

# THE IMPACT OF ORGANIZATIONAL SILENCE CAUSAL FACTORS ON SELF-EFFICACY OF HEALTH CENTER EMPLOYEES IN THE JORDANIAN CAPITAL CITY (AMMAN)

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## ABSTRACT

*The research aims at exploring the impact of the causes of organizational silence in the self-efficiency of health centers' employees in Amman. Research population consisted of 1374 employees of health centers in the Jordanian capital city (Amman), while the sample which was selected according to the statistic methods and procedures consisted of 200 male and female employees. The descriptive- analytic approach was adopted to achieve the research objectives. Results revealed the causes of the employees' organizational silence achieved the high level with (81.00%) and the employee's self-efficiency got the high level with (83.33%) and managerial and organizational factors have been to found the most comprehensible Ones, averaging (84%). While the factors of anxiety and fear were the least comprehensible ones, averaging (78.33%). Additionally, there was statistical significance to the impact of causes of the organizational silence in the health centers' employees' self-efficiency. In light of the results, the most significant recommendations were that the officials need to deal with the causes of the organizational silence in a way that help in achieving the employees' and the work's interest; to enhance their self-efficiency accordingly.*

**Keywords:** Organizational Silence, Self-Efficiency, Causative Factors, Alienation, Health Center Employees in the Jordanian Capital City (Amman).

## INTRODUCTION

Organizational silence emphasizes the employees' inability to express their opinions and refraining from talking about problems and issues related to work. Hence, organizations need to figure out the reasons of organizational silence from their employees; as it affects their self-efficacy at work. On one hand, resorting to organizational silence may possibly indicate avoiding mistakes and damages at work. In addition, it may limit problems triggered by organizational voice; this assures the benefit from this side of organizational silence (Beheshtifar et al., 2012).

On the other hand, organizational silence can result from the lack of practical experience; it may also indicate worrying and fearing the look of others. Thus, organizational silence is the only choice, this indicate the passivity of silence (Fedai & Demir, 2010).

## Research Problem & Questions

Most of the health centers employees tend to use organizational silence because they cannot solve the problems which they face effectively, they also do not participate in taking a decision out of fear of administrators. In addition, they cannot work efficiently under constant work pressure; which indicate a presence of a problem that could be summarized by the

following question: What is the impact of organizational silence causal factors on self-efficacy of health center employees in the Jordanian capital city?

The research soaks to answer the following questions:

1. What is the level of the causative factors for organizational silence among health centers employees in the Jordanian capital city (Amman)?
2. What is the level of self-efficacy that health centers employees have got in the Jordanian capital city?

### **Limitation of the Research**

The research is limited to the employees of the Jordanian health centers in the Hashemite Kingdom of Jordan.

### **Research Hypothesis & Objectives**

*H<sub>0</sub>: There is no impact for the organizational silence causal factors according to health center employees on self-efficacy in the Jordanian capital city (Amman).*

To answer the research questions and test its hypotheses, the following objectives can be achieved:

1. Identify the level of the causative factors for organizational silence among health centers employees in the Jordanian capital.
2. Monitor the level of self-efficacy of health centers employees in the Jordanian capital.
3. Investigate the impact of the causative factors for organizational silence on self-efficacy among health centers employees in the Jordanian capital.

### **Research Terms**

**Effect:** Is what leaves new ideas for the receiver; it motivates the psyche, a group of thoughts and information. The psychological condition has a main role in changing the behavior of a human and a group of people for a certain period, to a certain direction (Morrison, 2011).

**Organizational Silence:** Is the behavioral choice which can increase or decrease the performance level, (Bagheri et al, 2013), which is the intentional blocking for questions, ideas, opinions and information about the cases related to work or organization (Deniz et al., 2013).

**Self-Efficacy:** Is the individual's trust in self-potentials in good situations or in the ones which require unfamiliar requests; characterized by the individual's personal beliefs along with focusing on efficiency to explain behavior (Brown & Bettine, 1999).

