IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 5, Issue 6 Ver. I (Nov. - Dec. 2016), PP 36-44
www.iosrjournals.org

Effect of Workplace Violence prevention Training Program on Staff Nurses' Turnover

AsmaaMoustafaa Abdel-Ghany[1], WafaaFathi Seleem[2],
NeamatMouhamed El-Said [3]

[1](Assistant Lecturer of Nursing Administration, Faculty of Nursing,Mansoura University ,Egypt)
[2](Assist. Professor of nursing administration, Faculty of Nursing, Mansoura University, Egypt)
[3](Professor of Nursing administration, Faculty of Nursing, Damanhior University, Egypt)

Abstract
Background*.Workplace violence is a weighty problem in the health care careers. The number of occurrences has augmented that have numerousinfluences on the institute and nurses such as turnover. So, the study aimed to examine the effect of workplace violence prevention training program on staff nurses' turnover predictors.*
Subjects and Methods:*A quasi-experimental design was used and the study was conducted on 187staff nurses and 74 head nurses working at Mansoura Emergency Hospital, using three tools- knowledge questionnaire sheet,head nurses' perception on their activities for prevention and managing violence against nurse's sheet andturnover sheet.*
Results: *There were a statistically significant improvement on head nurses knowledge and perception on their activities for prevention and managing violence against nurses after program intervention. Also, there was a statistically significant improvement on identifying predictors of staff nurses turnover after program implementation.*
Conclusion: *Implementation of training program for workplace violence prevention was associated with significant improvement in head nurses' knowledge, perception about managing and preventing workplace violence against nurses and decrease the identifying predictor's of staff nurses turnover.*
Keywords: *staff nurses, turnover, workplace violence prevention.*

I. Introduction

Achieving the top standard of health is one of the necessary rights of every human being; it has to be attained without difference of race, religion, social condition or sex. This means that every human being has the right to living in an location with lowest health hazards and to have access to health services that can prevent or alleviate their suffering treat diseases and to promote good health through the individual life[1–2]

Workplace violence is a problem harassing health care settings and nurses who work in healthcarelocations [3-5].Workplace violence (WPV) is defined asany forceful action focused tosomeone that is at work or on obligation. These violent may be verbal violence such as abuses and bullying that has been linked to negative consequences including anxiety, depression and stress. Another form of (WPV) is physical violence such as being pushed, hit and having objects thrown at the nurse [6]**.** Physical violence can result in physical injuries or in extreme cases death of a worker [7].

Nurses are at danger for violence in the workplace because nursing is a profession that is known for often being short-staffed and having high pressure levels. This contributes to the violence between nurses and patients and their families. Violence committed to nurses from patients because of psychological illness of patients. Nurses also care for patient's families that can become very worried in a period where their family member is in the hospital. "Nurses provide care for patients and families those who are mentally or emotionally unbalanced and those who are violent offenders. Nurses must also interact with peers and other healthcare providers within the workplace who arouse fear and anxiety [8].

Workplace violence can result in shocking hardships for the person that is harmed. One may suffer from a bodilyharm or a psychosocial injury such as fear, anxiety or post-traumatic stress disorder. Many nurses may even use drugs or alcohol to handle with the problem. These feelings of fear and anxiety may affect the nursesdesire to return to work, which is expensive for her and the hospital because the unit is then short-staffed, which affects patient care and intention to leave (turnover intention) and absenteeism [9-10]. .

Turnover is a challenging issue that considers a major problem for nursing and health care organizations in terms of costs and the quality of patient care given [11].

Staff nurses' turnover is defined by [12-13]as the number of staff nurses who empty a position. This leave may be voluntary (the staff nurses choose to leave the organization), or involuntary (in which the vacation not under the staff nurses' control, but they are terminated by the hospital as in cases such as retirement, long –term sickness, death or disability.

