

# Organizational Silence and Organizational Citizenship Behavior among Nurses in Nepal: The Mediating Role of Perceived Organizational Support

Prajwal Dahal<sup>1\*</sup>, Saugat Gurung<sup>1</sup>

<sup>1</sup>GST College, Far Western University, Nepal

\*Corresponding email: [prajwalify@gmail.com](mailto:prajwalify@gmail.com)

\*ORCID: <https://orcid.org/0009-0000-3857-9204>

## ABSTRACT

This study examines the impact of organizational silence (OS) on organizational citizenship behavior (OCB) among nurses in Nepal, with perceived organizational support (POS) as a mediator. A quantitative, cross-sectional survey was conducted with 260 nurses from various healthcare facilities in Nepal. Data were analyzed using partial least squares structural equation modeling (PLS-SEM) via SmartPLS 4. The findings reveal that organizational silence has a significant negative effect on organizational citizenship behavior ( $\beta = -0.557, p < 0.001$ ). However, perceived organizational support did not mediate this relationship, nor did it show a statistically significant relationship with OS or OCB. This is among the first studies to investigate the OS-OCB relationship in the Nepalese nursing context. It contributes to the literature by highlighting the direct detrimental effect of silence on extra-role behavior, while challenging the assumed mediating role of POS in this setting. The results underscore the need for healthcare managers to address fear-driven silence through psychological safety and trust-building interventions, rather than relying solely on support systems to foster OCB.

Received: March 9, 2026  
Revised: March 22, 2026  
Accepted: April 23 2026  
Published: April 29, 2026



### How to cite this paper:

Dahal, P., & Gurung, S. (2026). Organizational Silence and Organizational Citizenship Behavior among Nurses in Nepal: The Mediating Role of Perceived Organizational Support. *Valley State Research Review*, 2(1), 92-98.

**Keywords:** *Nurses in Chitwan, organizational silence, organizational citizenship behaviour, perceived organizational support, Structural Equation Modeling*

## 1. INTRODUCTION

Organizational silence (OS) refers to the collective phenomenon where employees withhold opinions, concerns, or ideas about work-related issues (Morrison & Milliken, 2000). OS can be categorized into three types based on employee motivation: acquiescent (passive acceptance), defensive (fear-driven), and prosocial silence (motivated by concern for others; Van Dyne et al., 2003). In contrast, organizational citizenship behavior (OCB) encompasses voluntary, extra-role actions that benefit the organization (Organ, 1988). In high-stakes environments like healthcare, OS can stifle innovation, impede patient safety, and reduce overall effectiveness (Henriksen & Dayton, 2006; Tangirala & Ramanujam, 2008).

Nepal's healthcare sector faces significant challenges, including nurse shortages, high workload, and stress, which may contribute to silence and affect discretionary efforts (Poudel et al., 2018; Shrestha & Silwal, 2021). While studies globally have explored OS and OCB, limited research exists within the Nepalese context, particularly regarding the potential mediating role of perceived organizational support (POS). This study aims to fill this gap by investigating the impact of OS on OCB among Nepalese nurses and the mediating role of POS in this relationship.

## 2. RELATED WORKS

Existing studies on organizational silence (OS) and organizational citizenship behavior (OCB) highlight negative associations, particularly in healthcare. For example, Çınar et al. (2013) found OS reduces OCB in Turkish settings, while Nafei (2016) reported similar destructive effects on extra-role behaviors. In nursing contexts, Kim and Lee (2013) and Lin and Chen (2018) explored OS's impact on OCB, noting mediation by perceived organizational support (POS) in Asian healthcare. Globally, Morrison and Milliken (2000) linked OS to fear and lack of support, and Tangirala and Ramanujam

(2008) emphasized its role in stifling innovation. In Nepal, limited research exists, but Poudel et al. (2018) and Shrestha and Silwal (2021) discuss nurse challenges like workload and stress that may exacerbate silence and reduce discretionary efforts. These works collectively suggest OS hinders OCB, with POS potentially intervening, but gaps remain in non-Western contexts like Nepal.

