



The Role of Psychological Empowerment in Mitigating Employee Silence: Evidence from Private Hospitals in Jordan

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Abstract

Employee silence behavior (ESB) poses significant challenges to organizational effectiveness, yet it remains underexplored in research. This study examines how psychological empowerment influences the link between organizational factors and ESB, drawing on insights from social exchange and justice theories. Data were collected from 324 employees at private hospitals in Jordan and analyzed using structural equation modeling. Findings indicate that psychological empowerment mitigates the impact of organizational factors on ESB, serving as a protective mechanism against silence in the workplace. The study contributes to theory by highlighting the moderating role of empowerment and offers practical guidance for organizational leaders seeking to foster open communication.

Keywords: Employee silence, Organizational factors, Psychological empowerment, Workplace communication, Social exchange theory, Justice theory

How to cite this article: Al-Hadidi T, Al-Khalidi N, Al-Nsour Y. The Role of Psychological Empowerment in Mitigating Employee Silence: Evidence from Private Hospitals in Jordan. Asian J Indiv Organ Behav. 2025;5:143-55. <https://doi.org/10.51847/Z8G6e4jXUC>

Received: 02 May 2024; Revised: 19 August 2025; Accepted: 22 August 2025

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Introduction

The intensification of competition has compelled organizations to continuously strive for competitive advantage, largely through fostering creativity and innovation [1-3]. Employees play a pivotal role as the primary source of novel ideas, and without their active contribution, organizations may struggle to achieve desired performance outcomes [4]. However, employee silence behavior (ESB) represents a critical barrier to organizational innovation, limiting the ability to leverage employee suggestions and stifling creativity [5, 6]. Nikmaram *et al.* [7] noted that ESB is inefficient, as it results in wasted organizational efforts due to employees withholding input during meetings and offering minimal proposals to enhance performance.

Interest in ESB has grown because of its adverse effects on employee outcomes, including reduced motivation, job satisfaction, and organizational commitment [8]. In healthcare settings, ESB can exacerbate stress, disrupt interpersonal relationships, and foster feelings of powerlessness among staff [9]. Given the critical nature of medical services, even minor administrative or clinical errors can have severe consequences, including patient harm or death [10-13]. The demanding environment of hospitals often suppresses open communication, resulting in widespread silence. This, in turn, can impair problem-solving, reduce decision-making accuracy, block innovation, and negatively impact the quality of medical services [14]. Employee engagement, commitment, and dedication are therefore critical factors influencing organizational success in healthcare [15], placing a professional and ethical responsibility on hospital management to foster an environment where staff feel empowered to voice their ideas.

Several factors contribute to the emergence of ESB, including fear of retaliation, lack of recognition or reward for contributions, low managerial trust, or concern about jeopardizing one's career [16]. Social exchange theory provides a useful



lens for understanding ESB, emphasizing that workplace interactions generate reciprocal obligations. Positive exchanges tend to encourage constructive behaviors, while negative exchanges can lead to withdrawal or silence [17-19]. Employees' perceptions of organizational support shape their assessment of how much value the organization places on their contributions, which can determine their willingness to share ideas and engage proactively [20, 21].

Organizational justice theory further explains the emergence of ESB. When employees perceive fairness in distributive, procedural, and interactional aspects, they are more likely to feel safe voicing concerns and providing feedback [22-24]. Conversely, poor leadership or perceived injustice can increase silence behavior [25-28]. Multiple studies confirm that the perception of fairness within an organization strongly influences whether employees express their ideas or remain silent [29-32].

Building on social exchange and organizational justice theories, which posit that employee treatment and organizational support influence behavioral responses, the current study seeks to identify key factors contributing to ESB within healthcare organizations. Although interest in ESB has grown, significant gaps remain in understanding its antecedents and consequences, particularly in the context of healthcare institutions [33, 34].

