

Examining the relationship between the perceptions of favouritism and organizational silence behaviours of healthcare professionals: A comparative study on public and private hospitals

Sağlık çalışanlarının kayırmacılık algıları ile örgütsel sessizlik davranışları arasındaki ilişkinin incelenmesi: Kamu ve özel hastaneler üzerinde karşılaştırmalı bir araştırma

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Abstract

The main purpose of this study is to examine the relationship between the perceptions of favouritism and silence behaviours of healthcare professionals in terms of public and private hospital employees. In addition, it was examined whether demographic characteristics differ in the perception of favouritism and organizational silence. The research population consists of a total of 4700 healthcare professionals, 3200 employees of a public hospital and 1500 employees of a private hospital working in the province of Istanbul in 2021. Using the convenience sampling method, 411 healthcare workers were reached between 01.06.2021 and 30.08.2021. Data analysis was done with SPSS 24.0. T-test and ANOVA tests were used in the analysis of demographic variables. The relationship between the scale items was analyzed with the Pearson correlation test. The effect between the scale items was analyzed with the regression test. According to the results of the analysis, it was observed that the perceptions of favouritism, nepotism, favorism and cronyism were higher in those working in public hospitals than in those working in private hospitals (p<0,05). It was observed that accepting, defensive and prosocial silence behaviours were higher in those working in public hospitals than those working in private hospitals (p<0,05). It was determined that the organizational silence score did not show a statistically significant difference in terms of the health sector (p>0,05). In addition, it was understood that there were significant differences between the perception of favouritism and organizational silence variables according to demographic variables. Demographic questions include age, gender, marital status, educational status, working time in the enterprise, total working time, position in the enterprise and whether it is familiar. With these results, it is thought that the study will draw attention to nepotism behaviours in the health sector. In line with the proposed solutions, it is thought that it will reduce nepotism behaviours and create working environments where employees can express their thoughts freely instead of in organizational silence.

Keywords: Health Sector Workers, Perception of Favouritism, Silence Behaviour, Organizational Silence

<u>Jel Codes:</u> M1, M12, M54, M52

Öz

Bu çalışmanın temel amacı, sağlık çalışanlarının kayırmacılık algıları ile sessizlik davranışları arasındaki ilişkiyi kamu ve özel hastane çalışanları açısından incelemektir. Ayrıca demografik özelliklerin, kayırmacılık algısı ve örgütsel sessizlik üzerinde farklılık gösterip göstermediğine bakılmıştır. Araştırmanın evrenini, 2021 yılında İstanbul ilinde görev yapmakta olan bir kamu hastanesinin 3200 çalışanı ve bir özel hastanenin 1500 çalışanı olmak üzere toplam 4700 sağlık çalışanı oluşturmaktadır. Kolayda örneklem yöntemi kullanılarak 01.06.2021 -30.08.2021 tarihleri arasında 411 sağlık çalışanına ulaşılmıştır. Verilerin analizi SPSS 24.0 ile yapılmıştır. Demografik değişkenlerin analizinde t testi ve ANOVA testi kullanılmıştır. Ölçek maddeleri arasındaki ilişki Pearson korelasyon testi ile analiz edilmiştir. Ölçek maddeleri arasındaki etki ise regresyon testi ile analiz edilmiştir. Analiz sonuçlarına göre kayırmacılık, nepotizm, favorizm ve kronizm algılarının, kamu hastanelerinde çalışanların özel hastanelerde çalışanlara göre daha yüksek olduğu gözlenmiştir (p<0,05). Kabullenici, savunmacı ve prososyal sessizlik davranışlarının, kamu hastanelerinde çalışanların özel hastanelerde çalışanlara göre daha yüksek puana sahip olduğu gözlenmiştir (p<0,05). Örgütsel sessizlik puanının sağlık sektörü bakımından istatistiksel olarak anlamlı farklılık göstermediği belirlenmiştir (p>0,05). Ayrıca kayırmacılık algısı ve örgütsel sessizlik değişkenlerinin; yaş, cinsiyet, medeni durum, eğitim durumu, işletmede çalışma süresi, toplam çalışma süresi, işletmedeki pozisyonu, işletmede tanıdığının olması gibi demografik özelliklere göre anlamlı farklılıklar gösterdiği anlaşılmıştır. Bu sonuçlar ile birlikte çalışmanın, sağlık sektöründe yapılan kayırmacılık davranışlarına dikkati çekerek, önerilen çözümler doğrultusunda kayırmacılık davranışlarının azalmasını sağlayacağı, ayrıca örgütsel sessizlik yerine çalışanların özgürce düşüncelerini açıklayabilecekleri çalışma ortamlarının yaratılmasına katkı sağlayacağı düşünülmektedir.

Anahtar Kelimeler: Sağlık Sektörü Çalışanları, Kayırmacılık Algısı, Sessizlik Davranışı, Örgütsel Sessizlik

Jel Kodları: M1, M12, M54, M52

Introduction

Healthcare professionals must work long hours daily and constantly improve themselves through education and training. Especially with the COVID-19 epidemic, healthcare professionals, who have shown superior performance, continue to treat patients at the expense of their health and psychological well-being. Apart from surface issues, health workers may also experience problems related to hospital management and practices, like every other type of organization. They may have a perception of favouritism in the promotion of hospital administrators, chief physicians, assistant chief physicians or other administrators. The implementation of favouritism behaviours in a workplace negatively affects other employees. It can have adverse effects such as being mistreated, feeling worthless, feeling inadequate in the workplace and thinking that promotion and remuneration are unfair. It can reduce the motivation, efficiency and effectiveness of employees. The impact of favouritism experienced by employees working in a vital sector such as health can have much more severe consequences. The increased perception of favouritism in the workplace of health workers who already work under challenging conditions may cause them to engage in organizational silence. Employees will work unhappy and reluctant in a business environment with a perception of favouritism. It is thought that this study, carried out to investigate this critical issue and take the necessary precautions, will benefit the health sector.

This study investigated how healthcare professionals' views on favouritism and their behaviours toward silence differ between public and private hospital personnel. In addition, it was examined whether demographic characteristics affect nepotism and organizational silence. Finally, the analysis's findings were assessed, and suggestions were offered. It is anticipated that the study will bring attention to the favouritism practices in the health sector, reduce the favouritism practices per the suggested solutions, and also help create work environments where employees can freely express their thoughts instead of organizational silence.

