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Meanings and senses of organizational silence by male nurses in the emergency department: an interpretative phenomenological study protocol

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ABSTRACT

Introduction The organizational silence of the nursing team has been paid more and more attention by managers. Chinese nurses have a relatively high score for organizational silence, and male nurses score higher than female nurses. Lack of professional empathy, high pressure in the work environment, and traditional Chinese cultural background suggest that our male nurses' organizational silence experience and reasons will be complex and unique. Therefore, the purpose of this study is to take male emergency nurses as an example, to explore the experience and meaning of male nurses' organizational silence, and to provide ideas for nursing managers to understand the silence of male nurses.

Methods and analysis An interpretative phenomenological approach underpinned the study design. In this study, the purpose sampling method will be used to select male nurses who meet the standards with maximum differentiation as a strategy. Face-to-face semi-structured interviews and Van Manen analysis methods will be used for data collection and analysis.

Ethics and dissemination The study was approved by the Ethics Committee of the First Affiliated Hospital of Zhejiang Chinese Medical University (Ethical approval ID: 2019-KL-036-01). Participants will provide informed consent, be able to withdraw at any time and will have their contributions kept confidential. The findings of the study will be shared with relevant stakeholders and disseminated in conference presentations and journal publications.

Trial registration number This study has been reviewed by the Chinese Clinical Trial Registry (Registration

Number: ChiCTR2100047057).

Strengths and limitations of this study

1. This is the first qualitative study to explore the organizational silence experience of male nurses in the emergency department, which will provide suggestions for stabilizing male nurse resources and improving the magnetic force of nursing organizations.

2. Qualitative research uses the researcher as a research tool, and the researcher himself is a doctoral student of nursing with a simple life experience. Therefore, there is a potential risk of lack of depth when interpreting the experience of male nurses.

3. This study intends to adopt the most diverse sampling strategy, but due to time and resource constraints, this study is mainly in Zhejiang Province, and it is impossible to represent all Chinese male nurses.

INTRODUCTION

There are powerful forces in many organizations that cause widespread withholding of information about potential problems or issues by employees. This collective-level phenomenon defined as organizational silence.[1] It is closely related to turnover intention, organizational commitment and Patient safety.[2-5] In recent years, organizational silence in nursing has been frequently discussed in various studies and is a very common phenomenon among nurses.[6] It is showed that when they realize that there is a problem, only 10% of nurses will directly raise the risk of conflict with their colleagues, and most nurses will choose to remain silent.[7]

In China, the proportion of male nurses in registered nurses rose from 1% in 2010 to 2.6% in 2019.[8] In 2019, there were approximately 1.15 million registered male nurses, and they have become an indispensable part of the nursing team. However, nursing is still a female-dominated profession worldwide, and men who choose nursing professions will be questioned because of people's stereotypes of masculinity. A surveyon the silent behavior of nurses in China's tertiary hospitals showed that male nurses scored higher on the silent questionnaire compared with female nurses, and is is unexpectedly different from the traditional impression that women tend to be more silent in the workplace.[9]

Organizational silence is a complex behavior with multidirectional motivations.[10] Previous studies have emphasized that the connotation of organizational silence may be very different in different situations.[11] Brinsfield 's[12] research shows that men are more willing to take risks than women and show more common organizational silence behaviors, and the "cognitive gap" created by this gender perspective difference brings us to understand the reasons for the organizational silence of male nurses. At the same time, the current situation of male nurses' low professional identity[13-14] and high turnover intention [15]may be one of the internal reasons for the culture of silence. And the distinct hierarchical system in the nursing profession may be one of the external factors that increase organizational silence.[16] In addition, The traditional Chinese Confucian culture advocates the value orientation of "silence is golden", which may be the cultural environment that nurtures and strengthens the group silence of male nurses.[17] Based on the above analysis, we believe that the reasons for the high organizational silence scores of Chinese male nurses are complex and unique, and require more attention and deeper exploration.

Male nurses in China are mostly distributed in emergency departments or intensive care units and assigned to work in the emergency department because of their physical strength. Nursing managers usually think that assigning male nurses to the emergency department is a decision to give full play to the advantages of male nurses. However, studies have shown that male nurses in the emergency department do not show a higher degree of professional satisfaction.[18] In fact, the emergency department is one of the most intense and high-pressure departments as the

frontline of life-saving in hospitals. As a result, male nurses often show a low level of professional identity and a high level of willingness to leave.[13-14,19] At the same time, as a "triage hub", the emergency department is one of the most prone to medical disputes, and it puts forward higher requirements for nurses' communication skills and communication efficiency. In view of the importance of communication to the medical and nursing work of the emergency department, in contrast, the potential harm of organizational silence to the quality of emergency care cannot be ignored. Therefore, it is particularly important for nursing managers to understand the reasons and experience of organizational silence among male emergency nurses.

However, the occurrence of organizational silence is hidden. Organizing silence is a deliberate decision, but there seems to be no sign of activity.[20] At the moment of silence, everyone's experience is rich. So, what made the male nurses in the emergency department choose to be silent? What experience did the male nurses experience when they were silent? What meaning does he give to silence? These issues are worthy of our in-depth study and thinking. However, previous studies have mostly focused on the organizational silence of corporate employees. Research on the organizational silence of medical staff has only emerged, and studies focusing on the organizational silence of male nurses are even rarer.

Conceptual qualitative research will play a fundamental role in exploring the experience and nature of the organizational silence of male nurses. Phenomenology, as one of the methods of qualitative research, emphasizes finding the roots of phenomena with an open attitude, searching for the connections between phenomena, and exploring the essence of experience.[21] Organizational silence emphasizes interpersonal interaction and relationships, which are particularly suitable for phenomenological discussion.[22]

In view of the above reasons, this study will adopt interpretive phenomenological research methods, taking male nurses in the emergency department as the starting point to interpret and understand the silent experience of emergency male nurses, and provide a theoretical reference for nursing managers to break organizational silence and stabilize male nurse resources.