As the withdrawal of recognition and interest can contribute to increased clinical depression and negatively affect employees' psychological well-being, it often generates feelings of humiliation, stress, and resentment, while simultaneously diminishing motivation to support organizational objectives [35, 36]. The present study aims to explore protective mechanisms that may mitigate the factors leading to employee silence behavior (ESB), with particular attention to psychological empowerment. While prior research has examined psychological empowerment as an independent variable, its potential moderating effect on the antecedents of ESB remains underexplored. This study seeks to provide empirical evidence addressing this gap, particularly in the healthcare sector in Jordan and other non-Western contexts, by examining how psychological empowerment moderates the impact of factors contributing to the emergence of silence behavior.

Literature Review

Employee silence behavior (ESB)

Employee silence behavior is a concept in human resource management first introduced by Morrison and Milliken in 2000. ESB refers to the deliberate choice by employees to withhold ideas, feedback, or opinions, which can negatively affect organizational performance [37]. Morrison and Milliken [38] described ESB as a strategic decision by employees to protect their views and isolate themselves from organizational decisions [25, 39, 40]. Tangirala and Ramanujam [41] defined it as the intentional withholding of concerns, information, or opinions regarding job-related matters or organizational issues. Rezaeifar and Almasi [42] noted that ESB becomes particularly harmful when employees appear engaged in tasks yet deliberately withhold critical knowledge, sharing only what is expected by authority figures [43]. Research indicates that ESB significantly undermines organizational performance, reducing decision-making effectiveness, limiting innovation, and obstructing organizational change [38, 44-46].

Deniz *et al.* [47] emphasized that ESB diminishes organizational efficiency through collective silence in meetings, minimal participation in proposals, and reduced group communication, ultimately affecting decision quality [48]. Silence also influences employees' emotional responses, fostering stress, dissatisfaction, and feelings of isolation [44].

Various types of ESB have been identified, including obedient silence, driven by satisfaction with outcomes; defensive silence, motivated by fear or self-protection; and affiliative or friendly silence, aimed at maintaining relationships and fostering cooperation [49, 50]. Although ESB is often intentional, several organizational and managerial factors can trigger its emergence [51].

Managerial factors play a significant role in prompting silence, reflecting leaders' attitudes and beliefs toward subordinates [2, 52]. Nikaeen *et al.* [16] noted that managers who perceive employees as self-interested and unreliable tend to discourage upward communication. Redding [53] also argued that such perceptions can lead managers to believe that employees lack insight into organizational needs, further promoting silence. Fear of negative feedback is another contributor, as managers may perceive criticism as threatening, leading them to dismiss or question employees' input [54].

Organizational structure and policies similarly influence ESB. Tall hierarchical structures reduce managerial confidence and connection with lower-level employees, while centralized decision-making and limited formal communication channels hinder the upward flow of information [4, 38, 55, 56].

Cultural factors are also critical. In organizations where challenging senior management is viewed as disrespectful, silence is normalized as a means of maintaining order [57]. High power-distance cultures further reinforce this pattern, as employees generally assume that managers' decisions are correct due to their hierarchical position [16].

Group- and individual-level factors significantly influence the prevalence of employee silence behavior (ESB). According to Eriguc *et al.* [15], employees with limited experience, low self-confidence, or lower organizational positions are more likely to remain silent due to fears of being perceived as passive, complainers, or troublemakers. Concerns about potential consequences—such as job loss, missed promotions, increased workload, or diminished status—further encourage individuals

to withhold their opinions [58]. Group dynamics also play a critical role: within democratic social structures, pressures to preserve collective interests can shape individual behavior [59]. Employees consider both personal inclinations and the social context in deciding whether to speak up. Bowen and Blackmon [60] highlighted that individuals often use social cues and peer judgments to interpret new information. When employees perceive their perspectives as inconsistent with the majority, fear of social isolation or strained relationships may drive them to silence [50, 61, 62].

Psychological empowerment

Psychological empowerment emerged as a response to employee isolation and the pursuit of improved work-life quality, gaining traction in the 1980s and receiving heightened attention from organizational researchers in the 1990s [63]. Empowerment is typically categorized into structural and psychological types. Structural empowerment focuses on management practices that distribute power across all levels of the organization [64], whereas psychological empowerment centers on employees' beliefs and attitudes, encompassing the cognitive conditions necessary for individuals to feel a sense of control over their roles and contributions [65]. Its relevance has grown in response to organizational demands for innovation and adaptability [66].