Significant of the study

Workplace violence is a weighty problem in the hospitals. The number of incidents has increased that have numerousconsequences on the organization and nurses such as turnover [14]. Nurses' turnover poses a significant cost to organizations [15-16]**.** 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. But the experience of violence may have a direct link to burnout which leads to turnover [17]**.**

In the emergency hospital at Mansoura University workplace is characterized by violence because it is a highly stressful environment for both patient and nursing and no attempts were done to examine the impact of workplace violence prevention program on staff nurses' turnover at Mansoura University. So, it is hoped that this study will help in increase staff nurses' retention decrease level of violence in the hospital.

Aim of the study

The aim of this study was to examine the effect of workplace violence prevention training program on staff nurses' turnover at Mansoura Emergency Hospital.

Research hypothesis:-

Implementation of workplace violence prevention program will affect predictors of staff nurse's turnover.

II. Subjects and Methods

Research design:

It is a quasi-experimental design.

The research setting*:*

The study was conducted at Mansoura Emergency Hospital linkedto Mansoura University Hospitals that deliver care for life-threatening patient for 24 hours. Mansoura Emergency Hospital has 180 beds.

Subjects of the study:

All head nurses (n=74) and staff nurses (n=187) working at Mansoura Emergency Hospital and accessible at the time of data collection we included in the study.

Tools of data collection:

Data for the present study was collected by using three tools namely: knowledge questionnaire, head nurses' perception on their activities for prevention and managing violence against nurse's questionnaire and turnoverquestionnaire.

Tool I: - knowledge questionnaire sheet:-

This tool was developed by the researchers based on related literature [18-20]**,**to assess head nurses' knowledge about workplace violence prevention. It consists of 50 questions of a series of multiple choice, true and false questions, open questions, matching, and ranking. The domains of knowledge are questions covering workplace violence (n= 9 questions), workplace violence causes (n=11questions), management commitment and nurses involvement (n-11 questions), hazard prevention and control of workplace violence (n=9 questions) and safety training and education about workplace violence (n=10 questions).

Scoring system:-

According to cut of value 60% scoring system divided into two categories**;** inadequate knowledge (<60%) and adequate knowledge (≥ 6

Tool II : - Head nurses' perception on their activities for prevention and managing violence against nurse'squestionnaire sheet.

This tool was developed by [21]**,to** assess head nurses' perception on their activities for prevention and managing violence against nurses.

It consists of two parts:-

The first part*:* - Includes personal characteristics of the head nurses as name, unit, age, educationalqualification, years of experience, marital status.

The second part: includes 50 items grouped under 7 parts which are:-

- Activities related to assessment of work environment (12items)
- Activities related to organization of work (7items).
- Activities related to training and coaching for nurses (8items).

- Activities related to penalties (4 items).
- Activities related to supporting of workplace violence victims (5items).
- Activities related to maintain of high level nursing practice (12 items)
- Activities related to assess security men training to protect nurses in emergency hospital (2 items).

Each statement response will be measured on a five point likert scale that ranged from, all the time =5 to never=1.

Scoring system:

Scoring system divided into three categories, low perceptionscores <33.3%, moderate perception scores ranged from 33.3-66.7% and high perception scores >66.7%

Tool III: - Turnover questionnaire sheet:-

This tool was developed by [22],to assesspredictors of staff nurse's turnover**.**It consists of two parts*:*

The first part*:* - Includes personal characteristics of staff nurses as name, unit, age, educationalqualification, years of experience, marital status.

The second part: includes 44 items grouped under 8 parts which are pay (2 items), fringe benefits (8 items), work condition and policy (5 items), relationship with others (7items), supervision (12items), responsibility (2items), achievement (6items), and advancement (2items).

Each statement response will be measured on a five point likert scales that ranged from 1=poor to 5=excellent.

Scoring system

Accordingto [22],which includes: - low predictor 0%-49%,moderate predictor50%-75% and high predictor more than 75%?