AIM AND OBJECTIVE

Aim

The aims of this study is to understand the experience of male nurses in the emergency department when they are involved in organizational silence, and to explore the underlying causes of organizational silence via interpretive understanding.

Objectives

1.Understand the inner experience of male nurses in the emergency department when they are involved in organizational silence.

2.Explore the background reasons for the occurrence and development of organizational silence in male nurses.

3.Identify management strategies that can reduce organizational silence among male nurses in the emergency department.

METHODS AND ANALYSIS

Study design

This study will include a qualitative methodology underpinned by Heideggerian phenomenology which focuses on interpreting and understanding the meaning of lived experiences.[23,24] Phenomenology grounded on hermeneutic phenomenologists like Heidegger, Gadamer, and Ricoeur focuses on interpretation of meaning in which preconceptions are integrated into the research findings. Phenomenology seeks to illuminate the lived experience of a shared phenomenon.[25] Emphasis is placed on the subjective experience of the participant and the meanings they attribute to their experience, thereby allowing the researcher to gain insights into people's motivations and actions.[26] It integrates the relationship between socialisation, enculturation and how we interpret our lifeworld.[27] Therefore, our interpretations, or the meanings we place upon a phenomenon are constructed within a socio-cultural context.

Organizational silence usually occurs in the workplace and in the process of interpersonal interaction. It is the "live-world" experience of male nurses in the emergency department, and will inevitably be affected by factors such as work environment, interpersonal relationships, and organizational atmosphere. AS Benner[23] suggested that the understanding gained in interpretive inquiry is key to "become more effectively, skillfully, or humanely engaged in practice" and is a particularly useful approach when one seeks to understand meaning and practices that are often taken for granted and assumed. With the insights generated being co-constructed within an interpretive dialogue.

Data collection

The data collection method of this research will adopt the semi-structured interview method.[28] The researcher records the non-verbal actions and key information of the interviewee during the interview, forms interview notes, and writes interview notes after the interview, so as to collect as much effective information as possible. data collection had been ongoing and concurrent with data analysis. The data collection steps include the following:

Drawing up an interview outline Based on the questions and objectives of this research, we have initially drawn up

an interview outline (Table 1) through a combination of three ways: literature review, open discussion, and pre-interview. It should be noted that the inclusion criteria for pre-interview research objects are the same as those for formal interviews. The difference is that after the pre-interview, the researcher invited the research subjects to put forward personal opinions and suggestions from the interviewee's perspective, and listened to the recording repeatedly to reflect on the deficiencies in the interview process. Through the pre-interview, the researcher revised and improved the interview outline, improved interview skills and increased interview experience. Of course, with the gradual development of the confirmation interview, new problems may emerge along with it. We will further adjust the interview outline under the guidance of the instructor.

Table 1 semi-structured interview outline

Can you talk to me about the communication between you and your colleagues at work?
What will you do when you find a problem at work or disagree with your colleagues?
On some occasions, when you choose to remain silent or speak out, what are your considerations?
How do you feel when you remain silent? Will this feeling change over time?
If the situation was not like that at the time, what would you do?
How do you think this will affect yourself and others?
Do you think that the status of a male nurse will affect your communication or speaking behavior at work?

Arrange interview time and place The interview time is according to the interviewee's wishes, and the interviewee is arranged to be free and energetic. The interview location is mainly convenient for the interviewee, choosing quiet, comfortable, and more private interview rooms, cafes and other places.

Implementation of the interview prepare the following necessary materials and tools before the start of the interview: research informed consent form, general situation survey form of emergency male nurses, self-rating organizational silence scale, dedicated voice recorder with sufficient power, and small gifts. Before the interview, explain the purpose, significance and research process of this research to each interviewee, sign an informed consent form after obtaining their consent, and again explain the recording requirements, and record the entire interview after obtaining the consent. Appropriate hot spot at the beginning of the interview, reasonable use of interview techniques such as repetition, clarification, and inquiry during the interview process, and record key content and non-verbal information. At the end of the interview, the researcher will ask the research subjects if there is any content that needs to be added, and indicate that there may be a second interview and follow-up assistance in verifying the research content. After the end, the researcher will present a small gift to the research object as a token of gratitude.

Sample

Non-random sampling is used in qualitative studies and here we use a purposive approach.[29] Persons eligible to participate in this study are male nurses working in the emergency department. This study adopts the largest difference strategy to sampling, and selects male nurses from different hospitals (different regions and different grades), different ages, educational backgrounds, professional titles, working years, marital status, and personnel relations, to obtain as much information as possible. Information obtained. In this study, male nurses from three tertiary hospitals and two emergency departments in two second-level hospitals in Zhejiang Province were selected as the research objects.

Qualitative studies do not make any claims about generalisability so a sample size calculation is not appropriate. Instead, qualitative studies use the concept of data saturation to assess the completeness of findings. when no more essences of the phenomenon showed in the interviews, it was taken as a sign of saturation.[30] And the sample size is based on data saturation, that is, the data of the interviewees are repeated, and no new themes or sub-themes are presented during data analysis. We aim to recruit 10-20 participants for the individual semi-structured interviews when we expect data saturation to be reached. If saturation is not reached, and increasing the sample size is feasible. This study will follow the inclusion and exclusion criteria of the sample to recruit and screen research subjects, Inclusion criteria: On-the-job male nurses in the emergency department; Have a nurse's qualification certificate; Entry in emergency clinical nursing work for more than 1 year; Get informed consent and willing to participate in the study. Exclusion criteria: Training nurses, intern nurses, and probationary nurses; Those who refuse to record.