Conger and Kanungo [67], who pioneered the concept, defined psychological empowerment as a process that enhances employees' self-efficacy by identifying and mitigating factors that cause feelings of powerlessness. It acts as a catalyst for self-efficacy, enabling employees to take initiative and lead [68]. Consistent with Spreitzer's [69] framework, psychological empowerment reflects employees' perceptions of their work environment; structural empowerment alone is insufficient without individuals' psychological acknowledgment of these enabling conditions [70]. Spreitzer conceptualized psychological empowerment as comprising four cognitive dimensions:

1. **Meaning:** The degree to which work aligns with an individual's values and ideals, reflecting the fit between role requirements and personal beliefs, values, and behaviors [71].
2. **Competence:** Employees' belief in their capabilities to perform tasks successfully. Unlike meaning, which influences satisfaction through work nature, competence shapes satisfaction by altering perceptions of task difficulty, enabling individuals to confidently manage assigned responsibilities [72, 73].
3. **Self-determination:** The sense of autonomy and discretion over initiating and organizing work activities, including control over methods, scheduling, and performance standards [74, 75].
4. **Impact:** The perception that one can influence organizational outcomes at strategic, managerial, or operational levels [71, 76].

Theory and Hypotheses

ESB remains a critical challenge in organizations, particularly in developing countries [77-81]. Its prevalence is driven by factors such as power distance, centralization, and bureaucratic structures [46, 50]. Argyris [82] emphasized that strong organizational norms and defensive routines inhibit employees from expressing their thoughts, as deviation from these norms may trigger social penalties, consistent with the Spiral of Silence Theory. According to Noelle-Neumann (1984), individuals withhold opinions when they perceive insufficient support from colleagues and will either remain silent or provide inaccurate responses when facing opposition [83].

Managerial factors are critical determinants of employee silence behavior (ESB), as they reflect the implicit beliefs managers hold regarding employees and the nature of organizational management. For example, managers may assume that employees are primarily self-interested and unreliable [24], a perspective consistent with McGregor's Theory X, which posits that individuals naturally prioritize their own benefits [37, 84]. Such beliefs can reinforce the perception that management possesses superior knowledge about what is best for the organization, while employees' self-interest limits their understanding of organizational priorities, thus contributing to widespread ESB [52].

Cultural factors within management teams also shape silence behavior. Bagheri *et al.* [85] highlighted that managers from high power-distance cultures often assume they know what is best for the organization. In these contexts, employees tend to defer to managers, believing that the manager's judgment is inherently correct [86]. These managerial beliefs influence organizational structures and policies, often resulting in centralized decision-making and limited upward feedback mechanisms, which exclude employees from meaningful participation in decision-making and exacerbate ESB [54, 87-89].

Individual-level factors also contribute to ESB. Employees may fear negative repercussions from expressing opinions, such as job loss, stalled promotion, damaged relationships with colleagues, or social disapproval, particularly when their views conflict with the majority [90-93]. Low self-esteem, lack of confidence in one's abilities, and the perception that individual input will not lead to meaningful change can further reinforce silence [94-97]. Based on these considerations, the following hypothesis is proposed:

H1: Organizational factors have a positive impact on ESB.

Breaking the silence is often perceived as risky, with potential professional consequences including job loss, low performance evaluations, limited promotion opportunities, or strained workplace relationships [98]. Employees are more likely to voice their opinions when the organizational environment supports their psychological needs, reducing bureaucratic obstacles and encouraging proactive engagement [99-101]. Lack of motivation is a primary driver of ESB, and psychological empowerment has been identified as a key mechanism for fostering motivation and encouraging employees to speak up [102].