III. Methods of data collection

- Authorizedconsent to implement the study was obtained from the manager of hospital at Mansoura Emergency hospital.
- Tools were converted by the researchers into Arabic, and verified for its content validity and relevance byfive experts in nursing administration from faculties of nursing, and accordingly the necessary change was done.
- Consistency of the three tools items was assessed using coefficient alpha. It was 0.89for (head nurse perception regarding managing and preventing violence) items while it was 0.97 for (turnover) items and 0.76 for knowledge questionnaire items.
- A pilot study was conducted on 10% of study sample head nurses (n=8) and staff nurses (n=19) to examine its simplicity and viability before using it. Accordingly, minor changes were done. All head nurses and staff nurses involved in the pilot study were excepted from the study sample later on.
- Plannedan educational intervention which includes objectives of the training, definition of workplace violence (WPV), typology of WPV, types of WPV, risk factors that cause assaults, warning signs of WPV, impact of WPV, and the main elements of violence prevention program include (Management commitment and nurses involvement, Worksite analysis, Hazard prevention and control, Training and education, Recordkeeping, and Evaluation).
- Before implementation of thetraining program. The data was collected by the researchers and the questionnaire sheets of head nurses perception regarding preventing and managing workplaceviolence, knowledge questionnaire sheet and staff nurse'sturnover sheet were distributed to studied sample as (pretest) before starting the program.at the morningby the researchers then post immediately and 3 month after the program. The time needed to complete each sheet ranged from 20-30minutes
- The program was implemented five times for five groups of head nurses according to theworkingplace of each group. The total allocated time for achieving the whole program to each group was 5 hours (5sessions × 1 hour) in addition to half hour practical part. Divided into five sessions in one week, 3 times per week and duration of every session was one hour.
- Dissimilartraining and learning methods were used during the meetings which included; collaborativelectures, group discussion, brain storming, work in small groups.
- Real field effort started at the beginning of May 2015 and finished at the middle ofJuly 2015. While, follow up phase started from middle of October till the end of November 2015in Manchester hall in the Emergency hospital.

Ethical consideration:-Before commencing the study, ethical approval was granted from the researchethics' committee in which the study took place. The researchers ensured that the correct procedures wereundertaken concerning informed consent, autonomy, anonymity and maintenance of the subjects ofconfidentiality.

Statistical design:

The collected data were prepared, tabularized and statistically analyzed using SPSS software for quantitative data, range, mean and standard deviation were calculated by (Statistical Package for the Social Sciences, version

16, SPSS Inc. Chicago, IL, USA). Comparison between two groups and more was done using Chi-square test (χ^2) for qualitative data. For comparison between more than two means of parametric data, F value of ANOVA test was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p<0.05$ for interpretation of results of tests of significance [23].

IV. Results

Table (1): Illustrates the personal characteristics of head nurses and staff nurse. The age of the head nurses ranged between 30-45 years, about 55, 4% of them (40-45) with mean 38.77±4.73. And the majority of them were married. While, the age staff nurses ranged between 23-40 years, about 61.5% of the staff nurses age from (35-40) with mean 34.42±4.91. The majority of them were married (89.3**%).**The majority of them were having nursing school diploma (91. 4**%).**

Table (2): shows, levels of knowledge about workplace violence prevention among the studied head nursesduring phases of program intervention. The table shows highly statistically significant improvement of heat nurses' knowledge in all sessions of workplace violence prevention program post program. Pre program it shows low percentage of adequate knowledge especially, workplace violence causes, management commitment and nurse's involvement and hazard prevention and control of workplace violence. On contrary, immediate after program and post program it noticed that high adequate knowledge in all session about workplace violence prevention program. Overall, the total adequate knowledge increased from (0%) before program to (67.1%) after the intervention.

Table (3): Levels and mean scores of total perception among the studied head nurses on their activities for prevention and managing violence against nursesduring phases of program intervention showed in table 3.It shows that statistically significant improvement in all items ofperception after program. The total perception levels moderate (68.9%) pre program and increased to (74.4%) immediate after program while after 3 months became (100%) moderate. According to total perception mean scores pre program mean score (135.96±7.28) increased immediate after program to (135.96±7.28) with slightly decreased to (154.46±6.16) after program but still highly than pre-program.