Conceptual framework

Perception of favouritism

Favouritism is a phenomenon that happens when employees are valued and segregated from their family, friends, and intimate relationships, which is one of the behaviours that weakens the perception of organizational justice. Other employees are negatively impacted when some are given privileges they do not merit. Favouritism can happen in the circumstances like praises, promotions, hiring, bonuses, vacations, gifts, and days off. Favouritism is when managers make decisions about their employees without considering their talents, expertise, and skills. Personal feelings and relationships, such as those with one's job, career, relatives, and friends, are prioritized over these (Erdem, 2020: 17; Maswabi & Qing, 2017). Favouritism in the workplace typically results in the hiring of staff that are less competent, which lowers the quality of the workforce. Favouritism is also frequently linked to public corruption and the mismanagement of public funds (Sroka & Vveinhardt, 2018). This kind of unprofessional thinking prohibits companies from generating efficient and effective results since decisions are made based more on personal relationships or kinship than on competence and skills in the workplace. Favouritism lowers organizational and personnel performance because the chosen few who get all the perks won't feel compelled to put in as much effort or perform at their peak (Iqbal & Ahmad, 2020). Favouritism is used in the public and private sectors and can take many forms. The three dimensions of nepotism, favouritism, and cronyism are typically used to analyse the phenomenon of favouritism.

Nepotism is the practice of giving advantages to people solely on kinship and not merit or skill. (Araslı and Tümer (2008), (Tunçbilek & Akkuş (2017), and (Vveinhardt & Sroka (2020) Nepotism, which is typically found in family businesses, causes activities to lose professionalism because those with blood ties are preferred, and it lowers employee engagement (Büte, 2011; Çağatay, 2020). Due to nepotism, some family members are hired, elevated, and given senior management roles in family enterprises because of their kinship. These individuals could make strategic errors by choosing the incorrect course of action if they lack the essential expertise.

Favorism is a type of favouritism based on relative or friend relations. They are unequal, privileged, and unworthy behaviours and practices based on relationships such as acquaintances, friends, and neighbours instead of blood ties in the recruitment or promotion process. It usually occurs in recruitment processes, decisions and promotion issues (Araslı and Tümer, 2008). This circumstance, which occurs regularly in both the public and commercial sectors, disregards ideas like justice and equality and exposes partiality (Usta, 2011).

Chroniysm is "managerial corruption with moral interests". Cronyism is the treatment of people with privileges for reasons such as political preferences without having the necessary qualities of the job, such as ability, success, education level, and skill. In this behaviour, the employee's political preferences come to the forefront to protect themselves and raise their position (Araslı and Tümer, 2008). It is also defined as bringing people together with the same ideology and putting those who support a chosen political power in senior management positions in public institutions (Özüren, 2017). Actions like getting a job, promotion, and staying at work happen just to stay close to the manager and not for rational decisions and career criteria. This situation causes many managerial diseases. In Turkey, closeness to a political preference can be a selection device, especially in public institutions (Aytaç, 2006). In organizations that apply nepotism, favouritism and cronyism, which are types of favouritism, inefficiency in production and deviations from organizational goals may occur.

Organizational silence

Organizational silence is when employees of an organization refrain from discussing issues they are having at work for a variety of reasons and choose to keep their opinions to themselves (Yalçınsoy, 2019; Örücü & Biyan, 2018). Employees could have ideas and opinions that would help the organization flourish but choose not to express them. The three dimensions of organizational silence are acquiescent, defensive, and prosocial (Şahin & Yalçın, 2017).

Defensive silence is the type of silence in which employees are reluctant to express themselves despite the possibility that their views may have negative consequences. Despite this, workers are willing to alter and enhance the current circumstance (Ülker & Kanten, 2009). Prosocial silence is the practice of an organization remaining silent when employees withhold information and opinions about their work to safeguard the privacy of those employees or the organization as a whole. With this behaviour, the working person's motivation, information sharing, cooperation, and helpfulness enhance (Amiri et al., 2018; Durak, 2014; Gencer, 2018). Employees keep their opinions to themselves to avoid being exposed to unfavourable views from their bosses or fellow workers. Employees' silence, regardless of the reason, may cause the organization and the employees to lose motivation and perform poorly. Employees may feel alienated from the organization and unhappy (Öztırak & Orak, 2022).

As a result of the employees' silence, innovative ideas do not emerge, and there are problems between the employees and the managers due to the lack of communication, and the efficiency of the organization decreases. In addition, organizational silence prevents the production of solutions for the problems encountered (Akan and Oran, 2017; Durak, 2012: 9). There is a need for a sensitive approach where employees can freely express their organizational discomfort and their thoughts.

Relationships between favouritism and organizational silence

Employees' organizational silence can vary depending on the sorts of bias they encounter. Studies on this topic can be seen when the literature is investigated. As a result of their research on the employees in accommodation enterprises, Erkekli and Yavuz (2020) determined a linear relationship between nepotism and organizational silence. Macit (2020) identified the relationship between self-nepotism performances in three different publics. Polat (2016) determined that perceptions of nepotism, favorism and cronyism differ according to the staff status of public sector employees. According to the research findings, it was concluded that public employees' perceptions of cronyism occur more than other types of favouritism. In the study of Hozouri et al. (2018) on municipal employees, they found a negative relationship between organizational silence behaviours and organizational commitment levels. They concluded that their organizational commitment was low.

Araslı and Tümer (2008), as a result of their study on the banking sector, concluded that nepotism, favorism and cronyism create job stress, increase employees' dissatisfaction with their organizations, and nepotism harms job stress. They concluded that it hurts job stress. It has been stated that employees who experience favouritism give up their verbal comments as well as some behaviours they do in the workplace. Demaj (2021) investigated the effect of the perception of favouritism of service sector employees on organizational trust and commitment. He concluded that the perception of favouritism reduces organizational trust and organizational commitment.

When the studies are examined, it is seen that there is a relationship between the organisation's favouritism and the employees' silent behaviour. Favouritism approaches and practices against the organisation's employees cause them not to explain their thoughts and suggestions. As a result, employees do not express their views clearly in the face of favouritism and prefer to remain silent in order not to lose their jobs. This situation negatively affects their effectiveness, productivity and

motivation. Therefore, problems may arise in the performance of the enterprise, in the level of success and in reaching its goals.

