

Effectiveness of Work place Violence Management Training Program on Job Satisfaction among Staff Nurses

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Abstract

Background: Workplace violence is a serious phenomenon involving the health care settings, and presents challenges to management. The consequences can be devastating, since it affects nurses' morale, decreases job satisfaction and altered job performance. **The study aimed to** assess the effectiveness of workplace violence management training program on job satisfaction among staff nurses. **Design:** A quasi-experimental design was used. **Setting:** The study was conducted at Benha University Hospital. **Sample:** Included 158 staff nurses. **Tools of data collection:** Three tools were used for data collection: (1) Work place Violence Knowledge Questionnaire, (2) Staff Nurses' Performance Observational Checklist and (3) Job Satisfaction Questionnaire. **Results:** There was a statistically significant improvement in staff nurses knowledge and performance on their activities for prevention and managing violence against staff nurses after program intervention. Also, there was a statistically significant improvement on job satisfaction among staff nurses after program implementation. **Conclusion:** Implementation of training program for workplace violence management was associated with significant improvement in staff nurses' knowledge, performance about managing and preventing workplace violence against nurses and increase job satisfaction among nurses. **Recommendation:** Work place policies and procedures are needed that focus on security of the environment, reporting and surveillance, and education for all employees and managers on how to prevent and managing violence.

Keywords: *Job Satisfaction, Staff Nurses, Training program, Workplace Violence Management.*

Introduction

Violence at workplace toward health care professionals is gaining a momentum on the global level (Andy, 2020). The World Health Organization (WHO) defines workplace violence as incidents where nursing staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health (WHO, 2020).

This definition indicates that workplace violence can be physical, verbal, or psychological. Workplace includes all governmental and private health care settings such as hospitals, primary care services, community health provider settings, educational institutions, and clients' homes (Acquadro, 2019&Mentoet al., 2020).

Health care professionals are usually exposed to violence from patients, family members, peers and employers. Patients' relatives were reported to be the greatest source

of violence. Workplace violence in the health care sector may lead to poor quality of care, turnover and absenteeism of healthcare professionals, reducing health services available to the general public, unhealthy work environment, improper societal behaviors, increasing health costs, and deterioration of staff health which all lead to decrease their job satisfaction (*Odes et al., 2020*).

Violence in healthcare systems is one of the most common forms of workplace violence. The Emergency Nurses Association in The United states reported that workplace violence in the healthcare setting is 3.8 times higher than all private industry, and that the emergency department is a particularly vulnerable setting (*Emergency Nurses Association, 2018; Smith et al., 2020*).

As the front door to the hospital for many patients, especially those with the most emergent needs, the emergency department is where the violent encounter most often occurs. The emergency department is open at all hours and the nurse is usually the first healthcare provider encountered by the patient. The high rate of victimization among clinical nurses has not abated over time, and remains a key reason for losses from the workforce and an inability to attract new nurses (*Li et al., 2020 & Kwok et al., 2021*).

Workplace violence can be divided into physical violence (including hitting, shooting, kicking, slapping, pushing, biting, pinching, wounding using sharp objects, and sexual assault and rape) and psychological violence (including verbal abuse, threats and sexual harassment) (*Duna et al., 2019 & Grauet al., 2019*).

The consequences of workplace violence (WPV) can be devastating, not only in terms of the psychological trauma, but also from a professional perspective. The effects of lowered morale, decreased job satisfaction, and altered job performance may have greater implications for the organization with respect to staff turnover, staff retention, and quality of patient care (*Jakobsson, 2020 & Shi et al., 2020*).

Extensive studies have investigated the risk factors for WPV and national workplace violence prevention guidelines have been put in place. Despite concerted effort has been made in any national or local setting to examine the psychological impact of WPV on physicians and nurses, the association between the (presumably) negative psychological impact of WPV and physicians' and nurses' job satisfaction has yet to be measured in any satisfactorily comprehensive way. Job dissatisfaction stemming from WPV may lead to professionals' burnout, poor morale, increased likelihood to quit the job, diminished quality of care and increased psychiatric morbidity. Job satisfaction has also been found to be significantly correlated with depression in nurses (*Liu, 2020*).