Table (4): presents correlation between levels of total knowledge and total perception levels among the studied head nurses during phases of program intervention Positive correlation between knowledge and levels of total perception of the head nurses immediate after program. While, there is negative correlation between knowledge and levels of total perception of the head nurses after program implementation.

Table (5):shows levels of predictors of staff nurses' turnover main items during phases of program intervention. It showed that, no statistically significant improvement in staff nurses' turnover predictors after 3 months of program except in items related to work condition and hospital policies, relations with others andadvancement there was highly statistically significant improvement after program. According to total predictors' there was statistically significant improvement in staff nurses' turnover predictors 3 months after program implementation

Table (6): shows relation between (levels and mean Scores) of total predictors of staff nurses' turnover during phases of program intervention. Total predictors levels before program low (84.0%) it decreased after program to (81.6%).while, total predictors mean scores before program (104.68±22.81) it increased to (110.50±23.43) after program.

Table (1): Personal characteristics of the studied sample.

Variables	**Headnurses (n=74)**		**Staff nurses (n=187)**	
	No	**%**	**No**	**%**
Age in years:				
23-	-	-	32	17.1
35-	-	-	40	21.4
35-40	-	-	115	61.5
30-	5	6.8	-	-
35-	28	37.8	-	-
40-45	41	55.4	-	-
Range	30-45		23-40	
Mean±SD	38.77±4.73		34.42±4.91	
Experience years:				
1-				
10-	-	-	16	8.6
20-<23	-	-	94	50.3

	-	-	77	41.2
9-	8	10.8	-	-
11-	58	78.4		
21-28	8	10.8		
Range	9-28		1-23	
Mean±SD	16.22±5.17		16.42±5.11	
Educational qualification				
- Nursing school	-	-	171	91.4
-Hightechnical nursing Institute	-	-	16	8.6
-Bachelor degree	74	100	-	-
Marital status				
Married	63	85.13	167	89.4
Single	11	14.8	16	8.6
Divorced	-	-	4	2.1
Unit				
Operative room	8	10.8	27	14.4
Special surgery	9	12.2	32	17.11
Blood vessels	9	12.2	4	2.1
Surgical ICU	8	10.8	24	12.8
Medical ICU	8	10.8	16	8.6
Cardiac ICU	8	10.8	16	8.4
Reception	8	10.8	44	23.5
Orthopedic	8	10.8	12	6.4
Neurosurgery	8	10.8	12	6.4

Table (2): Levels of knowledgeabout prevention of workplace violence among the studied head nurses during different phases of program intervention

Knowledge main session about workplace violence prevention								**F- value**	**P**
		Before program (n=74)		**Immediate after program (n=74)**		**3 months after program (n=73)**			
		N	**%**	**N**	**%**	**N**	**%**		
A-Workplace violence	Inadequate	50	67.6	0	0	26	35.6	74.938	0.0001*
	Adequate	24	32.4	74	100	47	64.4		
B-Workplace violence causes	Inadequate	74	100	0	0	24	32.9	155.726	0.0001*
	Adequate	0	0	74	100	49	67.1		
C-Management commitment and nurses involvement	Inadequate	74	100	0	0	15	20.5	171.453	0.0001*
	Adequate	0	0	74	100	58	79.5		
D-Hazard prevention and control of workplace violence	Inadequate	74	100	16	21.6	32	43.8	97.611	0.0001*
	Adequate	0	0	58	78.4	41	56.2		
E-Safety training and education about workplace violence	Inadequate	66	89.2	0	0	31	42.5	119.604	0.0001*
	Adequate	8	10.8	74	100	42	57.5		
Total knowledge	Inadequate	**74**	**100**	**0**	**0**	**24**	**32.9**	**155.726**	**0.0001***
	Adequate	**0**	**0**	**74**	**100**	**49**	**67.1**		

***Significant (P<0.05)**

Table (3): Levels and mean scores of total perception among the studied head nurses' activities for prevention and managing violence against nurses during different phases of program intervention

