Organizational Silence as Perceived by Staff Nurses and its Relation to their Self-Efficacy

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Abstract

Background Organizational silence refers to a collective-level phenomenon of saying or doing very little when the organization deals with serious problems. Self-efficacy known as the perception of competence in resolving stressful situations. Organizational silence has great impact on employee behavior and self-efficacy perception is an important factor in predicting an individual's behavior**. Aim of study:** this study aimed to assess Organizational silence as perceived by nurses and its relation to their self-efficacy. **Research design:** a descriptive correlational design was used in carrying out this study. **Setting:** The study was conducted at El-Hamoul General Hospital which affiliated to Kafr EL-Sheikh Governorate Ministry of Health. El-Hamoul General Hospital consists of four buildings, provides care for patients in different medical specialties. **Study subjects:** The Subjects of this study included 144 staff nurses. **Data collection tools:** Two tools were used namely organizational silence scale (OSS) and self-efficacy scale (SES). **Results:** More than half of staff nurses (53%) had high level of organizational silence. Meanwhile, more than one quarter of them (26%) had low level of organizational silence. Hence, (20%) had moderate level of organizational silence. Less than two thirds (62%) of staff nurses had high level of self-efficacy. Meanwhile, (21.2%) had low level of self-efficacy, (16.8%) had moderate level of self-efficacy. **Conclusion:** There was statistically significant positive correlation between organizational silence and job self-efficacy among staff nurses. **Recommendation:** Share staff nurses in decision making by maintaining voice mechanisms in use. Update organizational policies to maximize flexibility.

Keywords: Organizational silence, Self-efficacy, Staff Nurses.

Introduction:

Employees are the important asset of an organization. Employees often have ideas, information, and opinions for constructive ways to improve work and work organizations. People are expressing their emotions, experience, thoughts, perception, and attitudes about the work and organization through communicating using multimedia and other gadgets. At the same time, many employees in an organization, due to its management policies or other reasons, may be incapable of expressing their feelings or emotions in any manner. They withdraw themselves from commenting about the function or drawbacks of the organization in which they are working **(John & Manikandan, 2019)**.

Every aspect and activity in an organization involves "people"; a manager cannot achieve his goals and targets if he has subordinates who are not well equipped with knowledge, skills and attitude (**Chauhan & Sharma, 2018**). Research shows that in cases where knowledge is not actively common within employees, their intellectual resources will remain under-utilized within the team. When knowledge is not shared, not only individual performance is suffering but the organizational performance is also decreasing (**Phumdara et al., 2020**).

In current years, the perception of employee silence has attracted much consideration in the organizational context **(Emelifeonwu and Valk, 2019)**. Employee silence referring to deliberate and conscious suppression of potentially important information in the organization **(Lam and Xu, 2019)**. It also describes a collective-level phenomenon of saying or doing very little when the organization treaties serious problems **(Koyluoglu et al., 2015).**

Organizational silence refers to the situation in which the employee refrains from talking about stuff related to work for worry that this will be misunderstood by his boss, which may destructively affect the correlation with his colleagues. Organizational silence is moreover defined as "a collective phenomenon in which employees suppress their ideas and matters regarding possible organizational troubles" (**Alqarni, 2020**).

Silence is not just a lack of talking; in fact, it could be defined as avoiding recording, lack of joining, having an undesirable attitude, lack of being perceived, and ignoring **(Akbarian et al., 2015).** The causes why employees choose to be silent can be a fear that comes from the lack of knowledge and work-related loads and past experiences of unfairness **(Maqbool, Cerne & Bortoluzzi, 2019)**. Eight major motives for employees to remain silent was found. These motives are defensive motive, acquiescent motive, pro social motive, ineffectual motive, opportunistic motive, disengagement motive, deviant motive and diffident motive **(Zekeriya et al., 2021).**

There are several antecedents that could result in employee silence at organizations such as neuroticism, perceived lack of openness to voice by the top management or supervisor, psychological safety and negative core effect. As innovation stops, ethics are in decline, and defective products increase, employees do not care about the quality of their work over time. Therefore, organizational silence is harmful not only to the employees, but also to the organization and to individuals **(Song et al., 2017)**.