Job satisfaction is defined as the degree to which individuals feel positive or negative about their jobs. It is a multidimensional response toward work and work place environment and improves positive energy and performance. It can be considered as a generalized feeling about the job or as a related constellation of attitudes about various aspects or facets of the job. Job satisfaction represents the extent to which personnel's demands and desires are met within the workplace (*Kobayashi et al., 2020 & Almato et al., 2020*).

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Job satisfaction depends on many factors, and nurses may be satisfied with one or more aspects of his /her career, but at the same time, may be unhappy with other elements. As per the motivator-hygiene theory by Herzberg, job satisfaction and dissatisfaction are not two opposite ends of the same spectrum but instead are two unrelated concepts (*Seo et al., 2019*).

Understandably, experiencing violence has a negative impact on job satisfaction and performance among nurses especially in emergency units of critical care units. Moreover, violence at hospitals can lead to shortage of health care workers and undermine the quality of health care services. As a consequence of experiencing abuse in the workplace, a nurse may decide to relocate within a facility to another health care facility, or may leave nursing altogether. This may result in significant additional costs to treatment centers and the community (*Liu, 2020*).

Significant of the study:

Workplace violence in the health care sector may lead to decrease job satisfaction, poor quality of care, turnover and absenteeism of healthcare professionals, reducing health services available to the general public, unhealthy work environment, improper societal behaviors, and increasing health costs. Workplace violence is a significant problem in the health care professions. The number of incidents has increased that have several effect on the organization and nurses such as turnover (*Eshah&Rayan, 2015*).

In Egyptian Studies (*Abd El- fatah, 2013& Ezzat, 2014*) Concluded that there were significant relationship between work place violence and nurses job satisfaction. Also, job safety and nurses' safety are correlates of a

healthy workplace, making the witnessing or experience of violence an undesirable potential in a place of work (*Grawitch et al., 2006*).

So, the present study was conducted in an attempt was done to assess examine the effectiveness of workplace violence management training program on job satisfaction among staff nurses at Benha University Hospital. it is hoped that this study will help in increase staff nurses' job satisfaction and decrease level of violence the hospital.

Aim of the Study

The present study aimed to assess the effectiveness of workplace violence management training program on job satisfaction among staff nurses.

Research Hypothesis

The application of workplace violence management training program will affected on staff nurses' knowledge and performance regarding the management and preventing of workplace violence and their job satisfaction.

Subjects and Method

Study design

A quasi-experimental study design with pre-test, immediate post-test and follow up (after 3 months) assessments was carried out in the study.

Setting:

The study was conducted in General Medical units, General surgical units and Emergency units at Benha University Hospital which consist of the three separated buildings Medical, Surgical and Emergency building. The total beds capacity for study setting was 594 beds disturbed as following; 281 beds at

surgical units, 274 beds at medical units and 20 beds at Emergency units. It includes 14 units, general Medical (6) units, general surgical (4) units and Emergency units (9) units.

Sample:

Simple random sample of staff nurses who working at the above mentioned setting included according to sample size equation.

N

$$n = \frac{N}{1 + N(e)^2}$$

N = total sample = 261 staff nurses

e = 0.05

n = Sample size = 158 staff nurses.

Tools of data collection:

The data for this study were collected using the following three tools:

Tool I: Workplace Violence Knowledge Questionnaire:

This tool was developed by the researcher based on related literature (*Obied, 2008; Ahmed, 2012; Alarby, 2014; Kowalenko et al., 2015*), to assess staff nurses' knowledge about workplace violence during different phases of program intervention. It was consisted of two parts:

- **Part I.** Included personal characteristics of staff nurses' as unit, age, sex, years of experience, educational qualification, attendance of training courses about violence management, and had been violence before).
- **Part II.** It was included different items related to workplace violence management and preventing. It consists of 42 questions inform of Multiple Choices Questions, True and False Questions, Matching Questions.