## 3. METHODOLOGY

### 3.1. Study design, Sample and population

A quantitative, explanatory design was used. Data were collected from 260 nurses across Nepal using a self-administered questionnaire. The sample was predominantly female (99.62%), with most aged 21–30 years (73.46%).

### 3.2. Method of data collection and analysis

All scales utilized in this study were translated into Nepali and subjected to a pre-test to assess their clarity, with the results indicating strong reliability in the pilot study. The measurement of key constructs was conducted using well-established scales. Organizational Silence (OS) was assessed using Van Dyne et al.'s (2003) 15-item scale, which categorizes silence into three dimensions: acquiescent, defensive, and prosocial behaviors. Organizational Citizenship Behavior (OCB) was measured through Podsakoff's (1990) 15-item scale, which includes five dimensions: altruism, courtesy, civic virtue, sportsmanship, and conscientiousness. Finally, Perceived Organizational Support (POS) was measured using the 10-item short form developed by Eisenberger et al. (1986). These scales were adapted to ensure cultural relevance and clarity within the Nepali context while maintaining their psychometric robustness.

All items used a 5-point Likert scale. For this study, we employed Partial Least Squares Structural Equation Modeling (PLS-SEM) using SmartPLS 4. PLS-SEM is particularly suitable for predictive research models that involve complex relationships and non-normal data distributions, as it is capable

of handling such intricacies effectively (Hair et al., 2020).

In terms of model specifications, the measurement model was constructed with reflective constructs for the dimensions of Organizational Silence (OS), Organizational Citizenship Behavior (OCB), and Perceived Organizational Support (POS). The structural model was designed to test both direct and indirect (mediation) paths to explore the relationships among the constructs. To assess the significance of the paths, bootstrapping was conducted with 5000 subsamples, ensuring robust statistical evaluation of the model.

### 3.3. Theoretical Background

This study applies Social Exchange Theory (SET) to examine the relationships between OS, POS, and OCB. SET posits that workplace interactions are based on reciprocal exchanges where employees respond to organizational treatment with commensurate behaviors (Eisenberger et al., 1986). In this framework, OS represents a breakdown in exchange due to fear or withheld input, leading to reduced POS. High POS, in turn, encourages OCB as a form of reciprocation. SET is suitable here as it explains how perceived support mediates negative phenomena like silence, fostering or inhibiting extra-role behaviors in high-stakes professions like nursing (Rhoades & Eisenberger, 2002).

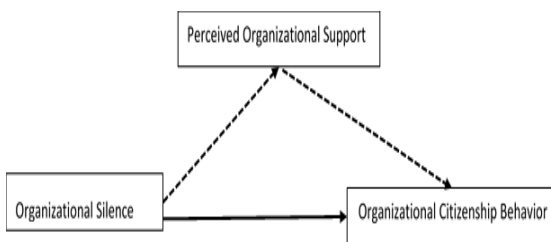
1986; Rhoades & Eisenberger, 2002), promoting reciprocity. POS mediates OS-OCB links by buffering silence’s effects (Kim & Lee, 2013).

Organizational silence often leads to negative outcomes such as reduced job satisfaction and commitment. Prior research suggests that OS negatively impacts organizational citizenship behavior (OCB), as employees who withhold ideas or concerns are less likely to engage in voluntary extra-role actions that benefit the organization (Çınar et al., 2013; Nafei, 2016). For instance, in high-stakes environments like healthcare, silence can stifle innovation and coordination, directly hindering discretionary behaviors. Based on this, it is hypothesized that organizational silence negatively affects organizational citizenship behavior ( $H_1$ ).