One of these antecedents is Organizational silence effect on employee self-efficacy which concerns with an individual's self-confidence or trust in the ability needed to achieve behavioral goals in a particular field. The positive self-efficacy determines how much effort an individual can make and how long an individual can continue in encountering problems **(Sosan & Samani, 2016).**

Self-efficacy is not a quite perceived skill; it is the belief in what an individual can do with one self-skill under certain conditions. It is not concerned with beliefs about oneself ability to perform specific and trivial motor acts but with oneself beliefs about the ability to coordinate and orchestrate skills and abilities in changing and challenging situations **(Maddux, James & Kleiman, 2016)**.

The advantages of Improving nurses' self-efficacy are various; in addition to affecting how well they perform the functions of their role, it can also act as a barrier between nurses and negative or unhealthy workplace behaviors, protect them from burnout, and decrease turnover plans **(Fida, Laschinger& Leiter, 2018)**.

Improving nurses' self-efficacy may be possible by occurrence of healthy communication towards the bottom to top, delivery of fair incomes, rewarding to employees for feeling appreciated themselves, using of motivational tools such as promotion chances, healthy working conditions, the opportunity to share in the management, developing a management strategy for sharing their thoughts, ideas and knowledge and applying this strategy **(Bitmiş, 2015)**.

Significance of the study:

During the round of the researcher in the hospital it was noticed that nurses complain from lack of attending, have negative attitude, lack of being heard, disregarding and withholding of potentially important information in organization. Organizational silence emphasizes the employees' inability to express their opinions and refraining from talking about problems and issues related to work. Hence, Organizational silence is a behavioral choice that can deteriorate or improve organizational performance, excluding its emotionally difficult expression, silence can convey approval and sharing or disfavor and opposition thus becoming a pressure mechanism for both individuals and organizations. Organizations need to figure out the reasons of organizational silence from their employees; as it affects their self-efficacy at work. The findings of this study was redound to the benefits of society consideration about the relation between organizational silence and employee's self-efficacy, also how to discover and endeavor problems related to organizational silence. This can be achieved by promoting good work

environment in work place, presence of healthy communication, distribution of fair wages, rewarding to employees for feeling valued themselves, using of motivational tools such as promotion opportunities, healthy working conditions, the opportunity to participate in management, having a management strategy which they could share their thoughts, ideas and knowledge and applying this strategy.

Aim of the study:

This study aimed to assess organizational silence as perceived by nurses and its relation to their self –efficacy.

Research questions:

Is there a relationship between organizational silence and self-efficacy among staff nurses?

Subjects & Methods

Research design:

A descriptive correlational design was used in carrying out this study. It's a non-experimental type of quantitative research.

Setting:

This study was conducted in El-Hamoul General Hospital which affiliated to Kafr EL-Sheikh Governorate Ministry of Health, It provides care for patients in different medical specialties, and bed capacity is 140 beds. It consists of four buildings, the first building associated with emergency, premature section, department of obstetrics and gynecology. The second building associated with departments of surgery, medical, pediatric, operations and out patients. The third building associated with dialysis. The fourth building associated with HR and department of physical therapy.

Subjects:

The study sample estimated to be 144 out of 230 participated in the study. Simple random sampling technique was used for selection, the sample size was calculated according to the following equation:

$$\mathbf{n} = \frac{N \times P\,(1-p)}{[N\text{-}1(d^2/z^2)] + p(1-p)}$$

n = sample size
N = population size
d = the error rate is 0.05
z = the standard score corresponding to the significance level is 0.95 and is equal to 1.96
p = availability of property and neutral=0.50

Thompson (2012)

Tools of data collection

Data for this study were collected by using two tools namely: Organizational Silence Scale (OSS) and Self-Efficacy Scale (SES).

Tool 1: Organizational Silence Scale (OSS)

This tool was divided into two parts:

Part (I): demographic characteristics

This part intended to collect data related to demographic characteristics of the respondents such as age, gender, educational qualifications, and years of experience ….. etc.

Part (II): Organizational Silence Scale (OSS)

It was adopted from **Owuor, (2014)**, and used to assess the level of organizational silence among staff nurses**.** The tool consisted of three sections as following: Causes of organizational silence which includes (7 items), Effects of organizational silence which includes (10 items) and Strategies for managing organizational silence which includes (6 items).

❖ **Scoring system:**

Responses was measured on a five-point (Likert) scale, it was given as a response weighting as the following, strongly disagree (1), disagree (2), natural (3), agree (4) and strongly agree (5). Reverse item for reverse score as (It is normal for employees not to speak up or to omit some parts when raising an issue in the organization).