Methodology of the research

The purpose of the research

Employees' encounters with favouritism in the workplace cause their work motivation and performance to decrease. In this case, employees cannot react because they fear losing their jobs and engage in indifferent behaviours such as organizational silence. When the literature on the perceptions of favouritism and organizational silence behaviours of healthcare professionals was scanned, it was found that there was a deficiency. In order to fill this gap, a related study was carried out to address such an important issue. The primary purpose of this study is to examine the relationship between the perceptions of favouritism and silence behaviours of healthcare professionals in terms of public and private hospital employees.

Research model and hypotheses

In this study, it is assumed that there is a relationship between the perceptions of favouritism and organizational silence behaviours of health sector workers. Accordingly, the following hypotheses have been proposed:

H1: Favouritism perceptions of employees in the health sector affect their organizational silence positively and significantly.

H1a: Favouritism perceptions of healthcare workers affect their acquiescent silence positively and significantly.

H1b: Favouritism perceptions of healthcare workers affect their defensive silence positively and significantly.

H1c: Favouritism perceptions of healthcare workers affect their prosocial silence positively and significantly.

H2: Organizational silence of employees in the health sector affects their perceptions of favouritism positively and significantly.

H2a: Organizational silence of employees in the health sector affects their perceptions of favouritism positively and significantly.

H2b: Organizational silence of employees in the health sector positively and significantly affects their perceptions of favouritism.

H2c: Organizational silence of employees in the health sector affects their perceptions of cronyism positively and significantly.

The research model, which includes the relationships between the perception of favouritism and the sub-dimensions of organizational silence behaviour in the health sector, is shown in Figure 1 below.

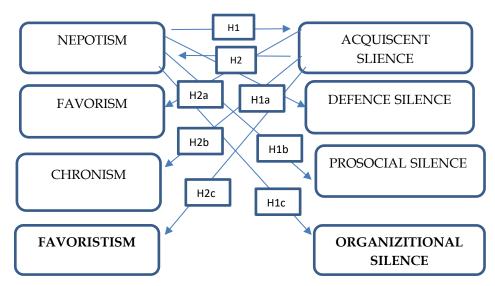


Figure 1: Research Model

Analysis method of the research

Data analysis was done with SPSS 24.0. In the study, the scale scores were calculated, and the kurtosis and skewness coefficients were examined to determine the conformity of the scores to the normal distribution. The kurtosis and skewness values obtained from the scales are between +3 and -3 for normal distribution (Groeneveld and Meeden, 1984; Moors, 1986; Hopkins and Weeks, 1990; De Carlo, 1997). The descriptive statistics and reliability coefficients of the scales are shown in Table 1 below.

Table 1: Descriptive Statistics and Reliability Coefficients on Perception of Favouritism and Organizational Silence Scales

	n	Minimum	Maximum	Avg.	sd	Skewness	Kurtosis	Cronbach's Alpha
Nepotism	407	1,00	5,00	3,12	0,94	-0,576	-0,218	0,889
Favorism	407	1,00	5,00	3,38	1,01	-0,738	0,074	0,913
Cronyism	407	1,00	5,00	3,20	1,01	-0,487	-0,357	0,919
Perception of Favouritism	407	1,00	4,92	3,24	0,90	-0,954	0,362	0,956
Acquiescent Silence	407	1,00	5,00	2,40	0,95	0,428	-0,601	0,882
Defensive Silence	407	1,00	5,00	2,16	0,96	0,755	-0,148	0,937
Prosocial Silence	407	1,00	5,00	3,50	1,01	-0,755	-0,175	0,899
Organizational Silence	407	1,00	5,00	2,69	0,76	0,303	-0,043	0,908

According to the analysis results, perception of favouritism and its sub-dimension, organizational silence and its sub-dimensions are in the range of Cronbach's alpha coefficient of $0.80 \le \alpha < 1.00$, therefore highly reliable. Furthermore, when the values are examined, it is seen that the kurtosis and skewness coefficients of each score are between -3 and +3. According to this result, it was concluded that the scores showed a normal distribution. Parametric test techniques were used in the study due to the normal distribution of the scores. The t-test and ANOVA test were used to analyse the variation of the scale score according to demographic characteristics. While the t-test was used to analyse demographic variables with two groups, the ANOVA test was used to analyse the variables with k (k>2) groups.

Universe and sample of the research

After approval with no 2021/06-05 dated May 5th, 2021, had been obtained from İstanbul Esenyurt University Ethics Commission, questionnaires were distributed and collected by closed envelope method from 01.06.2021 to 30.08.2021.

The research population consists of a total of 4,700 healthcare professionals, 3200 employees of a public hospital and 1,500 employees of a private hospital working in the province of Istanbul in 2021. Using the convenience sampling method, 411 healthcare professionals were reached between 01.06.2021 and 30.08.2021. The following formula was used to determine the number of healthcare workers in the

$$n = \frac{N. t^{2}. p. q}{d^{2}. (N-1) + t^{2}. p. q}$$

sample.

N: Population

n: Sample size

p: The probability of occurrence of the event to be examined (0.5)

q: The probability that the event to be examined will not occur (0.5)

t: Theoretical value found in the t table at a particular significance level (1,96)

d: Margin of error, sampling error admitted to the frequency of occurrence of the event, (+-)

As a result of the calculation made using the formula above, the number of samples calculated with a 95% confidence level and 5% error for the population of 4700 healthcare workers is 356. In this context, the scales were applied to 411 health workers, and 407 filled-in thoroughly were evaluated. Therefore, it seems that 407 healthcare workers are a sufficient number to represent the universe.

Data collection tools of the research

The questionnaire form used in the research consists of 3 parts. In the first part, Demographic characteristics, in the second part, the "Favouritism Perception Scale", and in the third part, the "Organizational Silence Scale" was used. A 5-point Likert scale (1= Strongly Disagree, 2= Disagree, 3= Undecided, 4= Agree, 5= Strongly Agree) was used in the questionnaire. A 9-question form was created, including demographic information, gender, age, educational status, marital status, industry, working time in the organization, total working time, position in the organization and whether or not there is an acquaintance in the organization.