Total perception							**χ^2**	**P**
	Before program (n=74)		**Immediate after program (n=74)**		**3 months after program (n=73)**			
	N	**%**	**N**	**%**	**n**	**%**		
Total perception levels:								
Low	23	31.1	0	0	0	0	81.997	0.0001*
Moderate	51	68.9	58	78.4	73	100		
High	0	0	16	21.6	0	0		
Total perception mean scores:								

Range Mean±SD	118-143 135.96±7.28	161-183 135.96±7.28	141-160 154.46±6.16		
F value P	591.691 0.0001*				

***Significant (P<0.05)**

Table (4): Correlation between levels of total knowledge and total perception levels among the studied head nurses during different phases of program intervention.

Levels of total perception about prevention and managing violence.								
	Before program (n=74)		**Immediate after Program (n=74)**		**3 months after Program (n=73)**			
	Inadequate		**Adequate**		**Inadequate**		**Adequate**	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Levels of total perception:								
Low	23	31.1	0	0	24	32.9	0	0
Moderate	41	68.9	58	78.4	0	0	49	67.1
High	0	0	16	21.6	0	0	0	0
χ^2 **P**	- -		- -		73.000 0.0001*			
R **P**	0.086 0.468		0.528 0.0001*		-0.254 0.030*			

***Significant (P<0.05)**
r=Correlation Coefficient

Table (5): Levels of predictors of staff nurses' turnover during different phases of program intervention

Levels of predictors of staff nurses' turnover main items							**χ^2**	**P**
	Before program (n=187)		**Immediate after program (n=187)**		**3 months after program (n=185)**			
	N	**%**	**N**	**%**	**N**	**%**		
A-Pay:								
Not applicable	0	0	0	0	3	1.6	10.249	0.115
Low	174	93.0	174	93.0	171	92.4		
Moderate	9	4.8	9	4.8	11	5.9		
High	4	2.1	4	2.1	0	0		
B-Benefits:								
Not applicable	0	0	0	0	3	1.6	10.140	0.119
Low	177	94.7	177	94.7	177	95.7		
Moderate	6	3.2	6	3.2	5	2.7		
High	4	2.1	4	2.1	0	0		
C- Work condition and hospital policy's								
Low	165	88.2	165	88.2	134	72.4	25.958	0.0001*
Moderate	22	11.8	22	11.8	47	25.4		
High	0	0	0	0	4	2.2		
D- Relations with others								
Low	82	43.9	82	43.9	49	26.5	29.954	0.0001*
Moderate	70	37.4	70	37.4	64	34.6		
High	35	18.7	35	18.7	72	38.9		
E- Supervision								
Low	110	58.8	110	58.8	98	53.0	1.867	0.760
Moderate	60	32.1	60	32.1	66	35.7		
High	17	9.1	17	9.1	21	11.7		
F- Responsibility								
Low	16	8.6	16	8.6	26	14.1	4.617	0.329
Moderate	117	62.6	117	62.6	103	56.0		
High	54	28.9	54	28.9	55	29.9		
G- Staff development								
Not applicable	0	0	0	0	3	1.6	8.388	0.211
Low	167	89.3	167	89.3	160	86.5		
Moderate	16	8.6	16	8.6	14	7.6		
High	4	2.1	4	2.1	8	4.3		
H- Advancement								
Not applicable	4	2.1	4	2.1	3	1.6	13.274	0.039*
Low	144	77.0	144	77.0	154	83.2		

Moderate	35	18.7	35	18.7	17	9.2		
High	4	2.1	4	2.1	11	5.9		
Total predictors								
Low	**157**	**84.0**	**157**	**84.0**	**151**	**81.6**	**0.483**	**0.786**
Moderate	**30**	**16.0**	**30**	**16.0**	**34**	**18.4**		

***Significant (P<0.05)**

Table (6): Relation between levels and mean Scores of total predictors of staff nurses' turnover during different phases of program intervention**.**