## **LITERATURE REVIEW**

Organizational silence is divided into three types; the positive organizational silence which revolves around decreasing problems triggered by expressing opinion. The positive silence; improves the employee's proficiency and increases self-efficacy. The negative silence indicates apathy and being afraid of solitude also concerning others views against giving opinions. In addition, employees feel concerned about the punishment of the supervisor (Donaghey et al., 2011). Organizational silence creates fear and anxiety among employees; it also disengages them from discussing important cases. This leads to dissatisfaction and position

alienation, it may also create silent rules and behaviors for new employees. Thus, it hinders their self-efficacy (Maryam & Seyed, 2012). Self-efficacy is derived from the social cognitive theory which Bandura has established its basics in his book *Self-efficacy: Toward a unifying theory of behavioral change*, 1977. He assured that human behavior can be explained by comparing behavior with the cognitive, personal and environmental factors. Most of behaviors have a purpose; individuals are able to make self-study and organize their behavior using direct impact and control. In addition, choosing the environmental condition or changing them. In 2016, Shima and Behzad made a study which aimed to measure the impact of the organizational culture on organizational silence and the voice of 317 stratified random samples of the faculty members in the Islamic Azad University in Tehran. The study depended on the descriptive analytical method; most of the significant results have shown a great influence on organizational silence. Based on the weak organizational culture, the organizational voice was high while the organizational silence was low.

In 2012, Gulsun and Gor study had discussed the cases of silent nurses. It aimed to define the cases where organizational silence is being practiced in one of the medical institutions in Turkey. The sample consisted of 137 nurses; it depended on the descriptive analytical method. Results have shown five cases where organizational silence is being practiced: the performance of administrator in facility, administrative cases, vocational ethics, responsibility, the performance of the department. In addition, nurses who are less than 25 year old and their length of service is less than 4 years, they practice organizational silence more than others; because of management and organization at work. In 2012, Maryam and Seyed's study had concerned the relationship between organizational silence and commitment in Iran, it aimed to discover the relationship between workers in the faculty of humanities and management. The sample consisted of two groups: academic teachers and administrative officers. In order to achieve study goals, it depended on the descriptive analytical method, the significant results have shown an inverse correlation between organizational silence and commitment, the more there was organizational silence, the less there was job commitment, as organizational silence indicate apathy not silence. Hence, this creates lack of commitment. Moreover, organizational silence is a destructive process which costs the organization high expenses.

As for self-efficacy, in 2011, Caceres' study aimed to monitor the self-efficacy level of the deaf and hearing-impaired students. A random sample has been chosen; it consisted of 116 primary and secondary students from schools in the Spanish city, Valencia. In order to achieve the goals of the study, it depended on the self-efficacy scale; according to the students' results in writing, then work on analyzing them. The significant results have shown that the self-efficacy level of students was between low and medium. Following the same framework, in 2011, Lee and Vega's study had discovered the perceptions of special education teachers in California for their self-efficacy. The study sample consisted of 154 teachers. In order to achieve the study goals, the researchers have depended on a special scale to measure self-efficacy. The significant results have shown a medium level for the perceptions for the sample about their self-efficacy.

## **RESEARCH PROCEDURES METHOD**

In order to answer the questions and achieve the goal of the study; the researcher has depended on the descriptive analytical method. There were two questionnaires; the first one was for determining the causative factors for organizational silence (Appendix 1) and the second one was for determining the self-efficacy of the sample (Appendix 2).

## Research Population

The research population consisted of health centers employees who work in the capital city of Jordan, Amman; they represent (doctors, nurses, pharmacists, accountants, technicians and other professions) from 58 health centers, their number have reached 1374 employees as it illustrated in Table 1:

Figure	Profession		Number	Total
1	Doctors	Specialist	72	365
		General practitioner	188	
		Resident	25	
		Dentist	80	
2	Pharmacists	Pharmacist	38	156
		Pharmaceutical assistant	118	
3	Nursing	Midwifery	76	209
		Registered nurse	84	
		Unlicensed assistive personnel	49	
4	Technician	Laboratory technician	62	111
		Radiologic technologist	19	
		Dental technician	30	
5	Accounting and control	Public health inspector	6	44
		Accountant	38	
6	Other	Other	489	489
	Total		1374	

Source: Dir. of Information & Research for Ministry of Health Site ( 2017), “Annual Statistical Book”, The Hashemite Kingdom of Jordan Ministry of Health, On Line: [www.moh.gov.jo](http://www.moh.gov.jo).

## Research Sample

Because of the disparity between the professions of the research population, the research sample has been chosen depending on the statistical methods and stages for choosing the probabilistic samples. And so, the probabilistic sample consisted of 200 employees as Table 2 shows, the research sample consisted of 200 employees. According to the disparity between the natures of work, the samples have been chosen depending on the weight of research population in the following way:

Number of the health centers employees in the capital city, Amman	Study population	Sample weight	Research sample
Doctors	365	0.259	52
Pharmacists	156	0.120	24
Nurses	209	0.152	31
Technicians	111	0.080	16
Public health inspectors and accountants	44	0.032	6
Others	489	0.355	71
Total	1374		200

Source: The researcher, 2018.