In the second part of the questionnaire, the Organizational Silence scale, which Dyne developed, Ang and Botero (2003), and adapted into Turkish by Karacaoğlu and Cingöz (2009) and Taşkıran (2012), was used. The organizational silence scale consists of three sub-dimensions: acquiescent silence, defensive silence and prosocial silence. The scale consists of a total of 15 items, the first five items measure acquiescent silence, the second five items defensive silence, and the last five items measure prosocial silence. As a result of the reliability analysis made by Kahya (2013), the Cronbach alpha coefficient of the organizational silence scale was determined as 0,74, the Cronbach alpha value of consent and defensive silence in the sub-dimensions of organizational silence was 0,88%, and the Cronbach alpha value for prosocial silence was %0,80. This situation reveals that the reliability of the scales related to the sub-dimensions is high.

In the third part of the questionnaire, the Favouritism Perception scale, included in the study by Araslı and Tümer (2008), was used. The scale, which consists of 25 statements, includes ten questions to measure perceptions about nepotism, ten to measure perceptions of favouritism, and five to measure perceptions of cronyism.

The questions did not include two items related to racial discrimination in Araslı and Tümer's (2008) cronyism scale. First, in the study of Araslı and Tümer (2008), it was stated that the Cronbach alpha value of the scale was above 0,70. This value shows that the scale is quite reliable.

Results

Table 2 below shows the distribution of health personnel participating in the research according to demographic variables.

 Table 2: Distribution by Demographic Variables

		n	%
C 1	Male	186	45,7
Gender	Female	221	54,3
	Under 20 years of age	7	1,7
	20-29	152	37,4
Age	30-39	123	30,3
	40-49	100	24,6
	Over than 50 years of age	24	5,9
	Primary School	7	1,7
	Middle School	8	2,0
Education	High School	37	9,1
Education	Associate Degree	9	2,2
	Bachelor's Degree	168	41,3
	Master's Degree	178	43,7
M. 7: 10: .	Married	194	47,7
Marital Status	Single	213	52,3
TAT. 1: C. 1	Public	200	49,1
Working Sector	Private	207	50,9
	1 year or lower than 1 year	116	28,5
Term of Employment in the current organization	2-5 years	136	33,4
··	6 years or over than 6 years	155	38,1
	1 year or lower than 1 year	31	7,6
Total Working Time	2-5 years	129	31,7
	6 years or over than 6 years	247	60,7
Mouling Dociti	Employer	311	76,4
Working Position	Manager	96	23,6
Any relations in the current	Yes	102	25,1
organization?	No	305	74,9

 $Table \ 3 \ below \ shows \ the \ correlation \ analysis \ results \ to \ examine \ the \ relationship \ between \ the \ perception \ of \ favouritism \ and \ organizational \ silence.$

Table 3: Examination of the Relationship Between Perception of Nepotism and Organizational Silence (n=407)

		1	2	3	4	5	6	7	8
Nonation	r	1							
Nepotism	p								
Favorism	r	.744**	1						
ravorism	p	0,000							
Cronyism	r	.707**	.752**	1					
	p	0,000	0,000						
Perception o	r	.915**	.933**	.862**	1				
Favouritism	p	0,000	0,000	0,000					
	r	.279**	.110*	.206**	.213**	1			
Acquiescent Silence	p	0,000	0,026	0,000	0,000				
D. (r	.240**	0,091	.204**	.188**	.802**	1		
Defensive Silence	p	0,000	0,065	0,000	0,000	0,000			
D 1161	r	.531**	.586**	.485**	.597**	.200**	.231**	1	
Prosocial Silence	p	0,000	0,000	0,000	0,000	0,000	0,000		
Organizational	r	.455**	.345**	.388**	.434**	.848**	.863**	.626**	1
Silence	p	0,000	0,000	0,000	0,000	0,000	0,000	0,000	
*<0.0E									

^{**}p<0,05

There is a moderately positive relationship between nepotism and prosocial silence (r=0,531); there is a strong positive correlation between favorism (r=0,744) and cronyism (r=0,707); It was concluded that there is a solid positive relationship between the perception of favouritism (r=0,915).

There was a moderately positive relationship between favouritism and prosocial silence (r=0.586); there is a strong positive correlation between chronism (r=0.752); It was concluded that there is a powerfully positive relationship between the perception of favouritism (r=0.933).

It was concluded that there is a strong positive relationship between cronyism and perception of favouritism (r=0.862).

It was concluded that there is a moderate positive relationship between the perception of favouritism and prosocial silence (r=0.597).

It was concluded that there is a strong positive relationship between accepting and defensive silence (r=0.802) and organizational silence (r=0.848).

It was concluded that there is a strong positive relationship between defensive silence and organizational silence (r=0,863).

It was concluded that a moderately positive relationship exists between prosocial silence and organizational silence (r=0,626).

Table 4 shows the results of the t-test, which was conducted to analyse the perception of favouritism and its sub-dimensions, organizational silence and the difference between its sub-dimensions in terms of the sector in which it works.

Table 4: Analysis of Differences in Scale Scores by Ownership

		n	Avg.	sd	t	p
NI C	Public	200	3,30	0,71	2.926	0.000*
Nepotism	Private	207	2,95	1,10	3,836	0,000*
Favorism	Public	200	3,57	0,75	2 696	0,000*
ravorism	Private	207	3,20	1,19	3,686	0,000
6 .	Public	200	3,45	0,88	F 040	0.000*
Cronyism	Private	207	2,96	1,07	5,049	0,000*
Perception of	Public	200	3,44	0,65	4.422	0,000*
Favouritism	Private	207	3,05	1,05	4,432	0,000
A	Public	200	2,29	1,00	2 200	0,022*
Acquiescent Silence	Private	207	2,51	0,89	-2,300	
Defencies Cilenes	Public	200	2,05	0,97	2 207	0.022*
Defensive Silence	Private	207	2,27	0,95	-2,287	0,023*
D	Public	200	3,64	0,93	2 802	0.004*
Prosocial Silence	Private	207	3,35	1,07	2,893	0,004*
Organizational Silence	Public	200	2,66	0,75	0.654	0.514
	Private	207	2,71	0,77	-0,654	0,514
+ <0.0F						

^{*}p<0,05

The analysis results show that the scores of favorism, cronyism and nepotism perception show statistically significant differences in the sector where they work (p<0.05). According to the average scores, it is observed that those working in the public sector have higher scores than those working in the private sector.