Employees may remain silent due to fear of reprisal or perceived lack of support, which can diminish their perceptions of organizational care and erode trust (Morrison & Milliken, 2000; Farooq & Ismail, 2017). A culture of silence fosters an environment where workers feel unsupported, leading to lower perceived organizational support (POS). Therefore, it is hypothesized that organizational silence negatively affects perceived organizational support ( $H_2$ ).

Social exchange theory posits that employees who feel supported by their organization reciprocate through positive behaviors like OCB (Eisenberger et al., 1986). POS has been consistently linked to higher levels of OCB, as supported employees are more inclined to go beyond their formal roles (Rhoades & Eisenberger, 2002). Thus, it is hypothesized that perceived organizational support positively affects organizational citizenship behavior ( $H_3$ ).

POS may mitigate the negative effects of OS on OCB by creating a supportive climate where employees feel safe to contribute, potentially buffering the impact of silence on extra-role behaviors (Kim & Lee, 2013). Accordingly, it is hypothesized that perceived organizational support mediates the relationship between organizational silence and



**Figure 1:** *Conceptual Framework of the Study*

The conceptual framework validates the OS-OCB relationship through POS mediation, drawing on prior research. OS negatively influences POS (Morrison & Milliken, 2000; Farooq & Ismail, 2017), as silence erodes trust and support perceptions. POS positively affects OCB (Eisenberger et al.,

organizational citizenship behavior ( $H_4$ ).

## 4. RESULTS

### 4.1. Measurement Model Evaluation

All constructs demonstrated adequate composite reliability ( $CR > 0.7$ ) and convergent validity ( $AVE > 0.5$ ). Discriminant validity was established via Fornell-Larcker and HTMT criteria ( $HTMT < 0.90$ ).

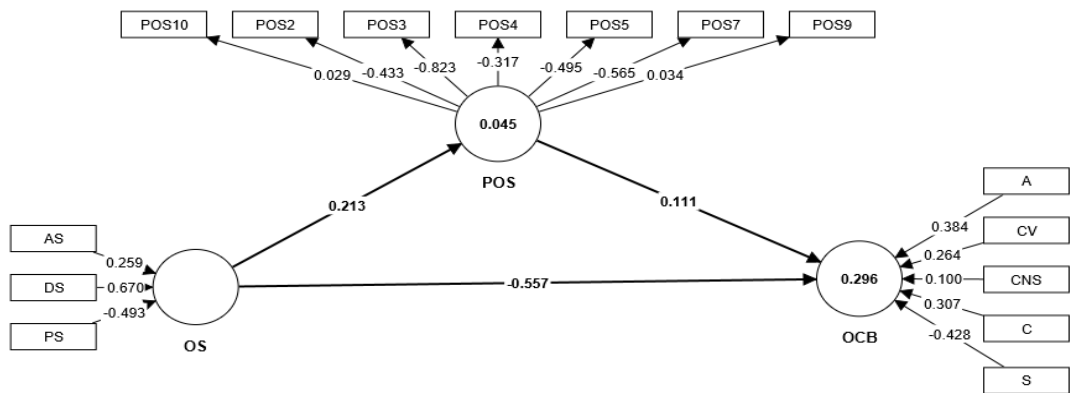


Figure 2: Second-Order Structural Model with Path Coefficients and R-squared Values

### 4.2. Hypothesis Testing (Second-Order Model)

The second-order model examined relationships among overall organizational silence (OS), perceived organizational support (POS), and organizational citizenship behavior (OCB). Path coefficients and variance explained are shown in Figure 2.

Organizational silence had a strong negative direct effect on OCB ( $\beta = -0.557$ ,  $p < 0.001$ ), supporting H1. However, the path from OS to POS ( $\beta = 0.213$ ,  $p = 0.318$ ) and from POS to OCB ( $\beta = 0.111$ ,  $p = 0.467$ ) were not statistically significant. Therefore, H<sup>2</sup> and H3 were not supported. The model explained 29.6% of the variance in OCB ( $R^2 = 0.296$ ) but only 4.5% of the variance in POS ( $R^2 = 0.045$ ).