The level of organizational silence was classified to (high, moderate, low). The score of the items was summed up; if the score <60%, it was considered as low level of organizational silence. If the score from 60%-75%, it was considered as moderate level of organizational silence. If the score > 75%, it was considered as high level of organizational silence **(Hassan, 2019)**.

2- Tool 2: Self-Efficacy Scale (SES)

This scale aimed at assessing level of self-efficacy among staff nurses. It was adopted from **Madi & Erkekoğlu, (2017)**. The scale consisted (12 items) as the examples (I control my balance in difficult situations, I put suitable solutions for every problem I face).

❖ **Scoring system:**

Responses was measured on a three-point (Likert) scale, it was given as a response weighting as the following, always (1), sometimes (2) and seldom (3).

The level of self-efficacy was classified to (high, moderate, low). The score of the items was assumed up; if the score <60%, it was considered low self-efficacy. If the score from 60%-75%, it was considered moderate self-efficacy. If the score > 75%, it was considered high self-efficacy **(Hassan, 2019).**

Pilot study:

The pilot study was carried out on 14 staff nurses who represents10% of the total of the study subjects. The aim of the pilot study was to examine the applicability of the tool, clarity of language, test the feasibility and suitability of the designated tools. It also served to estimate the time needed to complete the forms by each study subject and identifying potential obstacles and problems that may be encountered during data collection. The time for filling the questionnaires took around 15-20minutes. A pilot study was conducted in January 2021. Data obtained from the pilot study was analyzed and no modifications were done. The study sample who participated in the pilot study was not included in the main study sample.

Field work:

The field work of the study took three months started in the beginning of February 2021 and completed at the end of April 2021. It was started by getting official permission from the dean of the Faculty of Nursing, Ain Shams University to El-Hamoul General Hospital. The researcher visited the study setting, met the directors of the hospital to explain the aim of the study and get their approval and cooperation. Then, the researcher met nurse managers as well as the staff nurses, explained the aim of the study and invited them to participate. Those who gave their verbal consent to participate were given the data collection tools and instructed in how to fill them in. tools forms were distributed to the respondents at their workplace. The researcher attended during the filling of the tools forms to clarify any ambiguity and answer any questions. Then tools forms collected by the researcher at the same time or at another time at the next day. Data was collected two days per week at the morning and afternoon shifts. The researcher collected about 20 to 25 forms every week. The researcher checked each filled to ensure its completion**.**

Ethical considerations:

Prior to the actual work of research study, ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing at Ain Shams University. In addition, oral consent was obtained from each staff nurse to participate in the study. The subjects were informed about the study aim and their rights to participate or refuse or withdraw from at any time without giving any reason and the collected data kept confidential and used for research only.

Administrative design:

Before starting on the study, an official letter was submitted from the Dean of the Faculty of Nursing, at Ain Shams University to the medical and nursing directors of El-Hmoul Hospital to take their approval to conduct the study and collect data. The letter contained the aim of the study and forms of data collection tools. Then the researcher met the nurse manager of each unit to explain the aim of the study, to obtain their approval and cooperation for data collection.

Statistical design:

Data entry was done using SPSS V20 computer software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables and means and ± standard deviations for quantitative variables. Qualitative variables were compared using chi-square test. Cronbach's Alpha coefficient was calculated to assess the reliability of the tools through their internal consistency. Pearson correlation co-efficient (r) was used for assessment of the inter-relationship among quantitative variables. The confidence level chosen for the study was 95%. Statistical significance was considered at p value <0.05.

Results:

Table (1): shows that the demographic characteristics of studied staff nurses, as indicated in the table, more than half of them (52.7 %) their age ranged between (30≥40) with mean SD 39.45±5.93, and had experience years ranged between (5 ≥10) with mean SD 8.38 ±5.61, less than three quarters (70%) of them were female, and More than half 55.6%of them had academic certificate from nursing technical health institute.

Table (2): shows staff Nurses' agreement toward silence causes within organization that, two thirds (65%) of studied staff nurses agreed that (It is normal for employees not to speak up or to omit some parts when raising an issue in the organization) and (Organizational culture support employees to speak up). Meanwhile, more than one third 38% of them disagreed about (superiors usually act like their juniors know what's best.