Data analysis

This study will use Van Manen's data analysis method,[31-32] and the data collection and analysis will be carried out simultaneously, that is, the data will be analyzed after completing an interview. Specific steps are as follows:

1. Get the overall sense of the text ： At the beginning of the data analysis, repeated reading of the textual data transcribed after the first three interviews and combined with the interview notes, to gain the overall sense of the whole intuitively.
2. .Refining meaning unit: This study will choose to encode meaningful statements of the research question, such as the subject's experience of silence, perceptions of silence or speech, etc., focusing on understanding the inner experience of male nurses' silence and refining the meaning unit.
3. Inductive meaning unit: On the basis of fully understanding each meaning unit, immersed in the interview data

and repeated comparisons and attempts, forming a dialogue between the researcher, the coding data and the psychological knowledge possessed by the researcher . Inquire about the meaning of the experience of the research object in a specific situation, reduce repetitive or irrelevant meaning units, and then refine and process them, and cluster related meaning units from an analytical or theoretical perspective to form a topic group.

4. Theme analysis: Based on the previous inductive meaning units and clustering theme groups, summarize and sort out the various themes and sub-themes. Due to the analysis from different perspectives, different categories may be obtained. Therefore, the process is cyclical and continuously improved. In the process of thematic analysis, the researcher strengthens the rationality and objectivity of the thematic analysis process by reporting and communicating with the mentor, team member discussions, and peer review, and finally forms themes and sub-themes.
5. Establish the themes and clarify the connections between themes: Compare the themes and sub-themes with text data and meaning units again, and check whether the themes reflect the essence of the phenomenon. Continue to analyze the internal logic and relationship between the topics, and repeatedly discuss with the members of the tutor group, establish the topic and find the corresponding excerpts from the data to form an explanatory text.
6. Information verification: The themes and sub-themes obtained are fed back to the research subjects, and the interviewees are invited to verify and confirm whether these results accurately reflect their inner experience. Clarify or explain the questions raised by the male nurse, and accept their suggestions or opinions.

Rigour

The rigor of qualitative research refers to the rigor of the research process and the authenticity of the research results, which is the self-correcting part of the research process. In addition to explaining the research process in as detailed, transparent and clear as possible, the researcher will also take the following measures to ensure the rigor of the research.

1. *Establish a good relationship with the research object* The interview content of this research involves some sensitive questions, especially those related to the interaction between the interviewee and the superior The interviewee may be unwilling to answer or not give a true answer. Therefore, it is very important for the researcher to establish a good trust relationship with the target interviewee in the early stage. Important, conducive to the truthfulness and in-depth interview content. Before the research is officially launched, the researcher will participate in daily nursing work in the emergency department as a nursing intern to establish a good relationship with the research object. Of course, due to time and resource constraints, researchers cannot

go to the emergency departments of many hospitals for internships. Therefore, for male nurses who have not yet established a relationship, with the introduction and help of the instructor, they will get in touch with the research subjects within 1 to 2 weeks before the interview, and be frank about the research content, purpose and process, and increase communication. Gain the trust of respondents. At the same time, he also actively participated in various activities organized by the Male Nurses Union, which increased the interaction and exchanges with male nurses and established a long-term good relationship.

2. *Self-reflection* Qualitative research uses the researcher himself as a research tool. The researcher's role and cognition have an impact on the research results. For this reason, the researcher reflects on his own role. The researcher himself is a postgraduate student of nursing master degree, female, unmarried, no social work experience, and has not had in-depth communication with male nurses in the course of clinical practice in the past, nor has he personally experienced organizational silence, so in this study is the role of "outsiders". However, because the researchers have read a lot of literature about organizational silence and male nurses, they are worried about the status quo of organizational silence and male nurses' career development. Therefore, the researcher may already be the “insider” of the silence study of male nurses at the cognitive level. In order to prevent personal cognition from having a greater impact on the research results, the researchers recorded their own opinions 2 weeks before the official launch of this study, and compared them when they encountered "similar" codes during the data analysis. At the same time, carefully understand and analyze the data to reduce the impact on the research results. After this research is carried out, the researcher will avoid reading the related literature of this research, so as not to be contaminated by other research results. I believe that with the gradual deepening of research, researchers' understanding of organizational silence will be re-rooted in the research materials to ensure the scientific nature of the research.
3. *Peer discussion* Also known as peer debriefings and it refers to the gathering of those who are experienced or interested in research methods and research phenomena in the peers to provide opinions and suggestions on the researched issues. This method is useful for identification research. The prejudice of the author is very effective. In this research, the members participating in this research discussion mainly include 1 researcher's dissertation supervisor, 5 tutor group members, 1 phenomenological research peer, and 1 scholar of Chinese as a foreign language. Through repeated discussions and exchanges with peers, it has played an active role in monitoring, correcting and improving the data analysis process, avoiding the bias of the researcher caused by the bias of the research results, and enhancing the objectivity and rigor of the data analysis process.
4. *Member checks* Member checks refer to the researchers returning to the research site again, feeding back the

research data and results to the research subjects, and systematically soliciting the opinions of the participants. The specific content includes asking the participants whether the interpretation of the data truly and objectively describes their real experience and encouraging participants to provide additional insights.

Patient and public involvement

Patients and the public were involved in the conduct of the research. Refer to the Methods section for more details.

Contributors LT was responsible for conception, design, analysis, drafting the manuscript of the study. XM is responsible for supervising and guiding the methods and processes of qualitative research. SQ provided the administrative support and supervision of the whole process of this study. YM are principal researchers, who was involved in conception, implementation, analysis and writing of this manuscript. PY, XN and TX are the member of research team, and the first two were responsible for qualitative interviews, the second was responsible for contacting patients and carrying out clinical investigations. The final manuscript was approved by all authors.

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Competing interests We have read and understood BMJ policy on declaration of interests and declare that we have no competing interests.

Ethics approval The study was approved by the Ethics Committee of the First Affiliated Hospital of Zhejiang Chinese Medical University (Ethical approval ID: 2019-KL-036-01).

Patient consent for publication Not required.