Total predictors of staff nurses' turnover							χ^2	**P**
	Before program (n=187)		**Immediate after program (n=187)**		**3 months after program (n=185)**			
	N	**%**	**N**	**%**	**N**	**%**		
Total predictors levels:								
Low	157	84.0	157	84.0	151	81.6	0.483	0.786
Moderate	30	16.0	30	16.0	34	18.4		
Total predictors scores:								
Range (44-220) Mean±SD	64-150 104.68±22.81		64-150 104.68±22.81		56-164 110.50±23.43			
F- value P	4.006 0.019*							

***Significant (P<0.05)**

V. Discussion

Workplace violence is a severereproblemthreatening the nursing profession, as violence present in all work environment but nurses are on the front of the health care system and have the closest contact with patients and their relatives [24-25].

The present study aimed to investigate the impact of workplace violence prevention training program for head nurses in staff nurses' turnover through assessing head nurses' Knowledge about workplace violence, Identifying predictors for staff nurses' turnover and evaluate the efficiency of a planned program of (workplace violence prevention) on predictors for staff nurse's turnover.

The current study discovered that, the levels of head nurses' knowledge about workplace violence prevention are inadequate in pre-program. While, after program implementation there was improvement in levels of head nurses' knowledge it became adequate.

The pre-program inadequacy could be due to negligence and lack of interest from head nurses to acquire new knowledge and lack of attendance training programs.

The highest improvements were related to management commitment and nurses' involvement and hazard prevention session and control of workplace violence session was effective and confining which translated as positive interaction during the session. The findings are in congruence with [26]inTanta University**,** who found that after implementation of the specific educational program the overall knowledge of head nurses was significantly moved from unacceptable to acceptable level.

This is in the same line with [27]whoconducted study about the effect of orientation program on competency of newly graduated nurses at Mansoura New General Hospital, and found that the newly graduated nurse's competency level scores increased in knowledge after program implementation.

This finding also, in accordance with the findings of[28], 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 current study findings showed that there was a slight decrease in mean scores of head nurses knowledge at three months post-program compared to immediately post-program. This might be due to head nurses may forgotten some of the knowledge they gained during program implementation. This finding was consistent with a study done in University of Illinois by [29], and [30]**.** who found that a slight decrease in nurses' knowledge scores at three months post-program assessment was observed, compared to immediately post-program.

Regarding perception of the head nurses regard preventing and managing violence against nurses, the finding of the present study indicated that there was statistically significant improvement in total perception of the head nurses regard preventing and managing violence against nurses' post- program this improvement was certainly attributed to the effect of the intervention program, attendance of the program affect positively on head

nurses' knowledge regarding preventive strategies of workplace violence. This was parallel to [31]. 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.

[32]Stated that a significant amount of workplace violence is preventable by using workplace violence prevention programs which include leadership's commitment and nurse's involvement.

Also, the present study demonstrated positive correlation between total knowledge and total perception levels among studied head nurses immediately after program implementation while, after 3 months of program implementation there was negative correlation between total knowledge and total perception levels among studied head nurses may due to total knowledge after three months was decreased than immediately after program but still more than pre-program phase. This indicated that attendance of training program could have a positive impact on the head nurses. So, staff development should be continuing andaccumulative.

Conversely, this finding disagreed with a study [30], who found that no statistically significant relationship found between knowledge, practice throughout the program phases. .

Regarding predictors of staff nurse turnover results, in the present study, after implementation of the training program, there was statistically significant improvement in mean score of predictors of staff nurse turnover especially benefits, work condition and hospital policies, relation with others and supervision. On the contrary, no statistically significant improvement in pay, responsibility, staff development ,advancement these may be due to the nature of the Emergency Hospital and the fact of that each hospital has its rules, regulation and policies.

As regard the total score of predictors for turnover was low in Emergency hospital. This could be explained by the fact that each hospital has its rules and regulation, and may be staff nurses have commitment to their hospital and predictors of turnover may differ from person to person. This result on same line of, [22],who conducts a study about predictors for staff nurses' turnover in private and Main Mansoura University Hospital, and found that the total predictors was low in Main Mansoura University Hospital comparing to private hospital had high score.