When we look at these findings, the scores of acquiescent silence, defensive silence and prosocial silence show statistically significant differences in the sector in which they work (p<0.05). According to the average scores, it is observed that private employees have higher scores than those working in the public sector. It was determined that the organizational silence score did not show a statistically significant difference in the sector in which it worked (p>0.05).

The results of the t-test, which was conducted to analyse the perception of favouritism and its sub-dimensions, organizational silence, and the difference between its sub-dimensions in terms of gender, are given in Table 5.

Table 5: Analysis of Differences in Scale Scores by Gender

		n	average.	sd	t	p	
Namatiana	Male	186	2,93	1,07	-3,693	0,000*	
Nepotism	Female	221	3,28	0,79	-3,093	0,000	
Favorism	Male	186	3,34	1,15	-0,681	0,496	
ravorisiii	Female	221	3,41	0,88	-0,001	0,490	
Cronyism	Male	186	3,17	1,09	-0,552	0,581	
	Female	221	3,23	0,94	-0,332	0,361	
D ('	Male	186	3,14	1,01			
Perception of Favouritism	Female	221	3,32	0,78	-1,971	0,050	
A ' (C')	Male	186	2,49	0,88	1.000	0.000	
Acquiescent Silence	Female	221	2,33	1,01	1,698	0,090	
Defensive Silence	Male	186	2,19	0,93	0.622	0.500	
Defensive Silence	Female	221	2,13	0,99	0,632	0,528	
Dragogial Cilones	Male	186	3,31	1,08	2 441	0.001*	
Prosocial Silence	Female	221	3,65	0,92	-3,441	0,001*	
Organizational Silence	Male	186	2,66	0,77	-0,558	0,577	
	Female	221	2,71	0,75	-0,330	U,377	

^{*}p<0,05

The analysis's findings indicate statistically significant gender variations in the ratings for nepotism and prosocial silence (p>0,05). It can be seen from the average scores that women do better than men. The results showed no statistically significant gender difference in favouritism, cronyism, perception of favouritism, acquiescent quiet, defensive silence, and organizational silence scores (p>0,05).

The findings of an ANOVA used to examine organizational silence, the perception of favouritism and its sub-dimensions, and the difference in ages in those sub-dimensions are presented in Table 6.

Table 6: Analysis of Differences in Scale Scores in Terms of Age

		n	average.	sd	F	p
	under 29	159	3,36	0,74		
Nepotism	30-39	123	2,99	1,03	8,346	0,000*
Nepotisiii	40-49	100	3,06	0,97	0,340	0,000
	over 50	24	2,50	1,15		
	under 29	159	3,47	0,83		
г.	30-39	123	3,49	1,22	0.054	0.040*
Favorism	40-49	100	3,22	0,84	3,354	0,019*
	over 50	24	2,93	1,40		
	under 29	159	3,44	0,94		
	30-39	123	3,06	1,10		
Cronyism	40-49	100	3,04	0,90	4,743	0,003*
	over 50	24	3,08	1,26		
Perception of Favouritism	under 29	159	3,42	0,74		
	30-39	123	3,20	1,01		
	40-49	100	3,12	0,82	4,956	0,002*
	over 50	24	2,79	1,26		
	under 29	159	2,82	0,95		
A	30-39	123	2,10	0,87		0,000*
Acquiescent Silence	40-49	100	2,13	0,81	19,618	
	over 50	24	2,33	0,98		
	under 29	159	2,59	1,05		
	30-39	123	1,89	0,83		
Defensive Silence	40-49	100	1,84	0,70	20,070	0,000*
	over 50	24	2,06	0,93		
	under 29					
	30-39	159	3,52	0,86		
Prosocial Silence	40-49	123	3,41	1,06	0,439	0,725
	over 50	100	3,55	1,13		
	under 29	24	3,55	1,20		
	30-39	159	2,98	0,81		
Organizational Silence	40-49	123	2,47	0,64	14,636	0,000*
CHEICE	over 50	100	2,50	0,67		
	0ver 50	24	2,65	0,77		

^{*}p<0,05

The analysis's findings indicate a statistically significant difference between ages in how people perceive nepotism and favouritism (p>0,05). According to the average results, it can be seen that individuals under the age of 29 scored more than those over 50. A statistically significant age difference is shown in the Favouritism score (p>0,05). The average scores show that those between the ages of 30 and 39 perform better than those over 50. The cronyism score shows a statistically significant age difference (p>0,05). The average results show that those under 29 perform better than those between the ages of 40 and 49.

The analysis's findings indicate statistically significant variations between the organizational silence and acquiescent silence scores regarding age (p>0,05). The average results show that those under 29 had more excellent scores than those in the 30-to-39 age range. A statistically significant age difference is evident in the quiet defensive score (p>0,05). The average results show that those under 29 perform

better than those between the ages of 40 and 49. It was found that prosocial silence did not exhibit an age difference that was statistically significant (p>0,05).

The findings of the ANOVA used to examine organizational silence, the perception of favouritism and its sub-dimensions, and the variation in these sub-dimensions according to educational status are presented in Table 7.

Table 7: Analysis of Differences in Scale Scores in terms of Educational Status

		n	Avg.	sd	F	р
	Middle/Primary School	15	2,94	0,64		
Nepotism	High School	37	3,04	0,85	11,232	0,000*
rvepousiii	Associate/Bachelor	177	2,86	1,08	11,232	0,000
	Master	178	3,41	0,74		
	Middle/Primary School	15	3,34	0,67		
Favorism	High School	37	3,32	0,95	16,382	0,000*
ravonsin	Associate/Bachelor	177	3,03	1,17	10,502	0,000
	Master	178	3,75	0,72		
	Middle/Primary School	15	3,08	0,74		
Cronyism	High School	37	3,06	0,96	5,736	0,001*
CIOITY IOITI	Associate/Bachelor	177	3,01	1,11	5,750	0,001
	Master	178	3,43	0,89		
Perception of Favouritism	Middle/Primary School	15	3,13	0,51		0,000*
	High School	37	3,16	0,83	14,306	
	Associate/Bachelor	177	2,96	1,07	14,500	
	Master	178	3,55	0,61		
	Middle/Primary School	15	2,92	1,01		0,000*
Acquiescent	High School	37	2,43	0,79	22,786	
Silence	Associate/Bachelor	177	2,75	0,93	22,700	
	Master	178	2,01	0,84		
	Middle/Primary School	15	2,60	1,10		
Defensive Silence	High School	37	2,32	0,80	22,015	0,000*
Defensive offence	Associate/Bachelor	177	2,50	1,04	22,013	0,000
	Master	178	1,76	0,73		
	Middle/Primary School	15	3,45	1,18		
Prosocial Silence	High School	37	3,30	1,03	15,607	0,000*
1 1030ciai offcirce	Associate/Bachelor	177	3,18	1,08	10,007	0,000
	Master	178	3,86	0,78		
	Middle/Primary School	15	2,99	0,97		
Organizational	High School	37	2,68	0,70	4,661	0,003*
Silence	Associate/Bachelor	177	2,81	0,89	1,001	0,000
	Master	178	2,54	0,56		