Hypothesis test results are summarized in Table 2.

### 4.3. Mediation Analysis

The indirect effect of OS on OCB through POS was statistically non-significant ( $\beta = 0.024$ ,  $p = 0.556$ ). The total effect of OS on OCB was  $\beta = -0.533$ .

These results indicate that POS does not mediate

the OS–OCB relationship, leading to the rejection of H4.

### 4.4. Model Fit and Explanatory Power

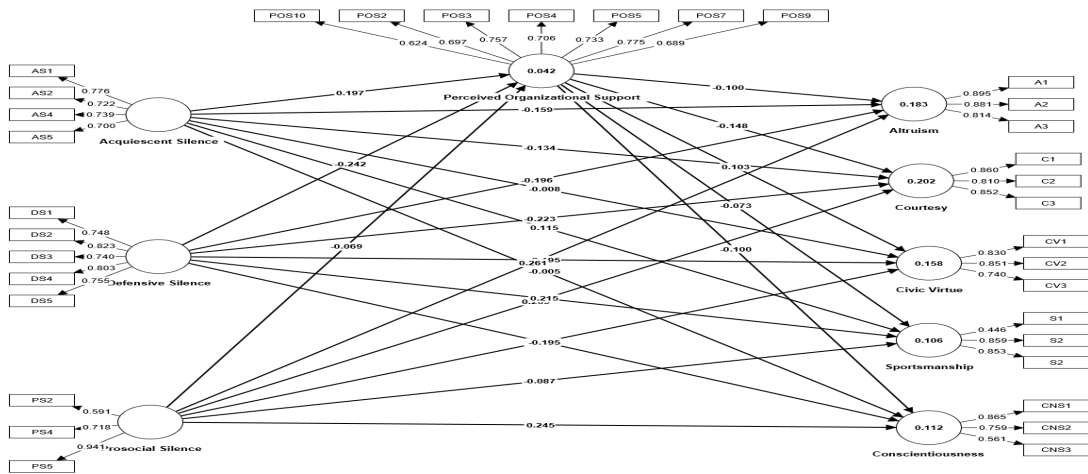
The model’s Standardized Root Mean Square Residual (SRMR) value was 0.157, exceeding the recommended threshold of 0.08, indicating potential model misspecification. Effect size analysis showed a large effect of OS on OCB ( $f^2 = 0.42$ ), but only small effects of OS on POS ( $f^2 = 0.048$ ) and POS on OCB ( $f^2 = 0.017$ ).

### 4.5. Supplementary First-Order Analysis

To explore additional insights, a first-order model examining silence dimensions and OCB dimensions

Table 1: Hypothesis Testing Results

Hypothesis	Path	$\beta$ Coefficient	P-value	Result
H1	OS $\rightarrow$ OCB	-0.557	0.000	Supported
H2	OS $\rightarrow$ POS	0.213	0.318	Not Supported
H3	POS $\rightarrow$ OCB	0.111	0.467	Not Supported
H4	OS $\rightarrow$ POS $\rightarrow$ OCB	0.024	0.556	Not Supported



**Figure 3:** First-Order Structural Model with Path Coefficients

was tested (see Figure 3).

Acquiescent silence showed a positive influence on POS ( $\beta = 0.197$ ), defensive silence a negative effect ( $\beta = -0.159$ ), and prosocial silence the strongest positive relationship ( $\beta = 0.242$ ). Together, these explained 4.2% of the variance in POS. Prosocial silence had strong positive direct effects on civic virtue ( $\beta = 0.261$ ) and conscientiousness ( $\beta = 0.215$ ), while defensive silence negatively impacted altruism, civic virtue, and sportsmanship. Acquiescent silence showed weak and mixed direct effects.