Psychological empowerment, grounded in self-determination theory (SDT), enhances employees' intrinsic motivation by satisfying their psychological needs and providing autonomy, thereby reducing the barriers imposed by bureaucratic structures [103]. Empowered employees are more likely to engage in upward communication, share ideas, and express work-related concerns effectively [98].

Empirical studies suggest that psychological empowerment positively influences ESB by increasing employees' confidence in their competence, initiative, and ability to contribute to organizational goals, thereby reducing fear of job insecurity or career setbacks [98, 104-107]. Psychological empowerment also fulfills employees' need for relatedness, fostering collaboration, team cohesion, and supportive interpersonal relationships, which mitigate social isolation and facilitate speaking up [108-111]. As such, the following hypothesis is proposed:

H2: Psychological empowerment moderates the relationship between organizational factors and ESB.

Materials and Methods

Sample and procedure

The study population comprised staff members from private hospitals in the northern region of Jordan, who are considered pivotal in achieving optimal healthcare outcomes, particularly when provided with conditions that support psychological empowerment. Four private hospitals were selected for this study, encompassing a total staff population of 395 individuals. Given the relatively small population, and consistent with prior research recommendations, we aimed to include the entire population in the survey. Questionnaires were distributed using a simple random sampling approach, resulting in 330 completed responses. After excluding six questionnaires due to insufficient or incomplete data, the final sample consisted of 324 valid responses [112].

Research instrument

The survey instrument included three main constructs. Organizational factors were assessed using 14 items adapted from Nafei [113]. Psychological empowerment was measured using eight items derived from Spreitzer [69] and El Abdou *et al.* [114]. Employee silence behavior (ESB) was measured with seven items developed by Al-Dhawayan and Al-Saeed [115]. All items employed a five-point Likert scale ranging from 'strongly disagree' (1) to 'strongly agree' (5).

Demographic characteristics

Descriptive analysis of the sample (**Table 1**) showed that 73.5% of respondents were male and 26.5% were female. Regarding educational background, 34.6% held a bachelor's degree, 34.3% a master's degree, 21.9% a diploma, and 9.3% a doctoral degree. In terms of work experience, 37% of respondents reported 12-15 years, 28.7% had less than five years, 24.7% had between five and eleven years, and 9.6% had more than 21 years of professional experience.

Table 1. Descriptive statistics.

Variable	Category	Frequency	Percentage
Gender	Male	238	73.5
	Female	86	26.5
Qualification	Diploma	71	21.9
	Bachelor	112	34.6
	Master	111	34.3
	Doctorate	30	9.3
Experience	Less than 5 years	93	28.7
	5-11 years	80	24.7
	12-15 years	120	37.0
	More than 21 years	31	9.6
	Total	324	

Ethical considerations

This study received ethical approval from the Social and Human Sciences Research and Publication Ethics Committee at Jadara University (Approval Number: A3/8/2021). Participants were fully informed about the purpose of the research and provided verbal consent prior to participation, as the researchers directly approached each participant to complete the survey.

Participation was entirely voluntary, and respondents were free to decline or withdraw at any stage. All data were collected anonymously and treated with strict confidentiality. The study posed minimal risk, did not involve clinical interventions, and was not designed as a clinical trial.

Results

Assessment of the measurement model

Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) via SmartPLS 4, which is well-suited for theory-driven research involving complex models with both latent and observed variables, while simultaneously accounting for measurement error [116, 117]. PLS-SEM is particularly advantageous for studies with smaller sample sizes or non-normally distributed data and can accommodate higher-order constructs, making it appropriate for testing the present framework [118].

The measurement model included three constructs: organizational factors, psychological empowerment, and employee silence behavior (ESB). To evaluate the quality of the measures, we examined internal consistency reliability, composite reliability (CR), convergent validity, and discriminant validity [119-121]. All item loadings exceeded 0.71, above the recommended 0.70 threshold [119]. Convergent validity was supported as all average variance extracted (AVE) values were greater than 0.50 [122]. Reliability assessment indicated that Cronbach's alpha and composite reliability values were above 0.84, confirming that the scales demonstrate strong internal consistency.

Table 2. Measurement model (outer loadings).