^{*}p<0,05

The results of the analysis indicate that the scores of nepotism, favorism, cronyism and favouritism perception show statistically significant differences in education level (p<0,05). Furthermore, according

to the average scores, it is observed that those who have a graduate education level have higher scores than those with an associate/undergraduate education level.

According to the analysis results, the scores of acquiescent silence, defensive silence and organizational silence show statistically significant differences in education level (p<0,05). According to the average scores, it is observed that those with secondary/primary school education have higher scores than those with postgraduate education. The prosocial silence score shows a statistically significant difference in educational status (p<0,05). According to the average scores, it is observed that those who have a graduate education level have higher scores than those with an associate/undergraduate education level.

The t-test results, which were conducted to analyse the perception of favouritism and its sub-dimensions, organizational silence and the sub-dimensions difference in terms of marital status, are given in Table 8.

Table 8: Analysis of Differences in Marital Status of Scale Scores

		n	Avg.	sd	t	p
Nonation	Married	194	2,98	0,99	2.015	0.004*
Nepotism	Single	213	3,25	0,88	-2,915	0,004*
Favorism	Married	194	3,32	1,03	-1,231	0,219
Tavonsiii	Single	213	3,44	1,00	-1,231	0,219
Commission	Married	194	3,16	0,98	0.676	0.500
Cronyism	Single	213	3,23	1,04	-0,676	0,500
Perception of	Married	194	3,15	0,91	-1,933	0,054
Favouritism	Single	213	3,32	0,88	-1,933	0,034
Acquiescent Silence	Married	194	2,47	0,90	1,441	0,150
Acquiescent Shence	Single	213	2,34	1,00	1,441	0,130
Defensive Silence	Married	194	2,11	0,80	-1,082	0,280
Defensive Shence	Single	213	2,21	1,09	-1,062	0,280
Prosocial Silence	Married	194	3,38	1,09	-2,264	0,024*
Prosocial Silence	Single	213	3,60	0,92	<i>-</i> ∠,∠0 1	U,UZ 4
Organizational Silence	Married	194	2,65	0,76	-0,857	0,392
	Single	213	2,72	0,76	-0,007	0,392

^{*}p<0,05

The analysis's findings indicate statistically significant variations between prosocial silence and nepotism scores regarding marital status (p>0.05). It is evident from the average scores that single people perform better than married people. The results showed no statistically significant difference in the scores of favouritism, cronyism, perception of favouritism, acquiescent quiet, defensive silence, and organizational silence according to marital status (p>0.05).

Table 9 shows the ANOVA results to analyse the perception of favouritism and its sub-dimensions, organizational silence and the difference between its sub-dimensions in terms of working time in the organization.

Table 9: Analysis of Differences in Scale Scores in terms of Working Time in the Organization

				_	_		
		n	Avg.	sd	t	p	
	1 year and less	116	3,43	0,63			
Nepotism	2-5 years	136	2,93	0,98	9,676	0,000*	
	6 years and more	155	3,06	1,05			
	1 year and less	116	3,57	0,67			
Favorism	2-5 years	136	3,32	1,12	2,707	0,068	
	6 years and more	155	3,30	1,11			
	1 year and less	116	3,40	0,75			
Cronyism	2-5 years	136	3,08	1,12	3,374	0,035*	
	6 years and more	155	3,16	1,07			
Perception of Favouritism	1 year and less	116	3,48	0,57			
	2-5 years	136	3,12	0,97	5,885	0,003*	
	6 years and more	155	3,17	1,00			
	1 year and less	116	2,63	0,99			
Acquiescent Silence	2-5 years	136	2,36	0,85	5,010	0,007*	
Silence	6 years and more	155	2,27	0,99			
	1 year and less	116	2,33	1,02			
Defensive Silence	2-5 years	136	2,21	0,97	4,524	0,011*	
Defensive onence	6 years and more	155	1,99	0,90	4,0 4 4	0,011	
	1 year and less	116	3,57	0,78			
Prosocial Silence	2-5 years	136	3,38	1,10	1,315	0,270	
	6 years and more	155	3,54	1,08			
	1 year and less	116	2,84	0,74			
Organizational	2-5 years	136	2,65	0,78	3,710	0,025*	
Silence	6 years and more	155	2,60	0,74	•		
40.0F							

^{*}p<0,05

The analysis's findings indicate a statistically significant difference between the perception ratings of nepotism, cronyism, and favouritism regarding working hours in the organization (p>0,05). In addition, the average test results show that people who have worked for less than a year perform better than those who have worked for two to five years.

The analysis's findings indicate statistically significant variations between the organizational silence, defensive silence, and acquiescent silence scores regarding working hours (p 0.05). The average test results show that people who have worked for less than a year perform better than those who have worked for more than six years. It was shown that there was no statistically significant difference between favouritism and prosocial silence scores in terms of the amount of working time in the organization (p>0,05).

Table 10 shows the results of the ANOVA conducted to analyse the perception of favouritism and its sub-dimensions, organizational silence and the difference between its sub-dimensions in terms of total working time.

