female and 36.6% were male. When the studies are analyzed in terms of the age of the participants, the number of participants over the age of 20 in Aliogulları (2012) and Kılınc (2012)'s studies constituted 98.9% (n=567) of the sample of the two studies, while the number of participants over the age of 25 in Turgut (2015) and Bulunuz (2019) studies constituted 77.2% of the sample of these studies. In Urek et al. (2015)'s study, the number of participants over the age of 37 was 114, which corresponds to 49.5% of the sample. When the studies are analyzed in terms of working time in the profession, in Urek et al. (2015)'s, Turgut (2015)'s and Bulunuz (2019)'s studies, participants with a working time of 15 years or more constitute 55.6% of the total sample of these three studies. In Aliogulları (2012)'s study, the rate of participants with 10 years or less working time was 85.1%, while in Kılınc (2012)'s study, the rate of participants with 15 years or less working time was 83%.

Table 3. *General Characteristics of Participants*

Sample	Sample Size	Gender		Age		Duration of Employment	
		Female	Male	≤ 20	21≥	≤ 10	11≥
Physician, nurse, civil servant, hospital technician, manager, chief, specialized technical personnel, staff (Aliogulları, 2012)	256	99	157	6	250	218	38
Physician, nurse (Kılınc, 2012)	317	184	133	≤ 20 0	21≥ 317	≤ 15 263	16≥ 54
Physicians, nurses, administrative staff, dieticians, physiotherapists, etc. (Urek, Bilgin Demir, Uğurluoglu, 2015)	230	162	68	≤ 37 116	38≥ 114	≤ 14 123	15≥ 107
Nurse, medical secretary, physician, civil servant, health technician/technician (Turgut, 2015)	325	194	131	≤ 25 84	26≥ 241	≤ 14 72	15≥ 253
Nurse (Bulunuz, 2019)	325	282	41	62	261	≤ 14 194	15≥ 129

The Relationship between Organizational Citizenship and Organizational Silence

When the results related to organizational citizenship were examined, it was seen that organizational citizenship levels were high (Aliogulları, 2012; Kılınc, 2012; Turgut, 2015); while organizational citizenship levels in terms of gender were found to be higher for women than men in two studies (Kılınc, 2012; Turgut, 2015), organizational citizenship behavior did not differ according to gender in one study. In one study, it was found that the levels of conscientiousness, a sub-dimension of

organizational citizenship, were higher in male employees than in female employees (Aliogulları, 2012). In the same study, the levels of altruism, conscientiousness, chivalry and civic virtue among the dimensions of organizational citizenship were found to be high, while the level of courtesy dimension was found to be very high. When organizational citizenship levels were evaluated in terms of age variable, no significant difference (Aliogulları, 2012; Kılınc, 2012; Bulunuz, 2019) was observed. In Bulunuz's study, no significant relationship was found between professional experience and organizational citizenship, while in Aliogulları (2012)'s study, it was stated that the level of exhibiting the conscientiousness dimension, one of the sub-dimensions of organizational citizenship, decreased as the working years increased. In Kılınc (2012)'s study, the level of altruism sub-dimension was found to be lower in employees working for 21 years and above compared to employees working for 16-20 years.

When the results regarding organizational silence are evaluated, it is seen that the organizational silence levels of the participants are low in Aliogulları (2012)'s study, while it is at a medium level in Turgut (2015)'s study. In Kılınc's (2012) study, silence for the benefit of the organization, which is one of the sub-dimensions of organizational silence, is high, while accepted and defensive silence is low. In Urek et al. (2015) study, it was seen that the dimension that healthcare professionals gave the highest score among the sub-dimensions of organizational silence behavior was silence for the benefit of the organization, and the dimension they gave the lowest score was silence for protection. When organizational silence is examined in terms of gender, Aliogulları (2012) stated that organizational silence behavior is higher in female employees than male employees, while Kılınc (2012) pointed out that the rates of accepted silence, defensive silence and total silence are lower in men than in women. Turgut (2015)'s study, in the prosocial silence dimension of organizational silence, women's participation in the prosocial dimension was found to be higher than men. While organizational silence levels according to age variable did not show significance in Aliogulları (2012)'s and Bulunuz (2019)'s study, in Kılınc (2012)'s study, it was observed that participants over the age of 41 had lower levels of silence for the benefit of the organization compared to the age range of 21-30; accepted silence, defensive silence and total silence rates did not show significance.