Items	Outer loadings
ESB1	0.729
ESB2	0.760
ESB3	0.801
ESB4	0.793
ESB5	0.782
ESB6	0.731
ESB7	0.759
OF1	0.839
OF10	0.751
OF11	0.758
OF12	0.766
OF13	0.760
OF14	0.747
OF2	0.837
OF3	0.841
OF4	0.791
OF5	0.779
OF6	0.774
OF7	0.781
OF8	0.776
OF9	0.760
PE1	0.809
PE2	0.835
PE3	0.794
PE4	0.804
PE5	0.716
PE6	0.808
PE7	0.755
PE8	0.740

Table 3. Reliability & convergent validity

Instruments	α	CR	rho	AVE	R^2
ESB	0.882	0.885	0.908	0.586	0.777
Organizational Factors	0.951	0.952	0.957	0.614	—
Psychological Empowerment	0.910	0.911	0.927	0.614	—

The boldface reflects the size effect of organizational factors on EBS.

Table 4 shows the mean, SD, and divergent validity (Fornell-Larcker) of the study variables. The Fornell-Larcker criterion was satisfied as the square of each variable's AVE is greater than the inter-correlations, suggesting discriminant validity [119].

Table 4. Mean, SD & divergent validity (Fornell-Larcker).

Measures	Mean	SD	1	2	3
1. ESB	3.77	0.753	0.837		
2. Organizational factors	3.60	0.757	0.765	0.790	
3. Psychological empowerment	3.55	0.839	0.717	0.783	0.784

The boldface reflects the value of the variable's correlation with itself.

To evaluate the overall fit of the model, four indices were employed: the chi-square goodness-of-fit statistic, comparative fit index (CFI), root-mean-square error of approximation (RMSEA), and standardized root-mean-square residual (SRMR) [123, 124]. The results indicated that the proposed model demonstrated a good fit to the data ($\chi^2 = 1146.093$; d.f. = 510; $\chi^2/\text{d.f.} = 2.247$; CFI = 0.920; SRMR = 0.055; RMSEA = 0.062). To assess potential common method bias (CMB), the common latent factor approach was applied, adjusting correlations in accordance with the smallest observed correlation among variables [125-127]. The comparison of unadjusted and adjusted correlations (**Table 5**) revealed minimal changes, indicating that the relationships among variables were not significantly influenced by CMB.

Table 5. Unadjusted and adjusted correlations for common method marker

Variables	1	2	3
1. ESB	1.000	0.825***	0.752***
2. Psychological empowerment	0.835***	1.000	0.694***
3. Organizational factors	0.753***	0.698***	1.000

Note: Values below the diagonal are unadjusted correlations; values above the diagonal are adjusted correlations for common method. The significance of "****" is 0.05.

Structural model

To analyze the moderating effects in the structural model, we followed a two-step approach. In the first step, we examined the model without including the moderating variables, allowing us to assess the direct relationships between predictors and the outcome [119, 128]. This was labeled the main effects model. In the second step, moderation was tested by creating interaction terms, which involved multiplying the standardized scores of each moderator with its associated predictor variable [9, 128, 129]. These interaction terms were then incorporated into the model to determine whether they significantly influenced the dependent variable, indicating the presence of a moderating effect. This version is referred to as the moderated model.

In the first step, results from the path analysis demonstrated that the main effects model explained 77% of the variance in employee silence behavior, reflecting strong explanatory capability [130]. **Table 6** presents the outcomes, showing that organizational factors had a strong positive impact on ESB ($\beta = 0.514$, $p < .001$), while psychological empowerment had a significant negative effect ($\beta = -0.366$, $p < .001$). These results provide support for hypothesis H1.