Scoring system:

Each question was granted one point for the correct answer, and zero for the wrong one. The total score for all questions was 42. Total scores were expressed as percentages. If the score was 60% or more it was considered adequate knowledge and inadequate if less than 60%

Tool II: Staff Nurses' Performance Observational Checklist

This tool was developed by researcher based on related literature (*Kamal, 2008 and Mostafa, 2017*). To assess staff nurses' performance on their activities for prevention and managing violence against nurses. Included 61 items which divided into two parts: **(Part I) Exercising the nurses prevention response regarding workplace violence** (29 items). **(Part II) Exercising the nurses management response regarding workplace violence** (32 items).

Scoring system:

Scores were allocated as follow: (1) done, (0) not done. The staff nurses who had a percent more than 60% this indicated satisfactory performance level, if less than 60% this indicated unsatisfactory performance level (*Mostafa, 2017*).

Tool III: Job Satisfaction Questionnaire:

It was developed by researcher based on related literature as (*Abd El fadil, 2002; Kiniki and Willims, 2005; Zeinhom, 2012; and Abd El-Fatah, 2013*). This tool aim to assess level of job satisfaction among staff nurses. The questionnaire consisted of 46 items and grouped under five dimensions as follows: 1) Work environment, 2) relation with supervisors, 3) relation with peers, 4) opportunities, 5) compensation

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Scoring system

The job satisfaction items were scored from 1 to 3 for the responses from 1- Dissatisfied, 2-Neutral and 3- Satisfied, " respectively. For each dimension, the score of the items were summed up and the total was divided by the number of items, giving a mean score for the part. A higher score mean more job satisfaction. These scores were converted into a percent score more than 75% this indicate high job satisfaction level, staff nurses who had the score from (60- 74%) indicate moderate level of satisfaction, and the staff nurses who had the score of less than (60%) this indicated low job satisfaction level (*Zeinhom, 2012*).

Tool Validity

These three tools were tested for validity (Face and Content) validity through distribution of the tool to a jury of five Experts on field of Nursing Administration and psychiatric consisting of (two Professor from Tanta University, two assist Professor from Banha University, and one assistant professor from Zagazig University). Modifications were done in the light of their valuable comments such as modify some words to give the most appropriate meaning for the phrase which were not clear.

Tool Reliability:

Reliability of the tools was tested for reliability to estimates the consistency of measurement. Reliability was done using Alpha Coefficient test. It was (0.893) for work place violence knowledge questionnaire, (0.837) for work place violence observational checklist, (0.877) for job satisfaction questionnaire.

Pilot Study

It was done during Augusts 2019. The pilot study was tested on 10% of the total subject: 16 nurses to evaluate the effectiveness of the proposed data collection tools, and assess the feasibility of the study. In addition to estimating the time required to fill the appendices that approximately ranged from 25 - 45 minutes. Included in the main study subject because there no modifications are required.

Field Work

The actual field work of the study lasted for eleven months from September 2019 to Augusts 2020. The study was conducted through the following phases:

Phase I (Assessment):

Started from September 2019 – October 2019. The data was collected by the researcher and observation checklist sheets of nurses' performance regarding prevention and managing workplace violence, Work place Violence Knowledge Questionnaire and job satisfaction Questionnaire sheet were distributed to studied sample as (pretest) before starting the program. At the morning by the researcher then post immediately and 3 month after the program. The time needed to complete each sheet ranged from 25-45 minutes.

Phase II (Program planning):

- The researcher started the preparation of the workplace violence program after reviewing the related literature.
- Detected needs were translated to development in-service education program. An in-service education program was developed based on determined needs

and relevant review of literature, then translated to Arabic language.

- Designed an educational program which includes objectives of the training, definition of workplace violence, types of workplace violence, causes of workplace violence, consequence of workplace violence, and the main elements of violence prevention and management program include (Management support, Worksite analysis, record keeping, Hazard prevention and control, evaluation and job satisfaction, scenarios about work place violence situations).

