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Is Employee Silence A Killer of Emotional Well-being???

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Abstract: Using the random sample method, a cross-sectional study was conducted on 40

doctors and 110 nursing staff employed int private hospitals in Punjab. A structured

questionnaire based on existing literature was adopted to gather the data. Partial Least Square-

Structural Equation Models (PLS-SEM) have been employed in the study to analyze the data.

The study's findings showed that as acquiescent silence increased, their emotional well-being

decreased. Also, defensive and prosocial silence behaviour was found to be detrimental to

emotional well-being. According on the results of a study, administrators and decision-makers

of private hospitals can evaluate and address organizational and interpersonal obstacles to deter

silence behaviour and boost emotional wellbeing.

Keywords: Emotional well-being, Employee Silence, Private Hospitals

INTRODUCTION

Silence behaviour is the purposeful withholding of employees' thoughts and views. An

employee could be able to contribute to an organisation and their employment, but if there is

poor communication inside the organisation, they might decide to keep their opinions to

themselves. In some studies examining the situations in which temployee silence occurs,

researchers have attempted to pinpoint organisational characteristics that support and

perpetuate employee silent behaviour. These studies showed that employees opted to remain

silent for a wide range of reasons. Due to differences with work colleagues, poor relationships

with supervisors, differences of opinion with choices made about organizational processes at

work, and the perception that their viewpoints weren't going to be taken into consideration or

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that they'd be assessed if they expressed themselves, employees, for example, tend to prefer to remain silent (Brinsfield, 2009).

Indian Healthcare Sector

Healthcare sector, one of the most growing sectors in India and the world, may be very exhausting. There are many potential in the health care sector, but there are also many challenges. Among the biggest service sectors has a variety of challenges, such as high patient workloads and expectations, workplace aggression, a shortage of workers, various shifts, insufficient facilities, etc (Kaur & Arora, 2022). Regardless of the fact that healthcare professionals are expected to speak up openly and explicitly without holding back, mistakes and hazards occasionally go unnoticed. Such tactics are undesirable since they could be harmful to the patients' wellbeing and have a detrimental impact on their employee job satisfaction. Not exchanging ideas stops individuals from making wise decisions, which can lead to hospital injuries from misdiagnosis (Erigüç et al.,2014). Silent behaviour can therefore be a covert threat to patient safety. The problem of organisational silence in medical institutions has recently come to light. It is commonly known that when healthcare employees in an organisation struggle to effectively communicate and transmit knowledge, emotional well-being and well-being suffer (Kaur & Arora, 2022). Because of the hospital staff's silence, patients are more likely to be put at serious risk ((Erigüç et al., 2014; Santos et al., 2020). Such activities by healthcare organisations could harm the patients who receive care. Recent research has therefore highlighted the significance of the connection between patient safety and health professionals willing to speak up. Key personnel who operate in the healthcare sector include nurses and doctors (Kaur & Arora, 2022). There aren't many studies that have examined how silence among employees affects employee emotional well-being. The purpose of this research is to determine how doctors and nurses working in private hospitals may be affected by their silent behaviour on their emotional well-being.

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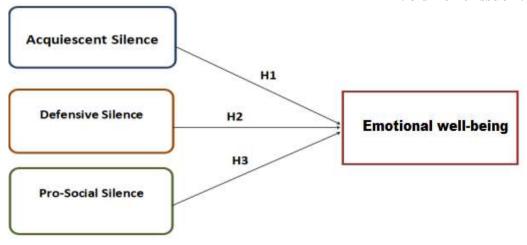
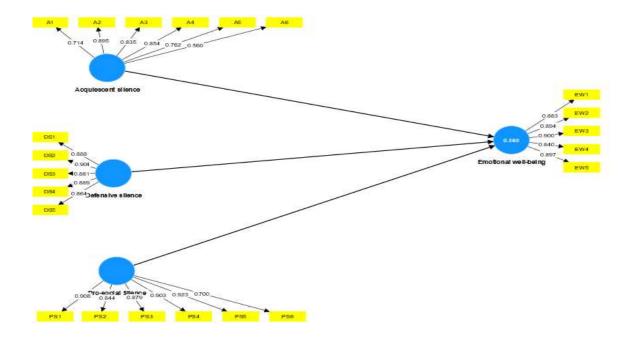


Figure No.1: Proposed model of the study

RESEARCH DESIGN

The nature of the current study is descriptive. In the state of Punjab, 110 nurses and 40 doctors who worked at four private hospitals with 200 or more beds provided the primary data. By studying the available literature review, a structured questionnaire was created to gather the data. Responses ranged from (1) Highly dissatisfied to (7) Highly satisfied on a 7-point Likert scale.