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SPIRIT 2013 Checklist: Recommended items to address in a clinical trial protocol and related documents*			
Section/item	**Item No**	**Description**	**Yes/No/Not applicable**
Administrative information			
Title	1	Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym	Yes
Trial registration	2a	Trial identifier and registry name. If not yet registered, name of intended registry	Yes
	2b	All items from the World Health Organization Trial Registration Data Set	No
Protocol version	3	Date and version identifier	Yes
Funding	4	Sources and types of financial, material, and other support	Yes
Roles and responsibilities	5a	Names, affiliations, and roles of protocol contributors	Yes
	5b	Name and contact information for the trial sponsor	Yes
	5c	Role of study sponsor and funders, if any, in study design; collection, management, analysis, and interpretation of data; writing of the report; and the decision to submit the report for publication, including whether they will have ultimate authority over any of these activities	Yes
	5d	Composition, roles, and responsibilities of the coordinating centre, steering committee, endpoint adjudication committee, data management team, and other individuals or groups overseeing the trial, if applicable (see Item 21a for data monitoring committee)	Yes
Introduction			
Background and rationale	6a	Description of research question and justification for undertaking the trial, including summary of relevant studies (published and unpublished) examining benefits and harms for each intervention	Yes
	6b	Explanation for choice of comparators	Not applicable
Objectives	7	Specific objectives or hypotheses	Not applicable
Trial design	8	Description of trial design including type of trial (eg, parallel group, crossover, factorial, single group), allocation ratio, and framework (eg, superiority, equivalence, noninferiority, exploratory)	Not applicable
Methods: Participants, interventions, and outcomes			
Study setting	9	Description of study settings (eg, community clinic, academic hospital) and list of countries where data will be collected. Reference to where list of study sites can be obtained	Yes
Eligibility criteria	10	Inclusion and exclusion criteria for participants. If applicable, eligibility criteria for study centres and individuals who will perform the interventions (eg, surgeons, psychotherapists)	Yes
Interventions	11a	Interventions for each group with sufficient detail to allow replication, including how and when they will be administered	Not applicable

	11b	Criteria for discontinuing or modifying allocated interventions for a given trial participant (eg, drug dose change in response to harms, participant request, or improving/worsening disease)	Not applicable
	11c	Strategies to improve adherence to intervention protocols, and any rocedures for monitoring adherence (eg, drug tablet return, laboratory tests)	Not applicable
	11d	Relevant concomitant care and interventions that are permitted or prohibited during the trial	Not applicable
Outcomes	12	Primary, secondary, and other outcomes, including the specific measurement variable (eg, systolic blood pressure), analysis metric (eg, change from baseline, final value, time to event), method of aggregation (eg, median, proportion), and time point for each outcome. Explanation of the clinical relevance of chosen efficacy and harm outcomes is strongly recommended	Not applicable
Participant timeline	13	Time schedule of enrolment, interventions (including any run-ins and washouts), assessments, and visits for participants. A schematic diagram is highly recommended (see Figure)	Not applicable
Sample size	14	Estimated number of participants needed to achieve study objectives and how it was determined, including clinical and statistical assumptions supporting any sample size calculations	Yes
Recruitment	15	Strategies for achieving adequate participant enrolment to reach target sample size	Yes
Methods: Assignment of interventions (for controlled trials)			
Allocation:			
Sequence generation	16a	Method of generating the allocation sequence (eg, computer generated random numbers), and list of any factors for stratification. To reduce predictability of a random sequence, details of any planned restriction (eg, blocking) should be provided in a separate document that is unavailable to those who enrol participants or assign interventions	Not applicable
Allocation concealment mechanism	16b	Mechanism of implementing the allocation sequence (eg, central telephone; sequentially numbered, opaque, sealed envelopes), describing any steps to conceal the sequence until interventions are assigned	Not applicable
Implementation	16c	Who will generate the allocation sequence, who will enrol participants, and who will assign participants to interventions	Not applicable
Blinding (masking)	17a	Who will be blinded after assignment to interventions (eg, trial participants, care providers, outcome assessors, data analysts), and how	Not applicable
	17b	If blinded, circumstances under which unblinding is permissible, and procedure for revealing a participant's allocated intervention during the trial	Not applicable

Methods: Data collection, management, and analysis			
Data collection methods	18a	Plans for assessment and collection of outcome, baseline, and other trial data, including any related processes to promote data quality (eg, duplicate measurements, training of assessors) and a description of study instruments (eg, questionnaires, laboratory tests) along with their reliability and validity, if known. Reference to where data collection forms can be found, if not in the protocol	Yes
	18b	Plans to promote participant retention and complete follow-up, including list of any outcome data to be collected for participants who discontinue or deviate from intervention protocols	Not applicable
Data management	19	Plans for data entry, coding, security, and storage, including any related processes to promote data quality (eg, double data entry; range checks for data values). Reference to where details of data management procedures can be found, if not in the protocol	Yes
Statistical methods	20a	Statistical methods for analysing primary and secondary outcomes. Reference to where other details of the statistical analysis plan can be found, if not in the protocol	Not applicable
	20b	Methods for any additional analyses (eg, subgroup and adjusted analyses)	Not applicable
	20c	Definition of analysis population relating to protocol non-adherence (eg, as randomised analysis), and any statistical methods to handle missing data (eg, multiple imputation)	Not applicable
Methods: Monitoring			
Data monitoring	21a	Composition of data monitoring committee (DMC); summary of its role and reporting structure; statement of whether it is independent from the sponsor and competing interests; and reference to where further details about its charter can be found, if not in the protocol. Alternatively, an explanation of why a DMC is not needed	Yes
	21b	Description of any interim analyses and stopping guidelines, including who will have access to these interim results and make the final decision to terminate the trial	Yes
Harms	22	Plans for collecting, assessing, reporting, and managing solicited and spontaneously reported adverse events and other unintended effects of trial interventions or trial conduct	Not applicable
Auditing	23	Frequency and procedures for auditing trial conduct, if any, and whether the process will be independent from investigators and the sponsor	Yes
Ethics and dissemination			
Research ethics approval	24	Plans for seeking research ethics committee/ institutional review board (REC/IRB) approval	Yes