Table 4. *The Relationship Between Organizational Citizenship and Organizational Silence*

Author/Year	Organizational Citizenship Outcomes	Organizational Silence Outcomes	The Relationship between Organizational Citizenship and Organizational Silence
Aliogulları (2012)	-high levels of organizational citizenship behavior -the levels of altruism, conscientiousness, conscientiousness, chivalry and civic virtue from the organizational citizenship dimensions are high, and the level of courtesy dimension is very high -male employees have higher levels of conscientiousness than female employees -no difference by age -as the number of years of employment increases, the employees' display of conscientiousness dimension decreases	-low levels of organizational silence When we look at the dimensions of organizational silence, we see that the levels of managerial and organizational reasons, job-related fears, lack of experience, fear of isolation, fear of damaging relationships are low. -organizational silence behavior is more common among female employees than male employees -no difference by age -employees with less than 1 year of employment exhibit more civic virtue behaviors than employees with 1-5 years of employment and	-a negative relationship between organizational silence and organizational citizenship behavior -negative relationship between organizational citizenship behavior sub-dimensions of chivalry and civic virtue and organizational silence

Kılınc (2012)	<p>-majority of physicians and nurses exhibit organizational citizenship behavior</p> <p>-Nurses have higher organizational citizenship behaviors than physicians</p> <p>-Organizational citizenship behavior is higher in women than in men</p> <p>-no significance by age</p> <p>-The altruism score of employees working 21 years and above is lower than those working 16-20 years</p>	<p>employees with more than 10 years of employment</p> <p>-research assistant physicians have higher organizational silence levels than nurses among the sub-dimensions of organizational silence, silence for the benefit of the organization is high, accepted and defensive silence is low</p> <p>-Accepted silence, defensive silence and total silence rates are lower for men than for women</p> <p>-41 years+, silence for the benefit of the organization is lower than 21-30 years old</p> <p>-Accepted silence, defensive silence and total silence rates are not significant by age</p> <p>-Employees with 6-10 years of service have lower levels of defensive silence than employees with 21 years or more among the sub-dimensions of organizational silence behavior, silence for the benefit of the organization was the dimension with the highest score and silence for protection was the dimension with the lowest score</p>	<p>-accepted silence, defensive silence are highly correlated in the same direction</p> <p>-Positive moderate relationship between altruism and kindness and between kindness and conscientiousness</p>
Urek, Bilgin Demir, Ugurluoglu (2015)	<p>It was found that health care workers gave the highest score to the kindness dimension and the lowest score to the conscientiousness dimension among the sub-dimensions of organizational citizenship behavior.</p>	<p>among the sub-dimensions of organizational silence behavior, silence for the benefit of the organization was the dimension with the highest score and silence for protection was the dimension with the lowest score</p>	<p>-a significant negative relationship between organizational silence behavior and organizational citizenship behavior</p> <p>-the mean scores of organizational silence behavior of health care workers are lower than the mean scores of organizational citizenship behavior evaluations of organizational silence behavior sub-dimensions have negative effects on organizational citizenship behavior and its sub-dimensions</p> <p>-While there are negative relationships between organizational citizenship behavior and acceptance silence and defensive silence dimensions of organizational silence, there is a statistically significant and positive relationship between organizational citizenship</p>
Turgut (2015)	<p>-High level of organizational citizenship behavior</p> <p>-Organizational citizenship behavior is higher in women than in men</p> <p>-26-30 age group employees have lower levels of organizational citizenship behavior</p>	<p>-Organizational silence levels are moderate</p> <p>-Healthcare workers mostly keep silent in order to protect the organization, and act in the direction of not sharing ideas, thoughts and some information related to work in line with the goals of the</p>	<p>-While there are negative relationships between organizational citizenship behavior and acceptance silence and defensive silence dimensions of organizational silence, there is a statistically significant and positive relationship between organizational citizenship</p>

		organization and for the benefit of other employees, depending on sacrifice and cooperation -In the prosocial silence dimension of organizational silence, women's participation in the prosocial dimension is higher than men's -Organizational silence levels do not differ according to age	behavior and prosocial silence. -The level of prosocial silence of physicians is statistically significantly lower than that of civil servants, medical secretaries and nurses.
Bulunuz (2019)	-Participants' organizational citizenship behavior levels do not differ according to gender, age and professional experience	-Participants' organizational silence levels do not differ according to gender, age and professional experience	-A significant and negative relationship between organizational citizenship behavior and organizational silence level

The results of the studies on organizational citizenship and organizational silence are shown in Table 4. Accordingly, it was found that the relationship between organizational citizenship and organizational silence was negative in the studies evaluated (Aliogulları, 2012; Urek et al., 2015; Bulunuz, 2019). In Turgut (2015)'s study, it was determined that there was a negative relationship between organizational citizenship behavior and the acceptance silence and defensive silence dimensions of organizational silence, and a positive relationship between organizational citizenship and the sub-dimension of silence, prosocial silence. In addition, in Urek et al (2015)'s study, it was found that health care employees gave the highest score to the courtesy dimension and the lowest score to the conscientiousness dimension among the sub-dimensions of organizational citizenship behavior.