As Table 2 shows, the number of the research sample is 200 employees. According to the disparity between the natures of work, the samples have been chosen depending on the weight of research population. The number of doctors was (365), pharmacists were (156), nurses were (209), technicians were (111), public health inspectors and accountants were (44), and the number of those who work in other professions was (489). The weight of the study population has been calculated by dividing the size of the sample on the total of the research population. For example: the weight of the doctors sample is as the following:  $(365)/(1374)=(0.259)$ , the weight of pharmacists sample was (0.120), the weight of nurses sample was (0.152), the weight of technicians sample was (0.080), the weight of public health inspectors and accountants sample was (0.032) and the weight of other professions sample was (0.355). The sample which will be included in the study population were determined by multiplying the sample size by the probabilistic sample  $(0.259) \times (200) = (51.8) = \text{approximately} = 52$  and the same way for the other samples.

Based on the above, 200 questionnaires were distributed into the research sample. It has been found that the number of valid questionnaires was (195). Table 3 shows the distribution of the study sample according to research variables:

<b>Variable</b>	<b>Category</b>	<b>Number</b>	<b>Percentage</b>
Gender	Male	137	70.26
	Female	58	29.74
	Total	195	100
Profession	Medicine	50	25.64
	Pharmacy	27	13.85
	Nursing	30	15.38
	Technical profession	20	10.26
	Accounting and public health inspecting	8	4.10
	Other professions	60	30.77
	Total	195	100

### **Reliability Tool**

Table 4 shows that the fields of causative factors for organizational silence and self-efficacy among health centers employees in the Jordanian capital are highly consistent, as the total degree for the causative factors for organizational silence was (0.769), Cronbach's alpha value for management and organization factor was (0.861), (0.696) for the field of experience factors, (0.915) for the field of anxiety and fear, (0.871) for being afraid of alienation. Also, Cronbach's alpha value for self-efficacy has reached (0.781). Hence, the consistency values were all more than (0.60); this indicates the consistency of research field and its applicability.

<b>Number</b>	<b>Field</b>	<b>Items</b>	<b>Alpha Cronbach's value</b>
1	Field of management and organization	5	0.861
2	Field of experience factors	5	0.696
3	Field of anxiety and fear	5	0.915
4	Field of alienation	5	0.871
Causative factors for	Self-efficacy	20	0.769
		12	0.781

organizational silence			
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**Validity of the Tool**

In order to ascertain the validity of the search tool, the questionnaire was presented to a group of arbitrators from the academic community and experts to know their views on the questionnaires, their clarity, reality, and usage.

**Procedures**

After determining the research population, the research tools were built and developed as the following:

1. A random value has been chosen according to the probabilistic samples procedures.
2. The research distributed the research tools on the study population and asked them to put (✓) in front of the item that expresses their opinion of the causative factors for organizational silence on their self-efficacy. It included the research variables part: (gender and profession) to describe a research sample, also a scale for the causative factors of organizational silence which consisted of four fields and 20 items. In addition, self-efficacy scale which consisted of one field and 12 items.
3. In order to explain the outcomes, the questionnaire has been designed according to Three-Point (Likert) Scale, it was given a response weighting as the following: always represented by level (3), sometimes represented by level (2) and seldom represented by level (1), the design was as follows: Three-Point (Likert) Scale.

Response	Always	Sometimes	Seldom
Empirical weight	1	2	3

4. The data was entered into the computer and analyzed according to the suitable statistical methods for the study.
5. The levels of organizational silence and self-efficacy have been classified to (upper, average, lower).  
Upper limit-lower limit  
Dividing the number of the classes 3-1 divided by 3  
Length of class=0.66. Classes were as the following:  
From 1 to 1.66 (lower level)  
From 1.67 to 2.33 (average level)  
From 2.34 to 3 (upper level).

**RESULTS**

**What is the Level of the Causative Factors for Organizational Silence according to Health Centers Employees in the Jordanian Capital?**

Based on the results reached, the Likert scale was used. The relative importance levels of the respondents' responses were divided according to the following equation:

The length of the class=(the upper value of the answer - the minimum value of the answer)/the number of levels of importance.