Protocol amendments	25	Plans for communicating important protocol modifications (eg, changes to eligibility criteria, outcomes, analyses) to relevant parties (eg, investigators, REC/IRBs, trial participants, trial registries, journals, regulators)	Yes
Consent or assent	26a	Who will obtain informed consent or assent from potential trial participants or authorised surrogates, and how (see Item 32)	Yes
	26b	Additional consent provisions for collection and use of participant data and biological specimens in ancillary studies, if applicable	Not applicable
Confidentiality	27	How personal information about potential and enrolled participants will be collected, shared, and maintained in order to protect confidentiality before, during, and after the trial	Yes
Declaration of interests	28	Financial and other competing interests for principal investigators for the overall trial and each study site	Yes
Access to data	29	Statement of who will have access to the final trial dataset, and disclosure of contractual agreements that limit such access for investigators	Yes
Ancillary and post-trial care	30	Provisions, if any, for ancillary and post-trial care, and for compensation to those who suffer harm from trial participation	Not applicable
Dissemination policy	31a	Plans for investigators and sponsor to communicate trial results to participants, healthcare professionals, the public, and other relevant groups (eg, via publication, reporting in results databases, or other data sharing arrangements), including any publication restrictions	Yes
	31b	Authorship eligibility guidelines and any intended use of professional writers	Yes
	31c	Plans, if any, for granting public access to the full protocol, participant level dataset, and statistical code	Yes
Appendices			
Informed consent materials	32	Model consent form and other related documentation given to participants and authorised surrogates	Yes
Biological specimens	33	Plans for collection, laboratory evaluation, and storage of biological specimens for genetic or molecular analysis in the current trial and for future use in ancillary studies, if applicable	Not applicable

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Meanings and senses of organizational silence by male nurses in the emergency department: An interpretative phenomenological study protocol

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Meanings and senses of organizational silence by male nurses in the emergency department: An interpretative phenomenological study protocol

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ABSTRACT

Introduction The organizational silence of nursing teams has received increasing attention from managers. Chinese nurses have a relatively high score for organizational silence, and male nurses score higher than female nurses. Lack of professional empathy, high pressure in the work environment, and traditional Chinese cultural factors suggest that Chinese male nurses' experiences of and reasons for organizational silence are complex and unique. Taking male emergency nurses as an example, this study explores the experience and meaning of male nurses' organizational silence and provides ideas for nursing managers to understand the silence of male nurses.

Methods and analysis An interpretative phenomenological approach underpins the study design. In this study, the purposive sampling method will be used to select male nurses who meet the inclusion criteria with maximum differentiation as a strategy. Face-to-face semistructured interviews and Van Manen analysis methods will be used for data collection and analysis.

Ethics and dissemination The study was approved by the Ethics Committee of the First Affiliated Hospital of Zhejiang Chinese Medical University (Ethical approval ID: 2019-KL-036-01). Participants will provide informed consent, will be able to withdraw at any time and will have their contributions kept confidential. The findings of the study will be shared with relevant stakeholders and disseminated in conference presentations and journal publications.

Trial registration number This study has been reviewed by the Chinese Clinical Trial Registry (Registration Number: ChiCTR2100047057).

Strengths and limitations of this study

1. This is the first qualitative study to explore the organizational silence experience of male nurses in the emergency department.
2. This study provides an in-depth exploration of male nurses' understanding of how to express themselves in the workplace.
3. This study will mainly be conducted in a hospital in Zhejiang Province, China, and it will not be possible to represent all male nurses.

INTRODUCTION

There are powerful forces in many organizations that cause widespread withholding of information about potential problems or issues among employees. This collective-level phenomenon is defined as organizational silence.[1] It is closely related to turnover intention, organizational justice and patient safety.[2-5] In recent years, organizational silence in nursing has been frequently discussed in various studies and is a very common phenomenon among nurses.[6] When they realize that there is a problem, only 10% of nurses will directly raise the risk of conflict with their colleagues, and most nurses will choose to remain silent.[7]

In China, the proportion of male registered nurses rose from 1% in 2010 to 2.6% in 2019.[8] In 2019, there were approximately 1.15 million registered male nurses, and they have become an indispensable part of nursing teams. However, nursing is still a female-dominated profession worldwide, and men who choose nursing professions will be questioned because of people's stereotypes of masculinity. A survey on the silent behaviour of nurses in China's tertiary hospitals showed that male nurses scored higher on the silent questionnaire than female nurses, a finding that is unexpected, given the traditional impression that women tend to be more silent in the workplace.[9]

Organizational silence is a complex behaviour with multidirectional motivations.[10] Previous studies have emphasized that the connotation of organizational silence may be very different in different situations.[11] Brinsfield's [12] research shows that men are more willing to take risks than women and more commonly engage in organizational silence behaviours, and the "cognitive gap" created by this gender perspective difference sheds light on the reasons for the organizational silence of male nurses. At the same time, the current situation of male nurses' low professional identity[13-14] and high turnover intention[15] may be one of the internal reasons for the culture of silence. The distinct

hierarchical system in the nursing profession may be one of the external factors that increase organizational silence.[16] In addition, traditional Chinese Confucian culture advocates the value orientation that "silence is golden", which may be the cultural environment that nurtures and strengthens the silence of male nurses.[17] Based on the above analysis, we believe that the reasons for the high organizational silence scores of Chinese male nurses are complex and unique and require more attention and deeper exploration.

Male nurses in China are usually assigned to work in emergency departments or intensive care units due to their physical advantages over female nurses. Nursing managers usually think that assigning male nurses to the emergency department will give full play to the advantages of male nurses. However, studies have shown that male nurses in the emergency department do not show a higher degree of professional satisfaction.[18] In fact, the emergency department is one of the most intense and high-pressure departments as the frontline of saving lives in hospitals. As a result, male nurses often show a low level of professional identity and a high level of willingness to leave.[13-14,19] At the same time, as a "triage hub", the emergency department is one of the most prone to medical disputes, and nurses in the emergency department must have good communication skills and communication efficiency. In view of the importance of communication to the medical and nursing work of the emergency department, the potential harm of organizational silence to the quality of emergency care cannot be ignored. Therefore, it is particularly important for nursing managers to understand the reasons for and experience of organizational silence among male emergency nurses.