Table 10: Analysis of Differences in Scale Scores in terms of Total Working Time

		n	Avg.	sd	t	р
	1 year and less	31	3,27	0,76		
Nepotism	2-5 years	129	3,38	0,65	8,922	0,000*
	6 years and more	247	2,97	1,05		
	1 year and less	31	3,42	0,83		
Favorism	2-5 years	129	3,52	0,74	2,042	0,131
	6 years and more	247	3,30	1,14		
	1 year and less	31	3,24	0,97		
Cronyism	2-5 years	129	3,40	0,90	4,018	0,019*
	6 years and more	247	3,09	1,06		
	1 year and less	31	3,32	0,73		
Favouritism	2-5 years	129	3,44	0,63	5,489	0,004*
	6 years and more	247	3,13	1,01		
	1 year and less	31	2,48	0,95		
Acquiescent Silence	2-5 years	129	2,80	0,86	18,969	0,000*
•	6 years and more	247	2,19	0,93		
	1 year and less	31	2,37	1,06		
Defensive Silence	2-5 years	129	2,50	1,00	14,836	0,000*
	6 years and more	247	1,96	0,88		
	1 year and less	31	3,26	1,11		
Prosocial Silence	2-5 years	129	3,52	0,73	0,927	0,397
	6 years and more	247	3,51	1,12		
	1 year and less	31	2,71	0,79		
Organizational	2-5 years	129	2,94	0,74	11,398	0,000*
Silence	6 years and more	247	2,55	0,73	,	-,
rp<0.05			_,00	0,.0		_

^{*}p<0,05

According to the analysis results, the scores of nepotism, cronyism and favouritism perception show a statistically significant difference in total working time (p<0,05). Furthermore, according to the average scores, it is observed that those who work for 2-5 years have higher scores than those who work for more than 26 years.

The findings show that the passive, defensive, and organizational silence scores show statistically significant differences in total working time (p<0,05). According to the average scores, it is observed that those who work for 2-5 years have higher scores than those who work for more than 26 years. It was determined that the favouritism and prosocial silence scores did not differ statistically regarding total working time (p>0,05).

The t-test results, which were conducted to analyse the perception of favouritism and its sub-dimensions, organizational silence, and the difference between its sub-dimensions in terms of their position in the business, are given in Table 11.

The analysis's findings indicate a statistically significant difference between the defensive and acquiescent quiet ratings regarding where they fall within the company (p>0,05). The average scores show that employed people perform better than those with managerial positions. Position within the organization is statistically different from the prosocial silence score (p>0,05). According to the average scores, it can be seen that managers typically score higher than employees. Nepotism, favorism, cronyism, the impression of favouritism, and organizational silence scores were found to not significantly depend on a person's position within an organization (p>0,05).

Table 11: Analysis of Differences in Scale Scores in terms of Position in the Organization

		n	Ort.	SS	t	p
N	Employee	311	3,14	0,93	0.710	0.472
Nepotism	Manager	96	3,06	0,99	0,719	0,472
Favorism	Employee	311	3,43	1,01	1,563	0,119
	Manager	96	3,24	1,01	1,505	0,119
Cronyism	Employee	311	3,25	1,05	1 026	0.055
	Manager	96	3,03	0,88	1,926	0,055
Perception of	Employee	311	3,28	0,89	1 440	0.150
Favouritism	Manager	96	3,13	0,91	1,442	0,150
Acquiescent	Employee	311	2,47	0,95	2.700	0.006*
Silence	Manager	96	2,17	0,95	2,790	0,006*
Defensive Silence	Employee	311	2,22	0,99	0.410	0.045*
Defensive Silence	Manager	96	1,97	0,85	2,418	0,017*
D	Employee	311	3,43	1,03	0.254	0.010*
Prosocial Silence	Manager	96	3,71	0,92	-2,354	0,019*
Organizational	Employee	311	2,71	0,80	1 210	0.225
Silence	Manager	96	2,61	0,61	1,218	0,225
O O F						

^{*}p<0,05

The t-test results, which were conducted to analyse the perception of favouritism and its sub-dimensions, organizational silence, and the difference between sub-dimensions in terms of being recognized in the organization, are given in Table 12.

Table 12: Analysis of Differences in Scale Scores in terms of Recognition in the Organization

		n	Avg.	sd	t	p
Nonation	Yes	102	3,28	0,63	2 520	0.012*
Nepotism	No	305	3,07	1,02	2,538	0,012*
Favorism	Yes	102	3,43	0,73	0,623	0,534
ravorism	No	305	3,37	1,09	0,623	0,334
Cuonviana	Yes	102	3,58	0,82	5,041	0,000*
Cronyism	No	305	3,07	1,04	5,041	0,000
Perception of	Yes	102	3,40	0,64	2,521	0,012*
Favouritism	No	305	3,19	0,96	2,321	0,012
Acquiescent Silence	Yes	102	2,52	0,84	1,394	0,164
Acquiescent Sherice	No	305	2,36	0,99	1,394	0,104
	Yes	102	2,27	0,86		
Defence Silence	No	305	2,12	0,99	1,342	0,180
Prosocial Silence	Yes	102	3,50	0,80	0.062	0.050
r rosociai Silence	No	305	3,49	1,07	0,062	0,950
Organizational	Yes	102	2,76	0,64	1 177	0.240
Silence	No	305	2,66	0,79	1,177	0,240
*n<0.05				·		

^{*}p<0,05

Based on the results, the nepotism, cronyism and favouritism perception scores show a statistically significant difference in terms of having acquaintances in the organization (p<0,05). According to the average scores, it is observed that those who have acquaintances have higher scores than those who do not. It was determined that there was no statistically significant difference in the favouritism score, acquiescent silence score, defensive silence score, prosocial silence score and organizational silence score in terms of having acquaintances in the organization (p>0,05).

Discussion and conclusion

Following the examination of the research data to look at the relationship between the views of favouritism and silent behaviours of the health sector employees in terms of public and private hospital employees, the following conclusions were made:

- According to the analysis results, the scores of perception of favouritism, favorism, cronyism and favouritism show statistically significant differences in health sector workers (p<0,05). According to the average scores, it is observed that those working in public hospitals have higher scores than those working in private hospitals.
- According to the analysis results, the scores of acquiescent silence, defensive silence and prosocial silence show statistically significant differences in the health sector (p<0,05). According to the average scores, it is observed that those working in private hospitals have higher scores than those working in public hospitals. It was determined that the organizational silence score did not show a statistically significant difference in terms of the health sector (p>0,05)

It is possible to say that the research's hypotheses were confirmed based on the analysis's findings. It can be said that medical staff members who work in public hospitals perceive nepotism, favorism, cronyism, and nepotism more strongly than those who work in private hospitals. When compared to medical staff working in public hospitals, it may be claimed that private hospital staff exhibit prosocial, defensive, and passive, silent behaviours. It can be said that staff members at private hospitals are unable to speak up because they are afraid of losing their jobs or not receiving enough pay raises.