Regarding 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 identifying 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..

This result in the same line of [33],who conduct study about relationships between workplace violence, burnout, and intent to leave in Emergency department, New Jersey and found that, open communication about the occurrence of violence and its effects lets nurses know that the organization is engaged in the problem resolution process based on the study findings, organizational leaders may decide to implement measures to mitigate workplace violence and to reduce employee burnout environments. Accordingly,[35]who examined psychiatric nurses' intention to leave their job in relation to their perceived risk of assault, their job satisfaction and their supervisory support and reported that, higher perceived risk of assault were significant predictors of nurses' intention to leave their jobthat measures designed to reduce perceived risk may be helpful in reducing staff turnover the first step in preventing staff turnover is to improve working conditions including, ensuring a safe working environment, increasing job satisfaction and training supervisors to support their staff.

VI. Conclusion

Implementation of training program for workplace violence prevention was associated withimprovement in head nurses' knowledge, perception about managing and preventing workplace violence against nurses and in decreased the identified predictor's of staff nurses turnover.

VII. Recommendations

Based on the results of the study the following recommendations are suggested:

- Emergent a workplace violence strategy for the organizations, which clarifies the process that should occur after workers, has been attacked.
- Adjust and maintenance zero-tolerance policies byhealth care administrations which identifyabuse in the workplace will not be accepted.
- Chief importance that dissimilar nursing educational location should show attention to clarify student about violence prevention, recognition and intervention services.

- Nursing staff should be calmed that reportintimidating behavior will not result in punishment and proper action will be taken to deal with assaults.
- Joiningthe nurse manager in workshops in order to acquire how to make an appropriate supervision and be a good leader.
- The nurse manager have to hold steady scheduled meeting with the nursing staff in order to open and maintain communication, encourage staff nurses for communicating their problems associated with work and be a good listener .
- Offering positioning programs to the new nursing graduates that serving in their shift from being students to be staff nurses.