Table (3): Illustrates staff nurses' agreement toward silence causes within individuals that, majority of studied staff nurses agreed that (Most employees don't speak up on critical issues in organization because of Fear of losing employment), (If want to speak up must be careful not to deviate much from the majority view, and filter out parts that may seem threatening to management) (73.9%, 71%, 71%) respectively. Meanwhile, less than two thirds (62%) of them disagreed that (I believe that it's pointless to speak up).

Figure (1): represents total agreement of studied staff nurses toward causes of organizational silence. More than half of them agree on both the causes within organization and within individuals (54%, 51%) respectively.

Figure (2): Represents agreement of studied staff nurses toward organizational silence sections. Less than two thirds of them (62.5%) most agreement on strategies for managing silence. Meanwhile, More than one third of them (32.9%) most disagreement on the effects of silence.

Figure (3): represents total organizational silence levels of studied staff nurses toward. More than half of them (53%) had high level of organizational silence. Meanwhile, more than one quarter of them (26%) had low level of organizational silence. Hence, (20%) had moderate level of organizational silence.

Figure (4): Represents total level of self-efficacy among staff nurses. Less than two thirds of them (62%) had high level of self-efficacy. Meanwhile, (21.2%) had low level of self-efficacy. Hence, (16.8%) had moderate level of self-efficacy.

Table (4): Describes relations Relation between total agreement of studied staff nurses regarding organizational silence and their demographic characteristics. It shows that, higher agreement regarding organizational silence of studied staff nurses who more than half (58.4%) had age <30 years, more than half (55.6%) were female, (65%) had nursing diploma, and (64.6%) had experience ranged between 5 ≥10 years. Moreover, there are statistically significance relation between agreement of studied staff nurses and their age, gender and experiences years.

Table (5): Describes relation between total self-efficacy of studied staff nurses and their demographic characteristics. It shows that, high level of self-efficacy of studied staff nurses who majority (80%) had age +40 years, more than half (59.4%) were female, (55.5%) had Bachelor, and (64.7%) had experience +10 years. Moreover,

there are statistically significance relation between agreements of studied staff nurses and their age, gender and nursing qualification.

Table (6): indicates that, there were statistically significant positive correlations among all Organizational silence sections and total self- efficacy of studied staff nurses.

Table (1): demographic characteristics of studied staff nurses (N=144)

Characteristics	No.	Percent
Age:		
<30	48	33.3
30- 40	76	52.7
>40	20	14
Mean ± SD	**39.45±5.93 (22-25)**	
Gender:		
Male	43	30
Female	101	70
Nursing qualification:		
Diploma in nursing	37	25.6
Technical Health Institute	80	55.6
Bachelor in nursing	27	18.8
Experience years:		
<5	51	35.5
5≥10	76	53.3
10+	17	11.2
Mean ± SD	**8.38 ±5.61 (3-35)**	

Table (2): Staff nurses agreement toward causes of silence within organization (**N=144**)

Factors Causing silence within organization	disagree (<60%)		Neutral (60-75%)		agree (>75%)	
	No	%	No.	%	No.	%
It is normal for employees not to speak up or to omit some parts when raising an issue in the organization	33	23	18	12	93	65
My superiors usually act like their juniors know what's best.	55	38	43	30	46	32
Organizational culture support employees to speak up.	16	11	35	24	93	65

Table (3): Staff Nurses' agreement toward causes of silence within individuals (N=144)

Causes of silence within individuals	Disagree (<60%)		Neutral (60-75%)		agree (>75%)	
	No.	%	No.	%	No.	%
Employees who speak up are never victimized.	66	45.7	52	35.9	26	18.4
I believe that it's pointless to speak up.	89	62	22	15.2	33	22.8
If I want to speak up I must:-						
a. Be careful not to deviate much from the majority view.	12	8	30	21	102	71
b. Filter out parts that may seem threatening to management.	10	7	32	22	102	71
Most employees don't speak up on critical issues in organization because of:-						
a. Fear of not being promoted	34	23.3	19	13.3	91	63.4
b. Fear of losing employment	22	15.2	16	10.9	106	73.9
c. Fear of retaliation from executives/coworkers	32	21.8	31	21.7	81	56.5
d. Lack of experience about speaking up	70	48.9	31	21.7	43	29.4
e. Lack of authority	52	35.9	17	12	75	52.1