### 5. DISCUSSION

This study investigated the interrelationships among organizational silence, perceived organizational support (POS), and organizational citizenship behavior (OCB) among nurses in Nepal, utilizing both first-order and second-order Partial Least Squares Structural Equation Modeling (PLS-SEM). The results substantiate the argument that organizational silence serves as a significant inhibitor of citizenship behavior, while offering new insights into the role of POS, which diverges from prevailing theoretical expectations.

The second-order model illustrates a robust negative relationship between organizational silence and organizational citizenship behavior ( $\beta = -0.557$ ),

supporting earlier research that links organizational silence to diminished extra-role behavior (Çınar et al., 2013; Nafei, 2016). The strength of this effect underscores the particularly detrimental nature of silence in healthcare settings, where proactive behavior and teamwork are essential for quality patient care and organizational performance.

In the first-order model, the nuanced effects of silence are highlighted, revealing that its influence is not uniform. Specifically, defensive silence is consistently associated with negative outcomes in several dimensions of OCB, which aligns with previous research suggesting that fear-driven silence is a form of disengagement and withdrawal (Morrison & Milliken, 2000; Tangirala & Ramanujam, 2008). On the other hand, prosocial silence, reflecting concern for others, exhibits positive direct effects on civic virtue and conscientiousness. This finding corroborates Van Dyne et al.'s (2003) multidimensional conceptualization of silence, suggesting that silence motivated by prosocial intentions can coexist with certain forms of discretionary behavior, particularly in collectivist and professionally-driven environments like nursing.

In contrast to the predictions of social exchange theory, perceived organizational support did

not significantly predict OCB nor mediate the relationship between organizational silence and citizenship behavior. This diverges from findings in other healthcare settings in Asia, where POS has been found to mediate this relationship (Kim & Lee, 2013; Lin & Chen, 2018), as well as broader organizational behavior research linking POS to OCB (Rhoades & Eisenberger, 2002). The minimal variance in POS explained by organizational silence suggests that the perceptions of support may be more strongly influenced by structural and institutional factors, rather than individual communication behaviors alone.

Hence, the findings confirm the negative impact of organizational silence on OCB while challenging the generalizability of POS as a mediating factor. The two SEM models provide complementary insights: the second-order model underscores the strong direct negative effect of organizational silence on OCB and the lack of POS mediation, while the first-order model reveals the contrasting effects of defensive and prosocial silence, emphasizing the importance of the underlying motivations for silence. These results question the universality of social exchange mechanisms in the Nepalese healthcare context, suggesting that other variables such as psychological safety, ethical leadership, or organizational justice may play a more significant role in explaining these relationships. By distinguishing between defensive and prosocial silence within a non-Western healthcare context, this study highlights the crucial role of motivation and contextual factors in understanding the dynamics of silence and discretionary work behavior in Nepalese healthcare settings.

## 6. CONCLUSION

This study demonstrates that organizational silence significantly and negatively impacts citizenship behavior among Nepalese nurses, with a strong direct effect. However, perceived organizational support did not mediate this relationship, nor was it significantly related to either silence or extra-

role behavior. These results suggest that nurses' discretionary efforts are influenced more directly by communication climate and fear-based silence than by perceptions of organizational care. The differential impact of defensive versus prosocial silence further indicates that not all silence is harmful; rather, the underlying motivation behind the silence is what matters.

For healthcare managers, this underscores the need to address fear-driven silence through psychological safety and trust-building interventions, rather than relying solely on support systems to foster OCB. Cultivating an environment that shifts silence from defensive to prosocial may be a more effective strategy.

### Limitations and Future Research Scope

This study is constrained by its cross-sectional design, which limits causal conclusions, and its reliance on self-reported data, which may introduce common method bias. The extreme gender imbalance (99.62% female) may affect generalizability, even if it reflects the nursing demographic in Nepal. Future research should utilize longitudinal designs and include additional mediators such as ethical leadership, psychological safety, and organizational justice. Further testing in diverse cultural and organizational contexts is also recommended to enhance the generalizability and depth of these findings.