The results of the analysis of the differences between the perceptions of favouritism and organizational silence behaviours according to the demographic characteristics of the participants are summarized below:

- Nepotism and prosocial silence are higher among women than men.
- Perception of favouritism, cronyism and nepotism is higher among those younger than 29 years old than those over 50.
 - Favorism is higher among those aged 30-39 than those over 50.
- Acquiescent silence, organizational silence and defensive silence are higher among those younger than 29 years old than those between 30-39 years old.
- Perceptions of favouritism, cronyism and favorism are higher for those with a postgraduate education than those with an associate/undergraduate education level.
- Acquiescent silence, defensive silence and organizational silence are higher in those with secondary/primary education than those with postgraduate education.
 - Prosocial silence is higher than those with associate/undergraduate education.
 - Nepotism and prosocial silence are higher for singles than for married people.
- Perception of favouritism, cronyism and nepotism is higher among those who have worked for less than one year compared to those who have worked for 2-5 years.
- Acquiescent silence, defensive silence and organizational silence are higher among those who have worked for less than one year compared to those who have worked for more than six years.
- Perception of favouritism, cronyism and nepotism is higher for those who have worked for 2-5 years than those who have worked for more than 26 years.
- Acquiescent silence, defensive silence and organizational silence are higher for those who have worked for 2-5 years than those who have worked for more than 26 years.
 - Acquiescent silence and defensive silence are higher among employees than managers.
 - Prosocial silence is higher among those who are managers than those who are employees.

• Perceptions of favouritism, cronyism and nepotism were found to be higher among those who are familiar with the business than those who do not.

According to the findings of this study, there is a connection between the perceptions of favouritism and the silent behaviour tendencies of the health sector workers. Similarities were found between the studies in the literature and the findings of our study. Favouritism and organizational silence have a sizable one-way link, according to Erkekli and Yavuz (2020). In a study conducted by Büte (2011) on personnel working in Turkish public banks, it was concluded that when the rate of favouritism is high, the intention to leave the job increases. In a study conducted by Asunakutlu and Avcı (2009) on family businesses, they found that as employees' perceptions of favouritism increase, their job stress levels and intention to leave the job increase. Öztürk et al. (2021) investigated the relationship between organizational silence levels and employees' problem-solving skills in a public hospital. This study concluded that the increased organizational silence of health workers reduces their problem-solving abilities. Municipal employees' organizational commitment was found to be low by Hozouri and his associates (2018), who discovered a negative correlation between organizational silence and organizational commitment. As a result of the research conducted by Çakıcı (2008) with education sector employees, it was determined that the main reasons employees prefer to remain silent are organizational and managerial factors. Sözen et al. (2009) discovered that blue-collar employees in organizations prefer to remain silent when faced with perceived injustices. Pinder and Harlos (2001) concluded in their research in the service sector that raising the level of interpersonal justice can reduce employees' silence.

When the studies on the variables of favouritism and organizational silence that have been done so far in the literature are examined, it is seen that the perception of favouritism affects the employees negatively. In addition, it has been revealed that employees prefer to remain silent in situations of pressure and injustice due to the danger of losing their jobs and some fears. These reasons can be seen as supporting family, career, professional reputation, economic reasons, losing a job, losing the support of managers, being unable to be promoted, being rotated, and decreasing material and moral gains. It may also cause the employees to be psychologically and structurally weakened by the employer. This study's results and the literature studies support each other.

Recommendations

Opinions, ideologies, religious beliefs and tendencies should not affect important employee issues such as hiring, promotion, bonus, and the hospital management's planning of working days and hours. Instead, qualities like the employees' education level, competence, abilities and performances should be considered first.

An equality policy should be followed by transparency in public or private hospitals' recruitment, selection and placement processes. Every health personnel which meets the conditions for vacant positions should be able to apply and be quickly involved in the interview process.

In case of promotion, if the skills, expertise and skills of the health personnel currently working in the lower position within the hospital are sufficient, these employees should be evaluated. Apart from this, criteria such as spouse, friend, relative, ideology or closeness to the administration should not be considered during the promotion phase by making organizational nepotism (favouritism). If the health personnel candidate does not meet the needs of the position, if he is not sufficient for the position, he should not be promoted.

Competence-based interview techniques should be carried out. The competency and personality traits required by the health personnel's expertise and the position they have applied for should be determined correctly. In line with this determination, the results should be explained transparently, and the other candidates should be informed that they are harmful. This transparency will alleviate the candidates' perceptions of favouritism on a hospital basis and enable them to trust the institution.

It is observed that in cases of corporate favouritism, health personnel continue their work by keeping things quiet. In addition, health personnel who see favouritism no longer do their jobs with high performance as motivating as before. It is observed that the health personnel, concerned about their livelihood, remain silent because they fear losing their jobs and doing the work expected from them at a minimum level. In addition, they do not carry out activities such as job enrichment and adding value to the job.

Managers are required to evaluate the people in the lower staff within the hospital instead of the vacant positions and to promote these employees if the required competence and expertise are available. This will enable other healthcare professionals to improve themselves, believe that there is a career

management process in the hospital where they work, and improve their work more enjoyable. As a result, healthcare professionals working in other hospitals will also want to work in these hospitals where justice, equality and impartiality are present, all of which will increase the brand value of the institutions and ensure that their employees are more qualified.

Suggestions for future researchers: In the light of this study, hospitals across Turkey can be researched comparatively from now on. According to the working hours of health workers, the degree of performance between night or day shifts can be investigated. It can be investigated how favouritism and organizational silence affect the performance of health workers. Comparative research can be conducted between the health workers in Turkey and the health workers in other countries. The perception of favouritism and organizational silence behaviours of other sector workers can be investigated and compared with healthcare workers.

Limitations of the research: The research was conducted with 411 healthcare workers in public and private hospitals. While conducting the research, issues such as COVID-19 measures, curfews, masks, and disease risk prevented us from reaching more hospitals and healthcare workers. The research was carried out between 01.06.2021 and 30.08.2021, when the COVID-19 pandemic was intense. In pandemic conditions, health workers are thought to be physically and mentally tired. In addition, most of the health workers who have had COVID-19 have come to the point of losing their lives. Unfortunately, there have been health workers who lost their lives. We dedicate our work to the healthcare personnel who lost their lives in the COVID-19 pandemic.

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