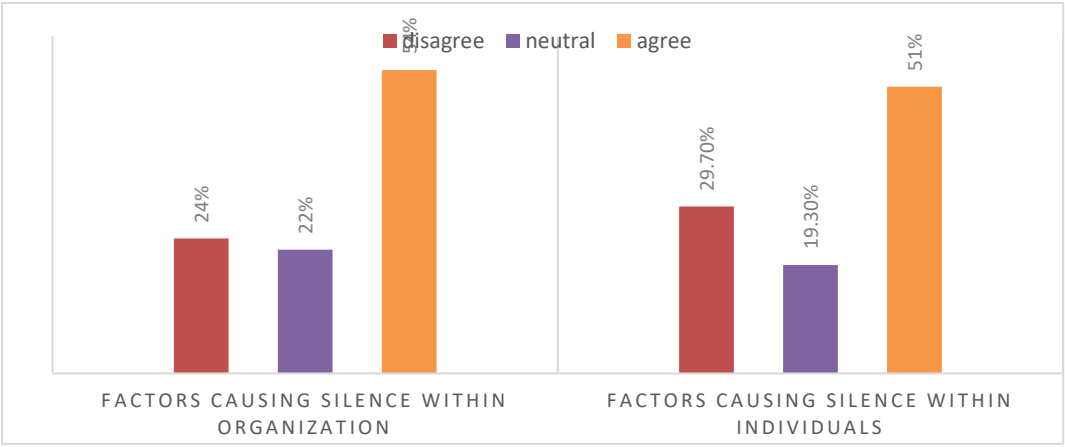

Figure (1): total agreement of studied staff nurses toward causes of organizational silence (N=144).

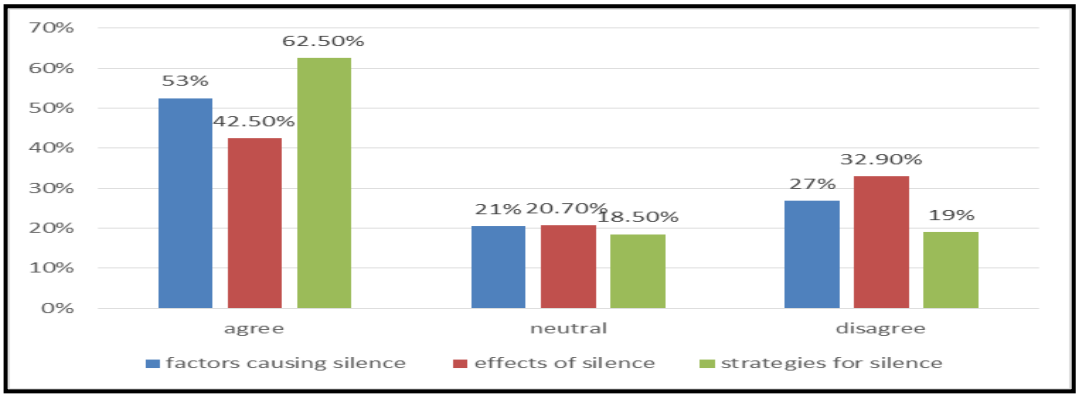

Figure (2): Agreement of studied staff nurses toward organizational silence sections (N=144).

Figure (3): Total organizational silence level of studied staff nurses (N=144)

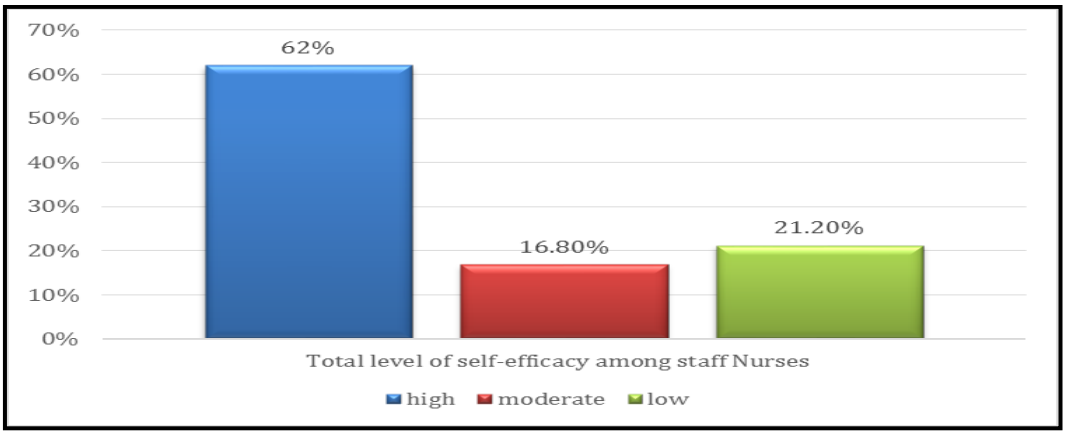

Figure (4): Total level of self-efficacy among staff Nurses (N=144).