Table 6. Results of the main effect model

Relationships	β	T	p	Decision
Organizational factors \rightarrow ESB	0.514	6.767	0.000	Accepted
Psychological empowerment \rightarrow ESB	-0.366	4.855	0.000	Accepted

For the second step, we tested the moderated model to assess the hypothesized influence of psychological empowerment. Initially, psychological empowerment was included as a predictor in the model without the interaction terms to isolate its direct effect and estimate the baseline variance explained. This model accounted for approximately 76.2% of the variance in employee silence behavior. Next, we introduced the interaction terms representing the moderation effect. The addition of these terms increased the explained variance slightly to 77.7%, indicating a modest improvement in the model's explanatory capacity. As expected, the results (**Table 7**) showed that psychological empowerment significantly attenuates the positive impact of organizational factors on ESB (path coefficient = -0.076, $p < .001$). These findings suggest that psychological empowerment serves as a contextual buffer, weakening the influence of organizational factors on employee silence. Accordingly, hypothesis H2 was supported.

Table 7. Results of the moderated model

Interaction effect	β	T	p	Decision
Psychological empowerment \times organizational factors \rightarrow ESB	-0.076	3.854	.000	Accepted

Discussion

This study posits that several organizational factors contribute to the prevalence of employee silence behavior (ESB). In today's competitive business environment, employees' creativity and initiative are critical resources, making human capital a central asset for organizational survival and growth. Consequently, understanding the barriers that prevent employees from expressing ideas, raising concerns, or suggesting improvements is crucial, as these barriers contribute to ESB. According to the spiral of silence theory [131], individuals may remain silent due to the unpopularity of their views or fear of social isolation [132]. While early research on organizational silence focused on justice mechanisms in the 1980s, attention to the role of administrative and organizational practices emerged only around 2000, highlighting the micro-level spiral of silence within workgroups and organizations [33, 52].

Prior research has shown that antecedents of workplace silence include administrative, cultural, individual, and group-related factors [133-135]. Consistent with this, our findings indicate that organizational factors significantly increase ESB. This may be attributed to the complexity of organizational systems, where interactions between employees and groups are influenced by climate and culture, shaping adaptive behaviors. Negative supervisory practices, such as abusive supervision or overemphasis on outcomes, deplete employee resources and foster defensive or acquiescent silence [133, 136]. Such management styles can also reduce perceptions of organizational justice, further exacerbating ESB [134]. Additionally, employees may feel hesitant to share ideas if they perceive that their contributions could disrupt organizational balance or contradict the majority's opinion, leading to social conformity and silence [137].

Cultural and structural factors also play a role. In certain organizational cultures, silence is viewed as a sign of respect due to strict hierarchical control, limited decision-making involvement, or perceived lack of recognition [21]. High power-distance environments and centralized decision-making discourage lower-level employees from speaking up, especially in politically charged or insecure workplaces [138, 139].

Importantly, this study highlights psychological empowerment as a mechanism to mitigate ESB. Results show that higher levels of psychological empowerment reduce employee silence. Empowered employees are more active, take initiative, and engage in organizational goal achievement [106]. Empowering leadership enhances intrinsic motivation, trust in management, and participation in decision-making, thereby lowering silence behaviors [98, 140, 141]. Psychological empowerment fosters constructive cognition, ethical awareness, and a sense of meaningful contribution, which diminishes acquiescent and defensive silence [142, 143]. Recognition of employees' abilities, achievements, and ethical treatment further supports psychological safety, strengthens engagement, and reduces silence behavior [144, 145].

Overall, the findings suggest that while organizational, structural, and cultural factors contribute to ESB, interventions that enhance psychological empowerment can effectively encourage employees to express ideas, share concerns, and participate actively, thereby fostering a more innovative and communicative work environment.

Conclusion

This study examined the factors contributing to employee silence behavior (ESB) and the tendency of individuals to engage in ESB within private-sector hospitals. The findings indicate that organizational factors significantly increase ESB ($\beta = 0.514$, $p < .001$), suggesting that when organizational practices and structures encourage silence, employees are more likely to withhold opinions and ideas. Conversely, psychological empowerment was found to significantly reduce ESB ($\beta = -0.366$, $p < .001$), confirming that employees who feel empowered are more willing to voice their thoughts and concerns. Thus, hypothesis H1 was supported, aligning with prior research highlighting organizational factors as primary drivers of silence in the workplace [4, 50, 146].