DISCUSSION AND CONCLUSION

Today, the competitive environment in which organizations operate causes them to make excessive efforts in order to sustain their existence. In addition, organizations should make adequate use of human resources in order to achieve their strategic goals, make profit and be advantageous in the market (Cınar et al., 2013). As a matter of fact, the development and success of an organization is realized through the efficiency and commitment of its employees as well as doing more than the assigned tasks (Kılıçlar and Harbalıoğlu, 2014). In this direction, studies examining the relationship between organizational citizenship and organizational silence in health institution employees were examined. As a result of the screening and review, 5 studies were found.

In this systematic review, organizational citizenship levels of nurses were evaluated as high. Similarly, in the study prepared by Zeng et al. (2023) in the sample of nurses, it was determined that the organizational citizenship levels of nurses were upper middle level. In the study of Icerli and Yıldırım (2012) with the participation of healthcare professionals working in private and public hospitals, the organizational citizenship levels of the participants were found to be high. In the study conducted by Tofighi et al. (2015) in Iran, it was observed that the level of organizational citizenship did not differ significantly in terms of age, professional experience and gender. On the other hand, in the study of Ozkutuk et al. (2012), it was concluded that the organizational citizenship levels of nurses were quite high; the organizational citizenship levels of nurses increased as the average age and working years in the profession increased, and the organizational citizenship levels of responsible nurses were higher than other nurses.

Organizational citizenship behaviors include actions that employees are willing to go beyond their defined role requirements (Cınar et al., 2013). According to Firmansyah et al. (2022), there is a direct, significant and positive effect between organizational commitment and organizational citizenship behavior in nurses. In another study conducted in Jordan with the participation of 382 healthcare workers, it was observed that perceived organizational support and psychological empowerment had a positive and

significant effect on organizational citizenship behavior (Taamneh et al., 2021). In another study, it was stated that organizational trust has an effect on organizational citizenship (Yucel and Samancı, 2009). As a matter of fact, it is seen in the literature that the relationship between organizational citizenship and concepts such as trust, justice, work-life balance, and passion for work has been examined (Orucu and Ucku, 2019; Konyalılar, 2022; Takım and Timuroglu, 2022; Tutus and Dusukcan, 2023). Therefore, while organizational citizenship is expressed as the voluntary work of employees beyond their roles in the workplace, it also interacts with many organizational concepts.

In addition to being an important demoralizing force, organizational silence is seen as a critical obstacle to organizational change and development (Morrison and Milliken, 2000). In the study conducted by Parlar Kılıc et al. (2021) with the participation of 671 nurses, the general reasons for organizational silence were listed as administrative and organizational reasons, fear of exclusion, fear of damaging relationships, work-related fears and lack of experience. In support of this situation, in the study of Yalcın et al. (2020), the silence climate scores of nurses who could not easily talk about their problems with a senior manager were found to be higher than nurses who could easily talk. In the study conducted by Yagar and Dokme Yagar (2023) on a sample of nurses, it was observed that organizational silence was negatively related to job performance and job commitment, and positively related to turnover intention. In addition, in a study conducted in South Korea, it was determined that organizational silence mediated the relationship between patient safety and nurses' internalized dominant values along with horizontal violence and organizational communication (Doo and Kim, 2020).

In the studies examined, it was observed that there is a negative relationship between organizational citizenship and organizational silence. In a study conducted by Kılıclar and Harbalıoglu (2014) on a sample of hospitality service employees, it was stated that there was a weak negative relationship between organizational silence and organizational citizenship behavior. In a study conducted by Acaray and Akturan (2015) with the employees of an Istanbul-based multinational company, it was stated that the acceptance silence and defensive silence dimensions of organizational silence have a negative effect on organizational citizenship behavior. Similarly, in Cetin (2020)'s study, it was concluded that accepting silence and defensive silence negatively affect organizational citizenship behavior, while prosocial silence positively affects it. In Sehitoglu and Zehir (2010)'s study conducted with the participation of employees of six public organizations, it was determined that organizational citizenship behavior mediates between employee silence and employee performance. As a result, in order to increase employees' organizational citizenship behaviors and reduce their organizational silence levels, it is recommended to provide organizational support and to make improvements to develop a sense of trust and justice.

Statement of Research and Publication Ethics

This research has been written in accordance with scientific research and publication ethics rules.

Authors' Contributions to the Article

Author 1's contribution to the article is 40%, Author 2's contribution to the article is 30% and Author 3's contribution to the article is 30%.

Declaration of Interest

There is no conflict of interest arising from the study on the part of the authors or third parties.

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