Phase III (Program implementation):

- Program targets were staff nurses working in the above mentioned setting during data collection period. It was aiming to prepare and develop workplace violence and job satisfaction. Different instructional strategies, method of teaching, media and method of evaluation were selected to suit the learner's needs, and achieve the objectives and contents of the program. The teaching sessions were (16) hours distributed as the following: (8) sessions, (2) hours for session, achieved by using available resources, relevant contents, and instructional strategies for each session. Different methods of teaching were used such as lecture, group discussion, and brain storming. Instructional media included, handout prepared by the
- During the period from July to Augustus (2020) the follow up of impact the in service education program was evaluated, using the same tools which were used before the program. And the data was analysis and the results interpreted, and clinical significance of finding evaluated

researcher and distributed to all nurses in the first day of the training. Handout about Work place violence for staff nurses.

- Conduction of the work place violence management program lasted along 3 months from November 2019 till January, 2020.
- The subjects were divided to (5) groups according to their departments, each group was nearly (30) nurses. The program took about (8) days. The duration of each session was two hours depending on workload and including periods of discussion according to their achievement, progress and feedback. The researcher visited the previously mentioned study settings 3 days/week .It started at (11.30) AM to (1.30) Pm. At the beginning of the each session an orientation to the training and its aims took place. Feedback was given at the beginning of each session about the previous one and at the end of each session about the current session.

Phase IV (Post program evaluation):

The researcher evaluated the effectiveness of workplace violence program on the staff nurses' knowledge, practice and job satisfaction level. At the end of the last session, a post-test was done immediately after training program implementation for all staff nurses of the sample. Phase V (Follow-up):

for comprehended discussion of the data analysis results of the study. Note, program follow up has been suspended for three months due to the COVID-19 pandemic.

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▪ Ethical Considerations:

The study was conducted with careful attention to ethical standards of research and rights of the participants. The respondent rights was protected by ensuring voluntary participation, so the informed consent was obtained by explaining purpose, nature time of conducting the study, potential benefits of the study and the respondent rights to withdrawing from the study at any time.

Statistical analysis:

Data were verified prior to entry into the computer. The Statistical Package for Social Sciences SPSS version (22.0) was used for that purpose, followed by data analysis and tabulation. Descriptive statistics were applied quantitative data (frequency and percentages). (χ^2) test was utilized to compare percentage between stud to compare mean scores between pre and post program. A significant level value was considered when $p \leq 0.05$ and a highly significant level value were considered when $p \leq 0.001$. The standard deviation: as a measure of dispersion of results around the mean (for quantitative variable). Paired t test was used

Results

Table (1): Shows that total number of staff nurses was (158) nurses; less than half of them (46.2%) working at emergency units. As regarding to age, one third of nurses age (33.5%) ranged from 25-30 years old. As far as their sex, (60.1%) of them were female, (81%) of them were married. In relation to their education (35.5%) had Bachelor degree in nursing. Majority of them (87.3%) not attended

training courses about violence management. Regarding years' experience, (32.3%) had from 5-10 years. However, about (74.7%) had been violence before.

Table (2): Shows that, was highly significant correlation between total knowledge and total performance post program this mean that when knowledge improved performance improved. Moreover, there was highly significant positive correlation between total performance and total job satisfaction this mean that when total performance improved job satisfaction improved. Also, there was highly significant positive correlation between total performance and total job satisfaction.

Figure (1): Clarifies that the highest percentage of nurses 81.6% had inadequate knowledge regarding work place violence at preprogram phases that improved to 96.2% and 70.9% adequate knowledge regarding workplace violence at immediate post and follow up program phases respectively

Figure (2): Displays that the highest percentage of nurses 93% had unsatisfactory performance at preprogram phases, that improved to 87.3% & 62% of them had satisfactory performance at immediate post and follow up program phases respectively.

Figure (3): Displays that the highest percentage of nurses 53.2% had high job satisfaction at the preprogram phases, that improved to 85.4% & 65.2% of them had high job satisfaction at immediate post and follow up program phases respectively.

Table (1): Personal characteristics of the studied staff nurses (n=158).