Table (4): Relation between total agreement of studied staff nurses regarding organizational silence and their demographic characteristics (n=144)

Characteristics	Low		Moderate		High		X2	P value
	No.	%	No.	%	No.	%		
Age:								
<30	10	20.8	10	20.8	28	58.4		
30≥40	20	26.3	24	31.5	32	42.2	.211	0.054*
40+	7	35	5	25	8	40		
Gender:								
Male	19	44	15	34.8	9	21.2	1.312	0.050*
Female	22	21.7	23	22.7	56	55.6		
Nursing qualification:								
Diploma	7	19	6	16	24	65		
Technical Health Institute	20	25	20	25	40	50	.268	0.824
Bachelor	8	29.6	7	25.9	12	44.5		
Experience years:								
<5	21	41	18	35	12	24		
5 ≥10	6	7.8	21	27.6	49	64.6	.465	0.01**
10+	5	29.4	5	29.4	7	41.2		

(*) statistically significant at p<0.05 (**) high statistically significant at p<0.01

Table (5): Relation between total level of self-efficacy and their demographic characteristics (n=144).

Characteristics	Low		Moderate		High		X^2	P value
	No.	%	No.	%	No.	%		
Age:								
<30	5	10.5	10	20.8	33	68.7		
30≥40	16	21.1	20	26.3	40	52.6	0.632	0.054*
40+	2	10	2	10	16	80		
Gender:								
Male	19	24.2	15	18.9	45	56.9	2.212	0.050*
Female	22	21.8	19	18.8	60	59.4		
Nursing qualification:								
Diploma	7	19	11	29.7	19	51.3		
Technical Health Institute	20	25.1	25	31.2	35	43.7	.368	0.01**
Bachelor	5	18.6	7	25.9	15	55.5		
Experience years:								
<5	16	31.5	18	35.2	17	33.3		
5 ≥10	10	13.2	26	34.2	40	52.6	.665	0.824
10+	2	11.8	4	23.5	11	64.7		

(*) statistically significant at p<0.05 (**) high statistically significant at p<0.01

Table (6): Correlations matrix among Organizational silence sections and self-efficacy

Organizational silence sections / self-efficacy	Factors within organization		Factors within individuals		Effects of silence		Strategies for silence		Total	
	r	p	r	p	r	p	r	p	r	p
Total self-efficacy	0.5	0.001*	0.5	0.001*	0.4	0.001*	0.5	0.001*	0.5	0.001*

(**) high statistically significant at p<0.01

Discussion

Organizational silence behaviors among nurses are the most important and significant barriers that influence organizational effectiveness and efficiencies. The propensity of nurses to maintain silent would be affecting the provision of safe care and quality of patient care versus their willingness to speak up about patient adverse events and medical errors. Thus, nurse managers must consider the effect of workplace silence behavior on nurses, patient and organization outcomes in health care settings **(Bordbar et al., 2019).**

Regarding demographic characteristics of studied staff nurses, the current study results revealed that, more than half of them their age ranged between (30≥40) with mean, and had experience years ranged between (5 ≥10) with mean, less than three quarters of them were female, and More than half of them had academic certificate from nursing technical health institute.

On the same line with **(Harmanci et al., 2018; Vural et al, 2014).** Reported that the participants' ages ranged between 17 and 62 years. However, the nurses were mostly women , had bachelor or postgraduate degrees and worked as bedside nurses at inpatient services. The participants' periods of experiences mostly ranged between 1 and 5 years.