The length of the class=(5-3)/3=1.33

The minimum level for the low level is 1, and the upper limit for the low level can be calculated as follows:  $1 + 1.33=2.33$ , the average level is between 2.34-3.67 and the high level is from 3.68-5.

Figure	Fields	Average	Standard deviation	Relative weight	level	Rank
1	Management and organization	2.52	0.47	84.00	High	1
4	Alienation	2.44	0.50	81.33	High	2
2	Experience	2.42	0.37	80.67	High	3
3	Anxiety and fear	2.35	0.50	78.33	High	4
	Causative factors for organizational silence	2.43	0.25	81.00	High	

According to the Table 5, results have shown a high level for the causative factors of organizational silence according to the employees of health centers in the Jordanian capital, averaging (2.43), in a percentage of (81%). The level of all fields was high; the averages were between (2.35-2.52). The field of management and organization came in the first rank, averaging (2.52), in a percentage of (84%). Whereas in the last place came in the field of anxiety and fear, averaging (2.35), in a percentage of (78.33%).

### **What is the Level of Self-Efficacy according to Health Centers Employees in the Jordanian Capital?**

Figure	Item	Average	Standard deviation	Relative weight	Level	Rank
8	I can handle many responsibilities	2.65	0.49	88.33	High	1
12	I predict the outcomes of solutions constantly	2.65	0.50	88.33	High	1
5	I control my reactions	2.62	0.52	87.33	High	3
1	I put suitable solutions for every problem I face	2.57	0.58	85.67	High	4
10	I can be a team leader for a certain goal	2.54	0.58	84.67	High	5
11	I do my job to the fullest extent	2.51	0.60	83.67	High	6
9	I can add positive change for any assigned task to me	2.49	0.51	83.00	High	7
7	I feel that I'm going to have a high profile in my job	2.48	0.53	82.67	High	8
6	I win many situations for myself	2.47	0.53	82.33	High	9
3	I trust myself to handle unpredictable incidents efficiently	2.38	0.55	79.33	High	10
4	I control my balance in difficult situations	2.33	0.49	77.67	Average	11
2	I solve most of the problems that face	2.30	0.55	76.67	Average	12

	my colleagues					
	Self-efficacy	2.50	0.29	83.33	High	

In Table 6, results have shown that health centers employees have a high level of self-efficacy, averaging (2.50) in a percentage of (83.33%), the level of items were between average and high, averages were between (2.30-2.65), in the first place came in the items (8) and (12) which are “*I can handle many tasks*” and “*I predict the outcomes of solutions constantly*”, averaging (2.65), in a percentage of (88.33%). In the last rank came in item (2) which is “*I solve most of the problems that face my colleagues*”, averaging (2.30), in a percentage of (76.67%).

## Hypothesis Testing

Hypothesis test requires applying Regression Analysis, this indicate the importance of having two main conditions, the first one is identifying how close is the data distribution of study variable to the normal distribution using the Coefficient of Skewness. The second one is ensure having no problem in Multiple Linear Regression between the dependent variables using VIF (Variance Inflation Factors). Table 7 shows the results of those tests.

<b>Causative factors for organizational silence</b>	<b>Coefficient of Skewness</b>	<b>VIF</b>
Management and organization factors	-1.416	1.172
Experience factors	-0.709	1.261
Anxiety and fear factors	-0.614	1.146
Fear of alienation factors	-1.001	1.011
Total degree for causative factors	-1.391	-
Independent variable of self-efficacy	-0.508	-

In Table 7, results have shown that the Coefficients of Skewness were between (-1.416) for management and organization and the independent factor for (self-efficacy) is (-0.508). These coefficients show the research variables data are in acceptable range for the coefficients of skewness which is usually between  $\pm 1.96$  according Fisher Standard. Hence, these variables can be distributed using Normal Distribution. In addition, the variables of Variance Inflation Factor were less than the value (5), this indicate that there is no problem with the Linear Regression between the dependent variables, as some of it indicate accepting values if they were less than (10) which ensures the existence of Simple Linear Regression. Thus, the two main conditions of Linear Regression are achieved; this indicates the possibility of using it to test the research hypothesis.

## Research Hypothesis

There was no statistical significance at the level ( $\alpha \geq 0.05$ ) for the causative factors of organizational silence on the self-efficacy of health center employees in the Jordanian capital.

The Simple Linear Regression has been used to search for the impact of causative factors for organizational silence as a whole on self-efficacy.