Personal characteristics		No	%
Workplace	Medical	40	25.3
	Emergency	73	46.2
	Surgical	45	28.5
Age	≤25 years	40	25.3
	25<30 years	53	33.5
	30<35 years	23	14.6
	≥ 35 years	42	26.6
Sex	Male	63	39.9
	Female	95	60.1
Years of experience	1-5 years	44	27.8
	5<10 years	51	32.3
	10<15 years	33	20.9
	≥ 15 years	30	19.0
Educational qualification	Diploma of nursing	33	20.9
	Diploma of technical institute	47	29.7
	Bachelor degree in nursing	56	35.5
	Post-graduation studies	22	13.9
Attendance of training courses about violence management	Yes	20	12.7
	No	138	87.3
Had been violence before	No	40	25.3
	Yes	118	74.7

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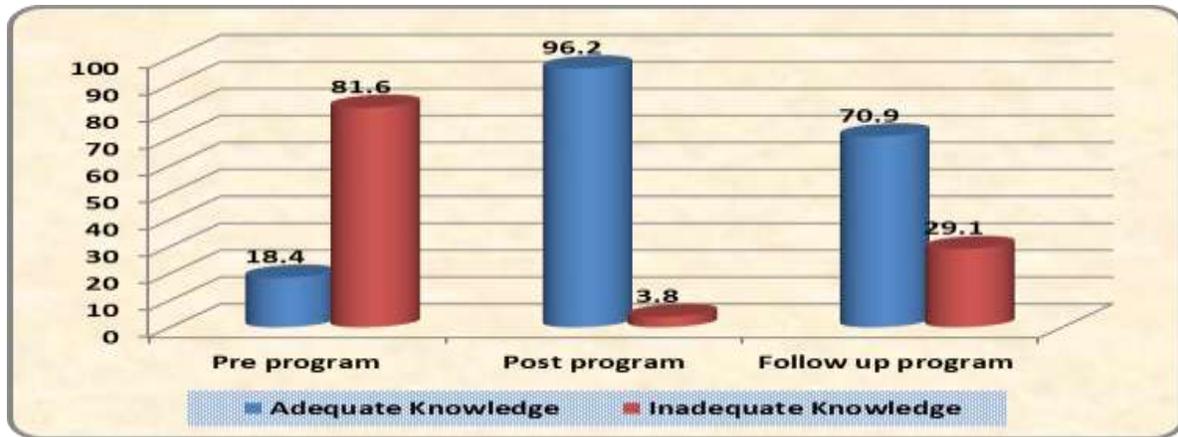


Figure (1): Level of staff nurses total knowledge about work place violence (Pre-post and follow up).



Figure (2): Level of staff nurses total performance about work place violence (Pre-post and follow up).



Figure (3): Level of staff nurses total job satisfaction about work place violence (Pre-post and follow up).

Table (2): Correlation matrix nurses` knowledge and their performance and job satisfaction. (post program).

Variables	Total knowledge		Total performance		Total job satisfaction	
	r	P	R	P	r	P
Total Knowledge	-	-	0.481	0.000**	0.193	0.000**
Total performance	0.481	0.000**	-	-	0.481	0.000**
Total job satisfaction	0.193	0.000**	0.242	0.000**	-	-

(* A statistical significant difference $P \leq 0.05$ **, A highly statistical significant difference $P \leq 0.001$)
 X2 & P Value Test

Discussion

Today, work is always hard for nurses and they are responsible for identifying, knowing and understanding the different type of expected hazards that could happen in their work place and proper intervention to avoid these kinds of risk is vital. Violence with its different type considers the major factor that could impact nurses' safety in their work setting (*Rashidian, 2021*).

Throughout the present study that total number of staff nurses was 158 nurses; less than half of them working at emergency units. As regarding to age, one third of nurses' age ranged from 25-30 years old. As far as their sex, less than two thirds of them were female, the majority of them were married. In relation to their education more than one third had Bachelor degree in nursing. Majority of them not attended training courses about violence management. Regarding years' experience, nearly one third had from 5-10 years. However, about three quarters had been violence before.

The Researcher hypothesized that there will be improvement of staff nurses total knowledge regarding work place violence after

developing effective workplace violence management program. The study hypothesis was accepted as; there were highly statistical significant improvement in staff nurses' total knowledge throughout the study period (Pre, post, and follow up). Staff nurses total knowledge post and follow up revealed highly statistical significant improvement in the total score of knowledge than pretest.