Regarding staff Nurses' agreement toward causes of silence within organization, the current study results revealed that, near to than two thirds of studied staff nurses agreed that (It is normal for employees not to speak up or to omit some parts when raising an issue in the organization) and (Organizational culture support employees to speak up). Meanwhile, more than one third of them disagreed about (superiors usually act like their juniors know what is best. This result might be due to the nurses considered the value of building the organizational culture and its effect on the organizational silences

This current study results agreed with **Doo & Kim (2020)** Who studied "Effects of hospital nurses' internalized dominant values, organizational silence, horizontal violence, and organizational communication on patient safety" reported that majority of studied sample agree about the factors causing silence within organization

Regarding (Organizational culture support employees to speak up). This result incongruent with **Okeke (2020)** who studied "Gender influence on school climate and organizational silence" reported that more than three fifths of them disagreed about the factors causing silence within organization (superiors usually act like their juniors know what's best.

Regarding staff Nurses' agreement toward causes of silence within individuals the current study results revealed that, the majority of studied staff nurses agreed that (Most employees don't speak up on critical issues in organization because of Fear of losing employment), (If want to speak up must be careful not to deviate much from the majority view, and filter out parts that may seem threatening to management) respectively.

Meanwhile, near to two thirds of them disagreed that (I believe that it is pointless to speak up). This result might be due to fear of authority, fear from losing the job, and mostly keep silent for "Administrative and organizational reasons", for this reason, it is important for managers in healthcare organizations to consider these matters in their evaluation of the risks that are caused by organizational silence **(Erigüç et al., 2014; Gkorezis et al., 2016).**

This result is in the same line with **Demirtas (2018)** Who studied "The Relationships between Organizational Values, Job Satisfaction, Organizational Silence and Affective Commitment" reported that more than half of studied staff nurses agreed that (Most employees don't speak up on critical issues in organization because of Fear of losing employment).

Toward factors causing silence within individuals Additionally, this result agreed with **Erdogdu (2018)** who studied that" Effect of Organizational Justice Behaviors on Organizational Silence and Cynicism" reported that the majority of studied sample agreed with the factors causing the organizational silence (Most employees don't speak up on critical issues in organization because of Fear of losing employment).

Regarding total agreement of studied staff nurses toward factors causing organizational silence, the current study results show that more than half of them agree on both the factors causing silence within organization and within individuals respectively. This result might be due to the nurse had partial awareness regarding the causes of organization silence.

This result on the same line with **Çaylak & Altuntas (2017)** who studied that "Organizational silence among nurses: The impact on organizational cynicism and intention to leave work" reported that more than half of studied sample agree on both the factors causing silence within organization and individual.

Also, this result agreed with **Hozouri et al (2018)** who studied "Clarifying the impacts of organizational silence on organizational commitment with controlling the effects of organizational rumors." reported that more than half of studied sample agree on both the factors causing silence within organization and individual. This result disagreed with **Bordbar et al (2019)** who studied that "Effect of Organizational Silence on Employees Productivity" reported that majority of studied sample disagreed on both the factors causing silence within organization and individual.

Regarding total agreement of studied staff nurses toward organizational silence, the current study results that, more than half of them (53%) had high level of organizational silence. Meanwhile, more than one quarter of them (26%) had low level of organizational silence. Hence, (20%) had moderate level of organizational silence. This result might be due to nurses tend to remain silent fearing of being fired or not getting promoted, in order not to be seen as a complaining person and so that their social relations are not damaged .

Besides, this result might be due to that employees tend to remain silent for fear of being fired or not being promoted, in order not to be seen as a complaining person and so that their social relations are not damaged **(Çakıcı, 2008).** The current study result was on the same line with the study that perception levels of organizational silence were relatively medium. In many similar studies, it was also found that perception levels of organizational silence were at a medium level **(Kahveci & Demirtaş, 2013; Okeke-James, Igbokwe, Anyanwu & Obineme, 2020; Ngozi, Okeke-James & Igbokwe, 2021).**

On the other hand, some studies found that teachers' perception levels of organizational silence were low **(Helvacı & Çetin, 2018; Çavuşoğlu & Köse, 2016; Alqarni, 2020). Kahveci (2010)** also, found that perceptions of organizational silence were high. Organizational silence is the employees' unwillingness to express problems at work intentionally or unintentionally **(Eroğlu, Adıgüzel & Öztürk, 2018)**. Therefore, employees may prefer to remain passive in their organizations because they think they will be harmed if they talk about issues that are sensitive to the organization **(Milliken, Morrison, & Hewlin, 2013)**.