<b>Dependent variable</b>	<b>R</b>	<b>R<sup>2</sup></b>	<b>F</b>	<b>Sig f</b>	<b>Constant</b>	<b>Causative Factors</b>	<b>T</b>	<b>Sig t</b>
Total of the causative factors for organizational silence	0.423	0.179	42.01	0.000	1.305	0.491	6.48	0.000

According to Table 8, results have shown that the Regression Model which is represented by all of the causative factors for organizational silence on self-efficacy is statistically acceptable; this depends on value resulting from the Analysis of Variance which is (42.01), it was accepted because its Sig f is (0.000) which is less than (0.05), R<sup>2</sup> which is known as the determination or explanation coefficient, it represents the accuracy of prediction using the causative factors for organizational silence to explain the variance of the independent variable, averaging (17.9%), this percentage is acceptable and explains how the causative factors for organizational silence can predict the independent variable of self-efficacy.

The coefficient shows how much the dependent variable affects the independent variable. The value for the impact of the causative factors for organizational silence is (0.491); this value is statistically significant; the value of the significance level of t test has reached (0.000), which is less than (0.05). In this result and depending on a significance level f, the research hypothesis will be declined. Thus, accepting the substitutive hypothesis indicates the existence of statistically significant impact for the causative factors of organizational silence on the self-efficacy of health center employees in Jordanian capital at the level ( $\alpha \geq 0.05$ ).

## DISCUSSION

According to the tables, results have shown an increase in the level of the causative factors for organizational silence among employees of the ministry of health, averaging (2.43), in a percentage of 81% because of the unhealthy environment in the health centers of the Jordanian capital Amman, according to the high level of the causative factors for organizational silence; the research participants suffer from not being able to participate in taking decision. Thus, they cannot trust administrators and managers. Also, there is lack in the systems which define work procedures and there is no mechanism which supports point of views about problems. Thus, there is a low level of organizational culture. Furthermore, the research participants suffer from the high level of experience factors; as they believe that they don't have practical experience, they do not have experience for problem solving, they do not know how to make a conversation. Therefore, they have a low professional level; they highly suffer from anxiety; as they have bad treatment at work; as they are convinced that might face big punishment from the administrator, have a warning and low evaluation. In addition, the research participants fear alienation.

Based on the above, the high level of causes contributed to have organizational silence among employees. It is possible to say that a positive organizational silence indicates improving their professionalism. According to the self-efficacy table, the participants had a high level of self-efficacy, as they set the suitable solutions for any problem they face at work, they keep their balance in difficult situations, and they control their reactions in situations. Hence, they can handle many responsibilities and do their jobs fully. Therefore, it is possible to say that the causative factors for organizational silence have affected self-efficacy on the health centers

employees in the Jordanian capital. It was mentioned that employees and research participants refrain from talking about problems and cases related to work; as they prefer to practice organizational silence in order to avoid mistakes at work, this assures the benefit from this side of organizational silence. Moreover, comparing between the results of the current research and previous studies, results were in conformity with the results of Gulsun and Gor study, 2012, which has shown that nurses who are less than 25 year old and their service is less than 4 years, practice organizational silence more than others and this may due to managerial and organizational reasons. However, it disagreed with the results of Seyed and Maryam's study which has shown an inverse correlation between organizational silence and commitment, the more there was organizational silence the less there was job commitment. The reason could be the different nature of organizational silence. The research participants in the previous study have shown a destructive and negative organizational silence that indicated apathy not silence. Thus, it weakens job commitment, whereas in this research; the research participants have shown a positive organizational silence that enabled them to carry more responsibilities and do their jobs fully. As for self-efficacy, the results of this study disagreed with the results of the Caceres study (2011) which indicated that the level of self-efficacy of participating students was between average and low. The reason could be the different nature of goals and samples, as the main goal of the previous study was monitoring the level of self-efficacy; the sample consisted of deaf and hearing-impaired students. However, the main goal of this study was to find the impact of the causative factors for organizational silence on self-efficacy; the sample consisted of health center employees in the Jordanian capital, Amman.

Furthermore, the study results differed from the results of Lee & Vega (2011), which indicated an average level for the perceptions of research participants about their self-efficacy. Perhaps the reason is the different objectives and samples, as the previous study aimed to discover the perceptions of special education teachers of their self-efficacy, the sample consisted of special education teachers in California. While the main goal of this research is to discover the impact for the causative factors of organizational silence on self-efficacy. Additionally, the sample consisted of health centers employees in the Jordanian capital, Amman.