However, the occurrence of organizational silence is hidden. Organizing silence is a deliberate decision, but there is no outward sign of activity.[20] At the moment of silence, everyone has relevant thoughts. What made the male nurses in the emergency department choose to be silent? What did the male nurses experience when they were involved in silent? What meaning does a male nurse give to silence? These issues are worthy of in-depth study. However, previous studies have mostly focused on the organizational silence of corporate employees. Research on the organizational silence of medical staff has only recently emerged, and studies focusing on the organizational silence of male nurses are even rarer.

Conceptual qualitative research will play a fundamental role in exploring the experience and nature of the organizational silence of male nurses. Phenomenology, as one of the methods of qualitative research, emphasizes finding the roots of phenomena with an open attitude, searching for the connections between phenomena, and exploring the essence of experience.[21] Organizational silence emphasizes interpersonal interaction and relationships, which are particularly suitable for phenomenological discussion.[22]

In view of the above reasons, this study will adopt interpretive phenomenological research methods, taking male

nurses in the emergency department as the starting point to interpret and understand the silent experience of emergency male nurses, and provide a theoretical reference for nursing managers to break organizational silence and support the participation of males in the nursing profession.

AIMS AND OBJECTIVES

Aims

The aims of this study are to understand the experience of male nurses in the emergency department when they are involved in organizational silence and to explore the underlying causes of organizational silence via interpretive understanding.

Objectives

1. Understand the inner experience of male nurses in the emergency department when they are involved in organizational silence.
2. Explore the background reasons for the occurrence and development of organizational silence among male nurses.
3. Identify management strategies that can reduce organizational silence among male nurses in the emergency department.

METHODS AND ANALYSIS

Study design

This study will include a qualitative methodology underpinned by Heideggerian phenomenology, which focuses on interpreting and understanding the meaning of lived experiences.[23,24] Phenomenology grounded on hermeneutic phenomenologists such as Heidegger, Gadamer, and Ricoeur focuses on the interpretation of meaning in which preconceptions are integrated into the research findings. Phenomenology seeks to illuminate the lived experience of a shared phenomenon.[25] Emphasis is placed on the subjective experience of the participants and the meanings they attribute to their experience, thereby allowing the researcher to gain insights into people's motivations and actions.[26] Phenomenology integrates the relationship between socialization, enculturation and how we interpret our lifeworld.[27] Therefore, our interpretations, or the meanings we place upon a phenomenon, are constructed within a sociocultural context.

Organizational silence usually occurs in the workplace and in the process of interpersonal interaction. It is the

"real-world" experience of male nurses in the emergency department and will inevitably be affected by factors such as the work environment, interpersonal relationships, and organizational atmosphere. AS Benner[23] suggested that the understanding gained in interpretive inquiry is key to “become more effectively, skilfully, or humanely engaged in practice” and is a particularly useful approach when one seeks to understand meaning and practices that are often taken for granted and assumed. The insights generated are coconstructed within an interpretive dialogue.

Data collection

The data collection method of this research will adopt the semistructured interview method.[28] The researcher records the nonverbal actions and key information of the interviewee during the interview and writes interview notes after the interview to collect as much effective information as possible. Data collection is ongoing and concurrent with data analysis. The data collection steps include the following:

Drawing up an interview outline Based on the questions and objectives of this research, we have initially drawn up an interview outline (Table 1) in a combination of three ways: literature review, open discussion, and preinterview. The outline based on the basic principle of "avoiding leading questions" in qualitative interviews and the concept of organizational silence. First, the interviewer asks respondents to openly recall their practices based on the most common occurrence of organizational silence, namely, "finding a problem at work or disagree with your colleagues". The interviewee will then indicate whether they remain silent or speak up and will be pressed on what considerations are involved in their decision in an attempt to understand the reasons behind the silence. At the same time, we hypothesize different situations to try to understand which organizational factors contribute to male nurses' silence. In addition, by understanding male nurses' perceptions of their own communication and affects, the emotional connection between male nurses and nursing organizations can be understood to further clarify the experience and meaning of organizational silence.

Table 1 Semistructured interview outline

1. What will you do when you find a problem at work or disagree with your colleagues?
2. On some occasions, when you choose to remain silence or speak up, what are your considerations?
3. How do you feel when you remain silence? Does this feeling change over time?
4. If the situation was not like that at the time, what would you do?
5. How do you think this will affect yourself and others?
6. Do you think that your status as a male nurse will affect your communication or speaking behaviour at work?

It should be noted that the inclusion criteria for preinterview research subjects are the same as those for formal interviews. The difference is that after the preinterview, the researcher invites the research subjects to put forward personal opinions and suggestions from the interviewee's perspective and listens to the recording repeatedly to reflect on the deficiencies in the interview process. Through the preinterview, the researcher revises and improves the interview outline, improves his or her interview skills and increases his or her interview experience. Of course, with the gradual development of the confirmation interview, new problems may emerge. We will further adjust the interview outline as needed under the guidance of the instructor.

Interview time and place The interview time will be arranged according to the interviewee's wishes, and the interview will be arranged to be free and energetic. The interview location will be mainly convenient for the interviewee, choosing quiet, comfortable, and private interview rooms, cafes and other places.

Implementation of the interview The following necessary materials and tools will be prepared before the start of the interview: research informed consent form, general situation survey form of emergency male nurses, self-rating organizational silence scale, dedicated voice recorder with sufficient power, and small gifts. Before the interview, the interviewer will explain the purpose, significance and research process of this research to each interviewee, have the interviewee sign an informed consent form after obtaining their consent, explain the recording requirements and record the entire interview. The interviewer will employ reasonable interview techniques such as repetition, clarification, and inquiry during the interview process and record key content and nonverbal information. At the end of the interview, the researcher will ask the research subjects if there is any content that needs to be added and indicate that there may be a second interview and follow-up questions to verify the research content. At the end of the interview, the researcher will present a small gift to the interviewee as a token of gratitude.