Regarding total level of self-efficacy among staff nurses, the current study results that, Near to two thirds of them had high level of self-efficacy. Meanwhile, minority had low level of self-efficacy. Hence, minority had moderate level of self-efficacy. This result may be due to staff nurses in this study establishing communication more comfortably and effectively because of the presence of common factors among the group of workers such as proximity to age, educational level and an average number of years of experience.

This result was on the same line to study for **Pérez-Fuenteset et al (2019)** Who reported that in study about ″Emotional Intelligence, Self-Efficacy and Empathy as predictors of overall self-esteem in nursing by years of experience" that Almost the staff nurses reported high level of general self-efficacy.Findings were consistent with a study made **Sturm & Dellert (2016)** titled by ″Exploring nurses' dignity, global self-efficacy and work satisfaction." Who mention in his result that more than two-thirds of staff nurses in study had high self-efficacy level according to scores of general self-efficacy scale.

Regarding relation between total agreement of studied staff nurses regarding organizational silence and their demographic characteristics, the current study results show that, higher agreement regarding organizational silence of studied staff nurses Moreover, there are statistically significance relation between agreement of studied staff nurses and their age, gender and experiences years. The mean scores obtained by the physicians and nurses in the dimension of Causes of Silence and its subscales did not show a significant difference in terms of the total periods of employment in an organization. While gender, position and age group did not cause significant differences in the mean scores obtained by the physicians from the dimension of Causes of Silence and its subscales, it caused significant differences in the nurses for various reasons. The female nurses kept silent more than male nurses due to "Fear of isolation".

Regarding relation between total level of self-efficacy and their demographic characteristics, the current study results that, there are statistically significance relation between total level of self-efficacy of studied staff nurses and their age, gender and Nursing qualification. This result may be due to the staff nurses in the study general belief that higher education improves various skills. Therefore, it has improved they self-efficacy .This result supported by a study made by **Pérez-Fuentes et al (2019)** Titled by ″The mediating role of perceived stress in the relationship of self-efficacy and work engagement in nurses" who mention in his result that the staff nurses in his study showed that significant relation between nursing qualifications and total general self-efficacy level.

Regarding correlations matrix among organizational silence sections and self-efficacy, the current study results that, there were statistically significant positive correlations among all organizational silence sections and total self- efficacy of studied staff nurses. This result agreed with, **Alheet (2019)** who studied "The Impact of Organizational Silence Causal Factors on Self-Efficacy of Health Center

Employees in The Jordanian Capital City (AMMAN)" reported that there were statistically significant positive correlations among all organizational silence sections and total self-efficacy of health center employees.

This current result agreed with **Shima, & Behzad (2016)** study which titled by "The impact of organizational culture on organizational silence and voice of faculty members of Islamic Azad University in Tehran" reported that 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.

Conclusion:

In the light of the study finding, More than half of studied staff nurses agree on both the factors causing silence within organization and within individuals. Therefore, more than two thirds of them agree on strategies for managing silence. Meanwhile, more than one third of them disagree on the effects of silence. Additionally, more than half of them agree on total organizational silence. Meanwhile, more than one quarter of them disagree on total organizational silence. Hence, one fifth of them styed neutral.

More than two thirds of them had high level of self-efficacy. Meanwhile, more than one fifth of them had low level of self-efficacy. Hence, minority of them had moderate level of self-efficacy. There was statistically significance relation between agreement of organizational silence of studied staff nurses and their age, gender and experiences years. Moreover, there was statistically significance relation between agreements of self-efficacy of studied staff nurses and their age, gender and Nursing qualification. Additionally, there were statistically significant positive correlations among all Organizational silence sections and total self- efficacy of studied staff nurse.

Recommendation

In the light of results of this study, the following recommendations were suggested:

1. Conduct periodical meeting between hospital managers and staff nurses for discussing work problem and develop solutions for each problem.
2. Share staff nurses in decision making.
3. Update the organizational policies to maximize flexibility.
4. Nurses' managers should be trained to be more supportive for their staff.
5. Organizations should maintain the voice mechanisms already in use to give adequate feedback.
6. Management should create a lot of ways for getting nurses more engaged and socialized this can be achieved by (team work, team sports, social meals, and conversations…..ect).

Future researches can be suggested:

- Study the relationship between organizational silence and some variables such as: organizational health, organizational process, organizational excellence and organizational loyalty.
- Study the effect of organizational silence level on creative behavior among staff nurses.

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