From researcher point of view the pre-program inadequacy could be due to negligence and lack of interest from staff nurses to acquire new knowledge and lack of attendance training programs. The highest improvements were related to management commitment and nurses' involvement and work place violence management session and control of workplace violence session was effective and confining which translated as positive interaction during the session. Meanwhile, after implementation of the program and feeding nursing personnel with knowledge regarding work place violence the findings of the present study there was a improvement in nursing personnel's total knowledge throughout the study period (post, and follow up). So, the program has succeeded in its objective.

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This finding was consistent with the study done by *El Shall, (2016)*, who conduct study about (Developing an effective workplace violence preventive program for nursing personnel: As a mean to reduce nursing turnover), found that a significant difference in nursing personnel's total knowledge post, and follow up program implementation. In the same line *Abd El Ghany, (2016)* who conduct study about (Effect of workplace violence preventive program training program on staff nurses' turnover), and found that a significant improvement in nursing personnel's total knowledge (post program, and follow up) than preprogram.

The study finding also supported by *Nassar, (2015)*, who has concluded that nursing staff's knowledge about occupational hazard which include work place violence has revealed high level of deficiency at pretest phase when comparing total score of knowledge of studied sample in pretest with posttest and follow up test's score, it was found that there was improvement in nursing staff's total score of knowledge at post and follow up test. Furthermore, these results were in congruence with *Bakeer, (2011)* who concluded that studied nurses' knowledge revealed a statistical improvement through posttest and follow-up test when compared to result of pre-test after application of self-learning package about work place violence.

This was in the same line with *Mohamed, (2016)* who conducted study about (The effect of orientation program on competency of newly graduated nurses at Mansoura New General Hospital), found that the newly graduated nurse's competency level scores increased in knowledge after program implementation.

This finding also an agreement with *Ostrom et al., (2008)* who conduct study about (The effectiveness of an aggression management training program. A three part training program was offered to voluntary participants. The program consisted of a variety of teaching methods). The results of the study showed improvement at knowledge and behavior related to aggression which included work place violence management post to the program.

Furthermore, this study finding was supported by *Atia et al., (2015)* who conduct study about (Work place sexual harassment against female nurses and occupational outcome), stated that the majority of studied nurses had in complete answer related to nurses awareness about concept work place violence post program implementation. This finding also confirmed with *Abdeen, (2014)* who study (The effect of training program about decision making on the knowledge and practice of four year nursing students in Egypt), and showed that all nursing students had low knowledge level regarding decision making before implementation of the program while, there were significant improvement in students' knowledge immediately post-program and after three months post-program relative to pre-program.

The present study showed that, there was highly statistical significant improvement and difference between mean & standard deviation assigned by staff nurses in relation to their total performance about work place violence throughout three phases of the program; pre, immediate post program, and follow up after three months. Also, demonstrated that there was significant improvement in staff nurses total performance about work place violence after

intervention immediately post program and follow up, and it was improved immediately post program and it slightly decreased in follow up after three months but still more than pre-program.

From researcher point of view might be explained by the fact that implementation of preventive and management program had improved nursing personnel performance regarding management violence. Therefore, the use of the training program in the present study has successfully influenced nurses' performance. This training program turned to be effective in increasing the level of staff nurses knowledge and performance about work place violence management.

This was in agreement with *El Shall, (2016)*, who found that a significant difference in nursing personnel's total practice throughout the study period (Post, and follow up). Nursing personnel's total practice post and follow up revealed a high significant improvement in the total score of practice than preprogram. In the same line *Abd ElGhany, (2016)* found that statistical significant improvement in staff nurses total performance about work place violence immediately post program and follow up than preprogram.

This finding was in agreement with *Nassar, (2015)* study who has concluded that nursing staffs performance about occupational hazard included work place violence has revealed high level of deficiency at pretest phase when comparing total score of performance of studied sample in pretest with posttest and follow up test's score, it was found that there was improvement in nursing staff's total score of performance at post and follow up test.

This finding was in agreement with *Nassar, (2015)* study who has concluded that

nursing staffs performance about occupational hazard included work place violence has revealed high level of deficiency at pretest phase when comparing total score of performance of studied sample in pretest with posttest and follow up test's score, it was found that there was improvement in nursing staff's total score of performance at post and follow up test.