## FINDINGS

Findings can be sum up as follows:

1. High acquisition of the causative factors for organizational silence among the employees of health centers, averaging (81%).
2. Managerial and organizational factors have been to found the most comprehensible Ones, averaging (84%). While the factors of anxiety and fear were the least comprehensible ones, averaging (78.33%).
3. High acquisition of self-efficacy among health centers employees in the Jordanian capital, averaging (83.33%).
4. There was a statistical significance for organizational silence in self-efficacy among the employees of the ministry of health, as percentage of impact for the causative factors of organizational silence have reached (0.491%).

## CONCLUSION

1. Results have shown that a high acquisition of the causative factors for organizational silence among the employees of health centers in the Jordanian capital city (Amman).
2. Results have also shown that there Managerial and organizational factors have been to found the most comprehensible Ones, While the factors of anxiety and fear were the least comprehensible ones.
3. Results have shown that High acquisition of self-efficacy among health centers employees in the Jordanian capital (Amman).
4. As a result of statistical analysis there was statistical significance impact of organizational silence causal factors on self-efficacy of health center employees in the Jordanian capital city (Amman).

## RECOMMENDATION

1. Administrators should address the causative factors for organizational silence using the suitable way to achieve work interests.
2. Administrators should concern health centers workers who have high efficiency at work, to reinforce the benefit of organizational silence among them and increase their self-efficacy.
3. Administrators should heed the field studies to monitor the methods for dealing with the causative factors for organizational silence taking into account the work interests and the workers in the affected health centers.
4. Researchers should consider making more studies about organizational silence and its causes and effects on self-efficacy in other organizations.
5. In the Jordanian capital, Amman, health centers should create freedom of opinion and constructive criticism culture for the employees.
6. Carry out further studies address the same problem of the study to different organizations with a higher sample.

## APPENDIX

The researcher is making a questionnaire entitled by **“The views of health center employees on the causative factors for organizational and their impact on self-efficacy”** publishing for academic purposes.

Based on your experience, the researcher kindly request to fill in the basic data then put (✓) in front of one these three choices (always, sometimes, and seldom) whatever suits your opinion.

Note the fact that your opinion will be in a position of trust and fully secured. Also all of the provided information will be used for academic purposes only. In addition, your answers will contribute to provide results which will serve the managerial field.

Please go ahead with all respect and appreciation.

### **Firstly: Basic Data**

#### **Gender:**

Male  Female

### **Secondly: Nature of work**

Medicine  Pharmacy  Nursing

Technical Profession  Accounting and Public Health Inspecting

Other Professions

**The Causative Factors for Organizational Silence**

APPENDIX 1				
Number	Term	Always	Sometimes	Seldom
Field of the causative factors for organizational silence		Level of managerial and organizational factors		
I practice organizational silence for the following reasons				
1	low trust in administrators and managers			
2	low organizational culture as it does not support employees' opinions			
3	Lack of mechanism which support views on problems			
4	Lack of systems which define work procedures			
5	Lack of participants in decision making			
Field of the experience factors which cause organizational silence		Level of factors related to experience		
I practice organizational silence for the following reasons				
6	Lack of experience			
7	My low proficiency			
8	The nature of my job require organizational silence			
9	My low problem solving experience			
10	My inability of making a conversation			
Field of anxiety and fear factors that cause organizational silence		Level of anxiety and fear at work		
I resort to organizational silence for the possibility of:				
11	Facing a change in my current position			
12	Having bad treatment			
13	Revenge from the supervisor			
14	Losing the job			
15	Having a warning and low evaluation			
Field of fearing alienation caused by organizational silence		Level of anxiety and fear at work		
I practice organizational silence for the possibility of:				
16	Receiving negative views on me			
17	Losing others' respect and trust			
18	Being unaccepted by my supervisors			
19	Having conflicts with others			
20	Doubting my sincerity			

**Self-Efficacy**

APPENDIX 2				
Number	Term	Always	Sometimes	seldom
I believe that I can do the following		Level of self-efficacy		
1	I put suitable solutions for every problem I face			
2	I solve most of the problems that face my colleagues			
3	I trust myself to handle unpredictable incidents efficiently			
4	I control my balance in difficult situations			
5	I control my reactions			
6	I gain personal experience from many situations			
7	I feel that I'm going to have a high profile in my job			

8	I can handle many responsibilities			
9	I can add positive change for any assigned task to me			
10	I can be a team leader for a certain goal			
11	I do my job to the fullest extent			
12	I predict the outcomes of solutions constantly			

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