Sample

Nonrandom sampling is used in qualitative studies, and here, we will use a purposive approach.[29] Persons eligible to participate in this study are male nurses working in the emergency department. This study adopts the largest difference strategy for sampling and selects male nurses from different hospitals (different regions and different grades), ages, educational backgrounds, professional titles, working years, marital status, and personnel relations to obtain as much information as possible. In this study, male nurses from three tertiary hospitals and two secondary hospitals in Zhejiang Province will be selected as the research subjects.

Qualitative studies do not make any claims about generalizability, so a sample size calculation is not appropriate. Instead, qualitative studies use the concept of data saturation to assess the completeness of findings. When no more

essential information on the phenomenon of interest is generated in the interviews, the data is considered to have reached a point of saturation.[30] The sample size is based on data saturation, that is, the data of the interviewees are repeated, and no new themes or subthemes are presented during data analysis. We aim to recruit 10-20 participants for the individual semistructured interviews, which we expect to be sufficient for data saturation. If saturation is not reached, the sample size can be increased. This study will follow the inclusion and exclusion criteria of the sample to recruit and screen research subjects. The inclusion criteria will be as follows: on-the-job male nurses in the emergency department; a nurse's qualification certificate; engagement in emergency clinical nursing work for more than 1 year; and informed consent and willingness to participate in the study. Exclusion criteria: Training nurses, intern nurses, and probationary nurses; those who refused to be recorded.

Data analysis

This study will use Van Manen data analysis method,[31-32] and the data collection and analysis will be carried out simultaneously; that is, the data will be analysed after completing an interview. The specific steps are as follows:

1. Determine the overall sense of the text: At the beginning of the data analysis, repeated reading of the textual data transcribed after the first three interviews will be conducted and combined with the interview notes to gain an overall sense of the whole intuitively.
2. Refining meaning unit: This study will choose to encode meaningful statements related to the research question, such as the subject's experience of silence and perceptions of silence or speech, focusing on understanding the inner experience of male nurses' silence and refining the meaning unit.
3. Inductive meaning unit: Inductive meaning will be interpreted on the basis of fully understanding each meaning unit, with the interviewer immersed in the interview data and engaging repeated comparisons and attempts to understand the experience of male nurses, forming a dialogue between the researcher and the male nurses, and informed by the coding of the data and the psychological knowledge possessed by the researcher. The interviewer will inquire about the meaning of the experience of the interviewee in a specific situation, eliminate repetitive or irrelevant meaning units, refine and process them, and cluster related meaning units from an analytical or theoretical perspective to form a topic group.
4. Theme analysis: Based on the previous inductive meaning units and clustering theme groups, the researcher will summarize and sort out the various themes and subthemes. As the analysis involves different perspectives, different categories may be obtained. Therefore, the process is cyclical and continuously improved. In the process of thematic analysis, the researcher strengthens the rationality and objectivity of the thematic analysis process

by reporting and communicating with the mentor and through team member discussions and peer review and finally forms themes and subthemes.

5. Establish the themes and clarify the connections between themes: The researcher compares the themes and subthemes with text data and meaning units again and checks whether the themes reflect the essence of the phenomenon. The internal logic and relationship between the topics is further analysed and repeatedly discussed with the members of the tutor group, the topic is established, and the corresponding excerpts from the data are identified to form an explanatory text.
6. Information verification: The themes and subthemes obtained are fed back to the research subjects, and the interviewees are invited to verify and confirm whether these results accurately reflect their inner experience. The researcher clarifies or answers the questions raised by the male nurse and accepts their suggestions or opinions.

Rigour

The rigour of qualitative research is related to the reliability and validity of the research results, which is the self-correcting part of the research process.[33] Guba and Lincoln proposed the trustworthiness of qualitative research containing credibility, transferability, dependability, and confirmability.[34] Within these were specific methodological strategies for demonstrating qualitative rigour, such as the careful study design, audit trail, Address nature of relationship between interviewer and interviewees, self-reflection, peer debriefing, member checks, employing triangulation, negative case analysis and referential material adequacy.[35-37] In addition to careful study design and keeping as much information as possible for audit trail, this study will take the following measures at different stages to promote research rigour.

1. ***Establish a good relationship with interviewees*** The interview content of this research involves some sensitive questions, especially those related to the interaction between the interviewee and his superior. The interviewee may be unwilling to answer or may not give a true answer. Therefore, it is very important for the researcher to establish a trust relationship with the interviewee in the early stage. This is important and conducive to truthfulness and in-depth interview content.[36] Before the start of the study, the interviewer (the author herself) will participate in nursing work in the emergency department as a nursing intern to establish a good relationship with male nurses. At the same time, the researcher will participate in various activities organized by the Male Nurses Union, and by increasing the interaction and communication with the male nurses, long-term good relationships will be established more naturally.
2. ***Self-reflection*** The concept of reflexivity acknowledges the role played by the researcher in qualitative work.

Good qualitative work recognises that perspectives are integral components of human-centred research.[36] Therefore, explicit declaration of the position of the researcher and reflects on his or her own role is necessary. The researcher herself is a postgraduate student of nursing with a master's degree, female, unmarried, with no social work experience, and has not had in-depth communication with male nurses in the course of clinical practice in the past, nor has he personally experienced organizational silence and is thus in the role of an "outsider" in this study. However, because the researchers have read much of the literature about organizational silence and male nurses, they are worried about the status quo of organizational silence and male nurses' career development. Therefore, the researcher may already be an "insider" of the silence study of male nurses at the cognitive level. To reduce the impact of personal bias on the research results, the researchers will record their own opinions 2 weeks before the official launch of this study and carefully understand and analyse the data when they encounter "similar" codes during the data analysis. and the researchers will avoid reading the related literature to avoid contamination by other research results. With the gradual deepening of research, researchers' understanding of organizational silence will be rerooted in the research materials to ensure the scientific nature of the research.