Moreover, this study finding was supported with *El-Deeb, (2010)* study who has stated that there was positive effect and high improvement of subjects "knowledge and skills" after training program. Meanwhile, the study finding is confirmed with *Saffan, (2008)* who found that studies subjects' performance had improved after introducing education through develop program.

Moreover, this finding was in agreement with *Oostrom et al., (2008)* who showed improvement at behavior management related to aggression management post to the program. In the same line *El-Dahshan, (2005)* who concluded that slightly decline in studied nurses skills at follow up phases.

The study finding was in agreement with *Ellis, (2008)* who conducted study about (Developing program for managing the risk for aggression and workplace violence in the health care setting in Australia) Who stated that exposure of health care staff to aggression and violence in the workplace reduced through systematic and coordinated strategies that include education and training, risk assessment, management practices and the use of patient/visitor contracts and policy development. In the same line with *Emergency nurse association, (2011)* stated that a significant amount of workplace violence is preventable by using workplace violence

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prevention programs which include leadership's commitment and nurse's involvement.

According to the present study findings, there were highly statistical significant improvement and difference between mean & standard deviation assigned by staff nurses in relation to their total level job satisfaction at immediate post program, and follow up after three months than preprogram.

Also, demonstrated that there was significant improvement in staff nurses total level of job satisfaction about work environment after intervention immediately post program and follow up, the least mean score before intervention in the program and it was increased that represented immediately post program and it slightly decreased in follow up after three months but still more than pre-program.

From researcher point of view this result may be due to the program success in improving their knowledge and performance in managing violence and thus a positive impact on their job satisfaction. This because a calm and organized work environment management violence and improvement job satisfaction.

The study finding was supported with *El – Shahat, (2014)* found that highly significant improvement in total job satisfaction assigned by of staff nurses after implementation program. In the same line result was congruent with *Ganz & Toren, (2015)* who found that Chinese nurses were more dissatisfied than satisfied at preprogram, while all of staff nurses were satisfied immediate post and follow up.

This finding agreement with *Abd El Ghany, (2016)* Found that, relation between (levels and mean scores) of total predictors of staff nurses turnover during phases of program

intervention, the present study proved that, there was statistically significant improvement in level of job satisfaction and predictors of staff nurses turnover after program intervention, when the hospital administration identify the predictors of staff nurses turnover they will be attempt to solve this problem and create strategies to minimize these predictors and increase job satisfaction.

Present study shows that, was highly significant correlation between total knowledge and total performance post program this mean that when knowledge improved performance improved. Moreover, there was highly significant positive correlation between total performance and total job satisfaction this mean that when total performance improved job satisfaction improved. Also, there was highly significant positive correlation between total performance and total job satisfaction.

From researcher point of view this result may be due to the knowledge is basic for practice as improvement in performance may be due to their information that has been improved through the program. It was also noted that there is a marked improvement in job satisfaction after the program, and this indicated the success of the program and its impact on their performance.

According to the present study findings, the studied shown improvement of staff nurses knowledge and management reaction proactive regarding work place violence after developing effective workplace violence preventive and management program, and the job satisfaction rate is increase after developing effective workplace violence preventive and management program and that this study is one of very few to demonstrate the positive impact of this training program. This might be

explained that workplace violence decrease job satisfaction and when management violence by improving knowledge and performance it will lead to increase job satisfaction.

Moreover the study result revealed that there was correlation positive between staff nurses knowledge and practice. The study findings has revealed that improvement in nursing personnel knowledge showed higher percentage of good practice. This might be explained that knowledge is basic for practice.

In the same line *El shall, (2016)* the study result revealed that there was correlation positive between staff nurses knowledge and practice. The study findings has revealed that improvement in nursing personnel knowledge showed higher percentage of good practice. This finding was in agreement with *Nassar, (2015)* study who has stated that there was positive relationship between improvement of studied nursing staff performance and their knowledge about occupational hazards.