References

[1]. Bessie. L., (2009):- Leadership roles and management functions in nursing. 6th ed. Philadelphia. Lippincott Williams&Wilikins.Pp491-492..
[2]. Carol J., (2009):- Leadership roles and management functions in nursing. 6th ed. Philadelphia.Lippincott Williams&Wilikins.Pp491-492.
[3]. Chen, L. H., (2008):- Injury in the United States: 2007 Chart book. Hyattsville, MD National ,center of Health Statistics.
[4]. Warner, M., (2008):- Injury in the United States: 2007 Chart book. Hyattsville, MD National Center of Health Statistics.
[5]. Fingerhut, L. A.(2008):- Injury in the United States: 2007 Chart book. Hyattsville, MD National Center of Health Statistics..
[6]. Lefevre. R., (2010):-Applying nursing process. A tool for critical thinking.7thed .Philadelphia.Lippincott Williams&Wilikins.Pp 240.
[7]. Jenkins, E. L. (2005). Societal cost of workplace homicides in the United States, American Journal of Industrial Medicine, 47, 518–527.
[8]. Norris, T. L. (2010). Lateral violence: Is nursing at risk? Tennessee Nurse 73(2)
[9]. Hegney, (2010).Workplace violence: Differences perceptions of nursing work between those exposed and those not exposed: A cross-sector analysis. International Journal of Nursing Practice 16, 188-202
[10]. Tuckett, A., Parker, D. &Eley, R. M. (2010).Workplace violence: Differences perceptions of nursing work between those exposed and those not exposed: A cross-sector analysis. International Journal of Nursing Practice 16, 188-202
[11]. Griffin.R., (2005):-Management .8thed.U.S.A: Houghton Mifflin com.p.512
[12]. Sullivan.J., (2005):- Effective leadership and management in nursing .6thed.U.S.A: pearson prentice Hall.p.312-316.
[13]. Deker.p., (2005):- Effective leadership and management in nursing .6thed.U.S.A: pearson prentice Hall.p.312-316.
[14]. RipponTJ., (2000). Aggression and violence in health care professions. Journal o f Advanced Nursing, 31, 452-460.
[15]. Maslach, C., (2008).Early predictors of job burnout and engagement. Canadian Journal of Behavioral Science, 37(4), 223-235.
[16]. Leiter M., (2008).Early predictors of job burnout and engagement. Canadian Journal of Behavioral Science, 37(4), 223-235.
[17]. Grawitch, M., Gottschalk, M., &Munz, D. (2006). The path to a healthy workplace: A critical review linking healthy workplace practices, employee well-being, and organizational improvements. Consulting Psychology Journal: Practice and Research, 58(3), 129-147.
[18]. Moye. M., (2010):- Nursing hostility: what causes horizontal violence between nurses and what steps can individuals take to bring it to an end. Advance for Nurses.
[19]. Khoshknab. M., (2013):- Workplace violence status, vulnerable and preventive factors among nurses working in psychiatric words' Health Prom Manag. 2(3):7-16.
[20]. Funning. M., (2014):- Zero-tolerance for bullying in the ED. The official the emergency nurses association. 38(2). Accessed in 11 december2014 from ProQuest database.
[21]. Kamal.H., (2008):- Nursing management of workplace violence against nurses at Tanta Emergency University Hospital, Unpublished master thesis, Faculty of nursing ,Tanta University.
[22]. Ahmed M., (2011): Predictors for staff nurses turnover in private and Main Mansoura University Hospital . Published master thesis, Faculty of Nursing, Mansoura University,Pp5.
[23]. Dawson B D (2001): Reading the medical literature: Basic & Clinical Biostatistics. Lange Medical Book/ McGraw – Hill. Medical Publication Division, New York. 3rd ed., Ch. 7-9, PP 161-218 and Ch. 13, PP 305-314.
[24]. Baltimore.J., (2006):- Nurse collegiality : Fact or Fiction. Nursing Management, 37(5), 28-36.
[25]. Samir. N., Mohamed, R., Moustafa, E., and Saif, H., (2012):- Nurses attitudes and reactions to workplace violence in obstetrics and gynecology department in Cairo hospitals. Eastern Mediterranean health journal, 18(3), 198-204.
[26]. Abdel-Fatah. R., (2008):- Risk management of common errors in administration of medication. Doctoral thesis,Faculty of Nursing, Tanta University. Pp 150-151.
[27]. Mohamed. Z., (2016):- Effect of orientation program on competency of newly graduated nurses, Doctoral thesis, Faculty of Nursing,Zagazig University. Pp. 134-135.
[28]. Abdeen ., (2014):-The effect of training program about decision making on the knowledge and practice of four year nursing students .Published Doctoral thesis, Faculty of Nursing, ZagazigUniversity,Pp 56.
[29]. Shanteau , (2010), teaches decision making skills to nursing students, Doctoral thesis, University of Illinois Pp 155-165.
[30]. Mohamed. Sh., (2015):- the effect of counseling intervention sessions for the mental health nurses on their reactions toward patients violent behavior. Doctoral Thesis, Faculty of Nursing, Zagazig University. Pp. 144-145
[31]. Ellis J., (2008): Nursing in today world trends,issues,&management, 9thed . Philadelphia. Lippincott Williams&Wilikins. The Journal of Primary Prevention.27(3) Pp 265-280.
[32]. Emergency nurse association.,(2011):- ENA Workplace Violence Management Toolkit.Violence in the emergency care setting. Retrieved in April, 2015.From http://www.ena.org.
[33]. Christensen. M., (2014):- Relationships between Workplace Violence, Burnout, and Intent to Leave in emergency department, Doctoral thesis,New Jersey, Walden University, Pp 230-231.
[34]. Unruh, L.,. (2010). The effect of work environment on intent to leave the nursing profession: a case study of bedside registered nurses in rural Florida. Health Services Management Research, 23, 185-192.
[35]. Fottler, M. (2010). The effect of work environment on intent to leave the nursing profession: a case study of bedside registered nurses in rural Florida. Health Services Management Research, 23, 185-192.