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Table No.1: Factor loading

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)	
Acquiescent silence	0.866	0.891	0.900	0.605	
Defensive silence	0.932	0.954	0.948	0.784	
Emotional well-being	0.929	0.934	0.946	0.780	
Pro-social Silence	0.930	0.936	0.945	0.744	

Table No.2: Measurement Model

	Acquiescent silence	Defensive silence	Emotional well-being	Pro-social Silence
A1	0.714			
A2	0.895			
A3	0.835			
A4	0.854			
A5	0.762			
A6	0.560			
DS1		0.888		
DS2		0.904		
DS3		0.881		
DS4		0.889		
DS5		0.864		
EW1			0.883	
EW2			0.894	
EW3			0.900	
EW4			0.840	
EW5			0.897	
PS1				0.908
PS2				0.844
PS3				0.879
PS4				0.903
PS5				0.923
PS6				0.700

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Table No.3: Factor loading

TESTING OF RESEARCH HYPOTHESIS

H1: There is a negative relationship between acquiescent silence and emotional wellbeing.

Dependant	Independe	Standardized	T-	Hypothe
variable	nt variable	Beta value	Value	sis Result
Emotional well-being	Acquiescen t Silence	- 0.619	18.3	Accepted

Table No.3: Hypothesis-1 Testing

Table No.3 indicates that the standardized beta value of acquiescent form of employee silence and emotional well-being is negative (-0.619) and the t- value is 18.3. Hence, H1 is accepted. This concludes that acquiescent silence affects emotional well-being in a significant and negative way.

H2: There is a negative relationship between defensive silence and emotional wellbeing.

Depend	Independent	Standardized	T-Value	Hypothesis
ant variable	variable	Beta value		Result
Emotion al well-being	Defensive Silence	-0.566	16.21	Accepted

Table No.4: Hypothesis-2 Testing

Table no.4 indicates that the standardized beta value of defensive silence and emotional well-being is negative (-0.566) and the t- value is 16.21. Hence, H2 is accepted. This concludes that as defensive silence increases, emotional well-being reduces and vice versa.

H3: There is a negative relationship between pro-social silence and emotional wellbeing.

Dependant	Independ	Standardized	T-Value	Hypothesis
variable	ent variable	Beta value		Result
Emotional well-being	Pro-Social Silence	-0.505	18.15	Accepted

Table No.5: Hypothesis-3 Testing

As per table no.5, the Standardized beta value of pro-social form of employee silence and emotional well-being is negative (-0.505). The estimated t-value is 18.15, thus H3 is accepted concluding that when pro-social silence increases, emotional well-being decreases and vice versa.

CONCLUSION AND MANAGERIAL IMPLICATIONS

The present research examined how the emotional well-being of the doctors and nursing staff working employed in private hospitals in Punjab gets affected by their silence behavior. Total of 40 doctors and 110 nursing staff from four private hospitals were selected using random sample technique and a structured questionnaire was constructed to collect the responses.Structural Equation Modeling (SEM) was used to test the proposed model.Results suggested that acquiescent form of silence has a positive impact on employee emotional wellbeing However, defensive and pro-social form of employee silence has a negative relationship with emotional well-being of the employees at workplace.

The results provide useful data that leaders and executives of medical institutions may take into account when developing a plan that will promote higher levels of emotional wellbeing and, over time, reduce employee silence. The research also contributes to the body of **Business, Management and Economics Engineering**

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recent work by determining the association between silent behaviour and emotional wellbeing in the Indian context.

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