Regarding the moderating role of psychological empowerment, the results demonstrate that empowerment activities significantly mitigate the influence of organizational factors on ESB. Employees who perceive high levels of psychological empowerment are more motivated to share ideas, raise concerns, and discuss problems without fear of negative repercussions. Therefore, hypothesis H2 was also supported. These findings underscore the crucial role of managers, who, by providing empowerment, can create a supportive environment that encourages participation, reduces fear of punishment, and strengthens trust between employees and management [146, 147]. Psychological empowerment enhances employees' confidence in organizational processes and leadership, effectively breaking the cycle of silence within hospitals.

Managerial Implications

This research contributes to understanding the antecedents of ESB within the service sector, particularly in healthcare. The study highlights the importance of organizational factors as contributors to silence and emphasizes the moderating influence of psychological empowerment. Applying the insights of social exchange and justice theories, the findings suggest practical steps for managers to reduce ESB and encourage open communication.

In today's dynamic business environment, organizations require employees who actively participate, voice ideas, and take initiative to adapt to competition and changing customer expectations. However, employees often perceive speaking up as

risky, which threatens organizational innovation and adaptability. Administrative factors, such as managers' implicit beliefs about subordinates, lack of trust, or fear of negative feedback, are key barriers to upward communication and organizational voice.

To mitigate these barriers, hospital management should cultivate a safe and open communication climate that encourages employees to share suggestions and participate in problem-solving. Regular meetings to discuss workplace issues, collaborative decision-making, and continuous policy development to support flexibility and feedback mechanisms are essential. By fostering psychological empowerment and reducing structural or managerial obstacles, hospitals can enhance employee engagement, reduce ESB, and promote organizational growth and innovation.

Hospitals should prioritize fostering psychological empowerment among employees, as empowered staff are more likely to actively share ideas, engage deeply with their work, and participate meaningfully in decision-making processes. This sense of empowerment not only increases employees' willingness to speak up but also strengthens their commitment to organizational goals. Organizations are also encouraged to implement robust reward systems that recognize creative contributions, provide skill-building and professional development opportunities, and promote trust and open communication between management and staff.

Training programs that teach employees how to support colleagues' ideas, communicate assertively, and collaborate effectively are crucial for breaking the cycle of silence. Hospitals should also focus on establishing supportive organizational structures that dismantle the prevailing "culture of silence" and encourage open dialogue. Clear policies governing management-employee interactions are essential to reduce fear of abuse or retaliation from supervisors or peers, which is a significant driver of ESB. By addressing these psychological and structural barriers, organizations can rebuild trust and create an environment conducive to employee voice.

Limitations and Future Research

This study has several limitations that suggest directions for future research. First, its cross-sectional design restricts causal inferences; longitudinal studies across multiple countries would help determine whether the findings are consistent over time and in different cultural contexts. Second, the study focuses on private hospitals in a specific region of Jordan, which limits the generalizability of the results. Future research could explore the proposed model in other sectors, such as education, manufacturing, or banking, to assess its broader applicability.

Additionally, the study employs a quantitative, deductive approach, which does not capture in-depth insights into the mechanisms underlying ESB. Qualitative methods could provide a richer understanding of how organizational factors influence employee silence through psychological empowerment. Finally, future studies could investigate other potential moderators, such as job engagement or organizational commitment, or mediators, such as employee cynicism, to further explore the complex dynamics affecting ESB.

Acknowledgments: Rokaya Albdareen: contributed to the conceptualization, investigation, methodology, writing – original draft, project administration, supervision, and writing – review & editing. Nader Mohammad Aljawarneh: contributed to the formal analysis, investigation, methodology, software, writing – review & editing. Mohamad Noor Al-Jedaiah and Khaled Abdel Kader Alomari: contributed to the data curation, resources, and writing – review & editing. Ahmad Alrousan: contributed to the data curation, investigation, and validation. All authors: agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflict of interest: None

Financial support: None

Ethics statement: None

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