Silence

"Silence at work isn't just fear, it's strategy, resignation, and misplaced loyalty. Until leaders grasp the motives behind the quiet, they'll keep mistaking compliance for commitment." Knoll and van Dick (2012).

Organisational silence refers to the withholding of information about problems or issues. In 'Do I Hear the Whistle…' Knoll and van Dick (2012) introduced four types of silence:

- Acquiescent - when you feel your opinion is neither wanted nor appreciated.
- Quiescent - the silence that comes from fear of negative consequences.
- Prosocial - where you with hold information for strategic community reasons, like not getting someone told off.
- Opportunistic - you with hold information for your personal gain such as avoiding extra workload or sharing your knowledge.

Acquiescent silence is characterised by a strong sense of resignation and disengagement, leading to people feeling undervalued and lacking control. This in turn leads to lower job satisfaction and higher staff turnover.

But not only that, it can create feelings of anger and resentment that start to contaminate interactions leading to workplace incivility. These are low intensity deviant acts such as rude and discourteous verbal and non-verbal behaviour towards your colleagues.

Porath and Pearson (2013) conducted a research that found that 98% of workers have experienced workplace incivility, with 50% saying they've experienced it weekly. If incivility is tolerated by management, it can 'breed' within the workplace. It's not just the obvious acts, the insidious micro incivilities can manifest and can be difficult to address.

- Overt - the obvious raised voices, abusive supervision and losing tempers.
- Covert - emotional manipulation, social undermining (such as talking over one another and invalidation), eye rolls dismissing of views, gossip and rumour mills.
- Passive - not paying attention by checking phones and emails during meetings or conversations, starting side conversations while someone is talking.
- Silent Sabotage - ignoring people either verbally or through emails or messages, with holding information and being late for meetings.

In terms of building organisational resilience, personnel who experience workplace incivility can lose up to 80% of their time thinking about it or avoiding the person, with 25% of people taking it out on those around them. 50% are less likely to help others and demonstrate around a 20% reduction in performance.

Because humans are social creatures, when someone is rude to us we feel under threat, which can reduce out cognitive performance by 61%. So, despite it being "mundane", tolerating workplace incivility can damage your organisational resilience.

Tajfel and Turner (1979) suggested the concept of organisational identification being grounded within our social identity where individuals derive a significant part of their self from their membership to social groups. So, when someone feels their opinions are not valued or there is a fear of judgement, the basic need for belonging and recognition is not being fulfilled. This leads them to feel threatened, and they'll distance themselves to protect their self-esteem.

Weiss and Zacher (2024) found through their research that when someone's silence is motivated by feelings of futility, it increased the probability that they would engage in workplace incivility because they become less identified with the organisation. Whereas if someone is silent for fear of negative feedback or consequences, they still care about reactions and consequences of their peers and still attach their self-worth to their membership of the organisation and so are less likely to partake in incivility.

Perceived appreciation is important, because when we feel we have a valued input into the system, we're more engaged in its success. So, solicit feedback from employees and either implement suggestions or provide explanations as to why it's not possible.

In terms of health care, organisational silence poses a significant threat to patient safety because of the setting introducing various cognitive, social and organisational factors.

Many healthcare professionals underestimate the prevalence of medical errors, as Henriksen and Dayton (2006) explain. A study found that fewer than 10% of physicians, nurses, and clinical staff directly confronted their colleagues when they became aware of poor clinical judgment or shortcuts that could cause harm. One in five physicians said they had seen harm come to patients as a result.

In his book, Black Box Thinking, Syed writes about the Logic of Failure and how the lack of proper error reporting within the NHS has led to hundreds of avoidable deaths. A report by the House of Commons found that the NHS fails to learn from mistakes as no single person or organisation is responsible for quality clinical investigations and for ensuring lessons learned are appropriately used to drive improvement.

Syed writes that 400,000 people die in America because of preventable medical error, and it is the third biggest killer after cancer and heart disease. The lack of reporting comes from the difficulty for a talented professional to admit their fallibility. It's a threat to their ego and reputation.

When the Virginia Mason Hospital & Medical Centre in Seattle created an aviation-style system of incident reporting and altered the culture so that professionals were empowered to speak up, errors plummeted, and insurance-liability premiums dropped by 74%.

Silence isn't neutral and when issues go unspoken, they tend to fester and multiple. So, if the silence comes from fear, frustration or a desire to protect peace, the result is the same and valuable opportunity to learn from errors is lost. Leaders should foster an environment where their colleagues feel supported to speak up, a Just Culture where mistakes are not ridiculed, but are shaped into a chance for success. Because one day, the information you're holding could be the winning idea, or it could prevent someone getting hurt.