### Acknowledgments

The authors thank Dr. Gangaram Bishwakarma, Dean of Faculty of Management and Law at Bagmati Province University, research participants, and supporting institutions for their contributions to this study.

**Conflicts of Interest:** None declared.

**Funding:** This research received no specific grant from any funding agency.

**Data Availability:** Available from the corresponding author upon reasonable request.



## 7. REFERENCES

- Çınar, O., Karcıoğlu, F., & Alioğulları, Z. D. (2013). The relationship between organizational silence and organizational citizenship behavior: A survey study in the province of Erzurum, Turkey. *Procedia – Social and Behavioral Sciences*, 99, 314–321. doi:10.1016/j.sbspro.2013.10.499
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500–507. doi:10.1037/0021-9010.71.3.500
- Farooq, U., & Ismail, K. (2017). The impact of psychological climate on organizational citizenship behavior and silence: Evidence from Pakistan. *Journal of Management and Social Sciences*, 13(2), 243–254.
- Hair, J. F., Jr., Ringle, C. M., & Sarstedt, M. (2020). PLS-SEM: Indeed a silver bullet. *Journal of Marketing Theory and Practice*, 19(2), 139–152. doi:10.2753/MTP1069-6679190202
- Henriksen, K., & Dayton, E. (2006). Organizational silence and hidden threats to patient safety. *Health Services Research*, 41(4 Pt 2), 1539–1554. doi:10.1111/j.1475-6773.2006.00564.x
- Kim, Y. S., & Lee, D. J. (2013). The role of perceived organizational support in the relationship between organizational silence and organizational citizenship behavior among nurses. *Journal of Nursing Management*, 21(4), 622–630. doi:10.1111/jonm.12030
- Lin, Y.-H., & Chen, C.-C. (2018). The mediating effect of perceived organizational support on the relationship between organizational silence and organizational citizenship behavior among nursing staff in Taiwan. *BMC Nursing*, 17(1), Article 8. doi:10.1186/s12912-018-0274-2
- Morrison, E. W., & Milliken, F. J. (2000). Organizational silence: A barrier to change and development in a pluralistic world. *Academy of Management Review*, 25(4), 706–725. doi:10.5465/amr.2000.3707697
- Nafei, W. (2016). Organizational silence: Its destroying role of organizational citizenship behavior. *Valley State Research Review 2(1)* [ISSN: 3059-9806] *International Business Research*, 9(5), 57–68. doi:10.5539/ibr.v9n5p57
- Organ, D. W. (1988). *Organizational citizenship behavior: The good soldier syndrome*. Lexington Books.
- Podsakoff, P. M., MacKenzie, S. B., Moorman, R. H., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *The Leadership Quarterly*, 1(2), 107–142. doi:10.1016/1048-9843(90)90009-7
- Poudel, C., Ramjan, L., Everett, B., & Salamonson, Y. (2018). Exploring migration intention of nursing students in Nepal: A mixed-methods study. *Nurse Education in Practice*, 29, 95–102. doi:10.1016/j.nepr.2017.11.012
- Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology*, 87(4), 698–714. doi:10.1037/0021-9010.87.4.698
- Shrestha, S., & Silwal, M. (2021). Anxiety, perceived stress and coping strategies among Nepalese nurses working around the world during the COVID-19 outbreak. *Journal of Nepal Health Research Council*, 19(53), 675–680. doi:10.33314/jnhrc.v19i04.3711
- Tangirala, S., & Ramanujam, R. (2008). Employee silence on critical work issues: The cross-level effects of procedural justice climate. *Personnel Psychology*, 61(1), 37–68. doi:10.1111/j.1744-6570.2008.00105.x
- Van Dyne, L., Ang, S., & Botero, I. C. (2003). Conceptualizing employee silence and employee voice as multidimensional constructs. *Journal of Management Studies*, 40(6), 1359–1392. doi:10.1111/1467-6486.00384