Study finding was supported by *Bakeer, (2011)* who stated there was relationship between improvement of studied nursing staff performance and their knowledge. Moreover, this study finding was in agreement with many studies *El Deeb (2008), and Bakeer (2011)*. They revealed that the studies' findings have revealed that studied nurses with adequate knowledge showed good practice. Meanwhile, this study finding was in agreement with *Blando et al., (2013)*. This study revealed that implementation of workplace violence prevention program would be observed through increased job satisfaction, a decrease in nurses' turnover, and an increase in nurses' retention. This result was in the same line with *Gad, (2013)* who conduct that study about the (Effect of work place violence on nurses job satisfaction and found that, workplace abuse

and violence in health care settings, particularly against nurses, is increasingly recognized as a problem of epidemic proportions, with negative implications for nurses' job satisfaction and ability to provide care effectively. Furthermore, *Henderson, (2014)* who conduct that study about nurses and workplace violence: Towards Effective Intervention. International Conference on Workplace Violence in the Health Sector and found that, satisfaction with work was inversely affected by exposure to violence, although the authors acknowledge that the relationship between cause and effect in unclear.

In addition, *Ezzat and Lashin, (2015)* in their study results confirms what concluded and reported an increased job dissatisfaction among nurses who experienced work violence. This finding also confirmed with *Samir et al., (2012)* Who conduct that study about (Nurses attitudes and reactions to workplace violence in obstetrics and gynecology departments in Cairo hospitals) and fond that, the majority of nurses (87.2%) who were exposed to violence believed that workplace violence had a negative effect of on their work and may lead to increased errors and decreased quality of care as well as decreased job satisfaction.

Conclusion

The present study concluded that the educational program about work place violence management succeeded in improving staff nurses knowledge and performance regarding the prevention and management work place violence and their job satisfaction. There was highly significant correlation between total knowledge and total performance post program this mean that when knowledge improved performance improved. Moreover, there was highly significant positive correlation between total performance and total job satisfaction this

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mean that when total performance improved job satisfaction improved. Also, there was highly significant positive correlation between total performance and total job satisfaction.

Recommendations

Hospital Administration:

- Periodical assessment of nursing staff work environment for early detection and reduction of work place violence.
- Maintaining continuous staff development activities for nurses to improve their attitude, knowledge and skills in order to prevent and management work place violence.
- Continuing educational department conduct continuous work shop for train staff nurses and provide facilities, media and resources needed, based on nurses skills, this is required to upgrade their efficiency and improve their skills.
- Workplace policies and procedures are needed that focus on the security of the environment, reporting and surveillance, and education for all employees and managers on how to prevent and manage violence.

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فاعلية برنامج تدريبي عن إدارة العنف في مكان العمل على الرضا الوظيفي للممرضين

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يعد العنف ضد الممرضين من المخاطر المهنية المعقدة والمستمرة التي تواجه مهنة التمريض. يمكن أن يكون لهذا العنف تأثير سلبي على الاحتفاظ بالممرضين والرضا الوظيفي. لذلك هدفت هذه الدراسة إلى تقييم فاعلية برنامج تدريبي عن إدارة العنف في مكان العمل على الرضا الوظيفي بين الممرضين. وقد أجريت الدراسة في أقسام الباطنة والجراحة العامة والطوارئ في مستشفى بنها الجامعي على (١٥٨) ممرض وممرضة. حيث كشفت النتائج عن ان هناك علاقة ذو دلالة إحصائية عالية بين المعلومات والأداء الكلي بعد البرنامج وهذا يعني أنه عندما تتحسن المعلومات يتحسن الأداء. علاوة على ذلك، كان هناك ارتباط إيجابي ذو دلالة إحصائية عالية بين الأداء الكلي والرضا الوظيفي الكلي، وهذا يعني أنه عندما يتحسن الأداء الكلي يتحسن الرضا الوظيفي. كما توجد علاقة ارتباط ذو دلالة إحصائية عالية بين الأداء الكلي والرضا الوظيفي الكلي. كما أوصت الدراسة بأن هناك حاجة إلى سياسات وإجراءات لمكان العمل التي تركز على أمن البيئة، والإبلاغ والمراقبة، والتعليم لجميع الموظفين والمديرين حول كيفية منع وإدارة العنف.