3. ***Peer debriefing*** Refers to the gathering peers who are experienced or interested in research methods and research phenomena to provide opinions and suggestions on the researched issues.[33,34] The prejudice of the author could be effectively identified in this way. The members participating in this research discussion will mainly include the researcher's dissertation supervisor, 5 tutor group members, 1 phenomenological research peer, and 1 scholar of Chinese as a foreign language. Repeated discussions and exchanges with peers will play an active role in monitoring, correcting and improving the data analysis process, reducing the bias of the researcher towards the research results, and enhancing the objectivity and rigour of the data analysis process.
4. ***Member checks*** Member checks refer to a continuous process during data analysis, this has largely been interpreted and used by researchers as verification of the overall results with participants.[34,35] This study, we will go back to the research site again, asking participants about hypothetical situations, feeding back the research data and results to the research subjects, and systematically soliciting the opinions of the participants. The specific content includes asking the participants whether the interpretation of the data truly and objectively describes their real experience and encouraging participants to provide additional insights.

Ethics and dissemination

The study was approved by the Ethics Committee of the First Affiliated Hospital of Zhejiang Chinese Medical University (Ethical approval ID: 2019-KL-036-01). All participants will be informed fully about the study methods,

risks and benefits through the participant informed consent. A cooling off period of 48 hours will be given to all those who express an interest in the study and then electronic consent will be taken. Participants will be able to withdraw at any time and request their data are withdrawn from the interviews for up to 2 days following their completion. After this period, these data cannot be withdrawn as analysis will have commenced. When the interview has been completed, we will anonymise the data prior to data analysis. Similarly, all interview data will be anonymised on transcription. Participants will be told that anonymised quotes will be published in the findings of this study. Participants in this study will be sent a summary of the findings once analysis has been completed. This study will also be disseminated in conference presentations and journal publications

Patient and public involvement Our research question asks for the views of male nurses in the emergency department and therefore we do not intend to include patients or the public in the design of, or data collection for, this study.

Contributors LT was responsible for conception, design, analysis, drafting the manuscript of the study. XM is responsible for supervising and guiding the methods and processes of qualitative research. SQ provided the administrative support and supervision of the whole process of this study. YM are principal researchers, who was involved in conception, implementation, analysis and writing of this manuscript. PY, XN and TX are the member of research team, and the first two were responsible for qualitative interviews, the second was responsible for contacting patients and carrying out clinical investigations. The final manuscript was approved by all authors.

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Competing interests We have read and understood BMJ policy on declaration of interests and declare that we have no competing interests.

Patient consent for publication Not required.

Ethics approval The study was approved by the Ethics Committee of the First Affiliated Hospital of Zhejiang Chinese Medical University (Ethical approval ID: 2019-KL-036-01).

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Standards for Reporting Qualitative Research (SRQR)

NO.	Topic	Item
	Title and abstract	
S1	Title	The title of this paper is "*Meanings and senses of organizational silence by male nurses in the emergency department: An interpretative phenomenological study protocol*". It has described the nature of the research and the approach in this study.
S2	Abstract	This study using the abstract format, including *introduction, methods and analysis*.
	Introduction	
S3	Problem formulation	The phenomenon of "*male nurses scored higher on the silent questionnaire than female nurses*" is described in paragraphs 1 and 2 of INTRODUCTION, and the theoretical and empirical work on "*organizational silence*" is simply carried out in paragraphs 3 to 5.
S4	Purpose or research question	Purpose of the study and specific objectives are detailed in the AIMS AND OBJECTIVES section.
	Methods	
S5	Qualitative approach and research paradigm	In this study, the qualitative approach is *phenomenology*, the guiding theory is *Heideggerian phenomenology*, and the research paradigm is *interpretive*. These are described in detail in *study design*.
S6	Researcher characteristics and reflexivity	Researchers' characteristics that may influence the research, including personal attributes, qualifications, experience, relationship with participants, and presuppositions are detailed in the *self-reflection* section of the paper.
S7	Context	Interview data for this study will be collected among male nurses in several hospitals in Zhejiang Province, China. Well-prepared interviews can improve the quality of research data. However,

		the topic of *organizational silence* involves some privacy and may be hidden in China's unique culture.
S8	Sampling strategy	In this study, the *purposive approach* of sampling was adopted and the *strategy of maximizing differentiation* was adopted. These are described in detail in *sample.*
S9	Ethical issues pertaining to human subjects	Ethics approval was obtained from the Ethics Committee of the First Affiliated Hospital of Zhejiang Chinese Medical University (Ethical approval ID: 2019-KL-036-01).
S10	Data collection methods	The data collection method of this research will adopt the semistructured interview method
S11	Data collection instruments technologies	The data collection instruments is a recording device, as described in the *Data collection* section of the paper:"*explain the recording requirements and record the entire interview".*
S12	Units of study	In this study, male nurses from three tertiary hospitals and two secondary hospitals in Zhejiang Province will be selected as the research subjects. There will be more details and characteristics of participants reporting in *results*.
S13	Data processing	After the interview, the researcher transcribed the recording and immediately analyzed the data. The recordings and transcribed texts are kept by a specific researcher.
S14	Data analysis	This study will use Van Manen data analysis method,and specific steps are described in detail in *data analysis.*
S15	Techniques to enhance trustworthiness	Techniques to enhance trustworthiness and credibility of data analysis are described in detail in *rigour* and including *self-reflection, peer debriefing* and *member checks*.
Results/findings		
S16	Synthesis and interpretation	n/a

S17	Links to empirical data	n/a
Discussion		
S18	Integration with prior work, implications, transferability, and contribution(s) to the field.	n/a
S19	Limitations	n/a
Other		
S20	Conflicts of interest	The authors have no relevant financial or non-financial interests to disclose.
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