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Reletionship between Workplace Violence and Job Satisfaction among Nurses Working In Psychitric Setting

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Abstract

The aim of this study was to assess the impact of workplace violence on job satisfaction among nursing staff. A descriptive comparative design was utilized in this study. Samples of convenience of 600 psychiatric nurses were selected from the inpatient departments and outpatient clinic of EL-Abbassia Mental Health Hospital in Cairo. Socio-demographic / I- data sheet and causes of violence and types of aggression and violence scale, workplace re-currency of violence, job satisfaction scale and productivity were used to achieve the purpose of this study. A semi-structured interview was used to collect the data the studied sample. Findings of this study indicate that, psychological, sociocultural, environmental and interactional factors are the most frequent causes for violence and violence among psychiatric patients. The study has also outlined some individuals' psychological, sociocultural, environmental and interactional factors that may reflect the incidence of violence. All of these factors interact with job satisfaction and productivity a plan of action to reduce and prevent violence. There were highly statistically significant correlation between violence, job satisfaction and productivity among nurses. To conclude it is important also, encouraging staff nursing importance of incidence reports. Periodical in-service training programs should be designed and prevention for nursing staff in prediction and management of violent behaviors in psychiatric settings.

Key words: workplace violence, Causes, types and job satisfaction.

Introduction

Incidences of violence early in nurse's careers are particularly problematic as nurses can become disillusioned with their profession. Violence not only affects nurses perspectives of the profession, but it also undermines recruitment and relation effects, which in a time of a pervasive nursing shortage threatens patient care (Campbell, 2011).

Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers. Increasingly nurses are exposed to violence – primarily from patients, their families, and visitors. This violence can range from shouting and belligerence to stalking, beating stabbing, and shootings. Nurses also perceive and experience on the-job abuse from their supervisors and other health care workers this includes acts of intimidation, coercion,

harassment, bullying undermining, retaliation and other forms of assault (WHO and ICN, 2010).

The impact of (WPV) in regard to the victim, employer, community and society at large are significant and may include physical injury and negative psychological effects such as burnout and post-traumatic stress disorders. In addition, (WPV) can affect the nurse's job performance and in turn increase the costs to the organization. Direct costs of (WPV) relate to sick leave, resignation, staff turnover, recruitment difficulties, litigation, disability and death (Chapman, 2009). Workplace violence WPV in health care settings is of national and international concern with nurses being in the front-line of these dangerous situations (Chapman and Styles, 2006).

Job satisfaction defined as people's feelings about their job and the various dimensions of their job, harmony between personal and job characteristics, satisfaction or dissatisfaction with a job and individual perception level and emotional reaction to a job (Altuntas, 2014).

Job play an important role in human life and job satisfaction is an effective factor on individual work life, people must be satisfied with their jobs to be productive, successful and happy at work (Cam and Yildirim, 2010).

Significance of the Study:

Violence in healthcare settings is a pressing occupational problem for nurses and is one of the most complex and dangerous occupational hazards facing Psychiatric nursing staff. One of the problem is that staff does no report all work-related workplace violence incidence. Because of the lack of reporting mechanisms for workplace violence, data are scarce, necessitating the need for research that explores violence against Psychiatric nursing staff. However, there are otherwise few articles and documented data on the prevalence and forms of workplace violence toward nursing staff. In response, this study will highlight the problem of workplace violence against nurses and show the extent of the phenomena and contributing factors to work place violence and its impact on nurses' job satisfaction among nursing staff, which could provide some valuable information for the improvement of nurses' job satisfaction. It will help in raising organizational awareness about how to support and provide staff with education in order to deal with the problem and minimize the impact of increasing level of aggression in the workplace.

Nursing role

Workplace violence policy is to set forth the desire to create and maintain an environment free from disruptive, threatening and violent behavior (Ramos, 2006). A written program for job safety and security offers an effective approach to prevent workplace violence. Employers must communicate information about the prevention program to all employees. The programs should create and disseminate a clear policy of zero tolerance for workplace violence, verbal and nonverbal threat and related actions; ensure that managers, supervisors, coworkers, clients, patients and visitors know about this policy; ensure that no employee who reports or experience workplace violence faces, encourage employees to promptly report incidents and suggest was to reduce or eliminate risk (Thomas, 2003).

The nurse can be encourage the client to express his or her anger feelings verbally, suggesting that the client is still in control and can maintain that control use of clear, simple, short statements is helpful. The nurse should allow the client time to express him or herself. The nurse can suggest that the client go to a quiet area or may get assistance to move other clients to decrease stimulation. The nurses help the client to use relaxation techniques and look at ways to solve any

problem or conflict that may exist (Marder, 2006).

Aim of the Study:

The aim of the study is to assess the impact of workplace violence on job satisfaction and productivity among nursing working in psychiatric setting.

Materials and Methods

Research Question:

1- What is relationship between workplace violence and job satisfactions among nursing staff?

2- What is relationship between workplace violence and productivity among nursing staff?

Research Design: A descriptive correlational design was utilized in this study.

Setting: The study was carried out At El-Abbassia Mental Health Hospital (AMHH). It is the largest hospital of (5) mental health hospitals throughout Egypt affiliated to the ministry of health. The hospital provides care for patients diagnosed with acute and chronic mental illness that need institutional care. Annual average of (1800) patients are admitted to the inpatient department and (10.000) patients were followed up at outpatient's clinic.

Subject: All available psychiatric nurses total populating (860) nurses, selected from were (600)who attended at all departments in El-Abbassia Mental Health Hospital (AMHH) were recruited for the conduction of this study. Inclusion criteria were male and female nursing staff, which have more than one year of experience at place and agree to participate in this study.

Tools of Data Collection: To achieve the aim of the present study data was collected using three tools: socio-demographic data sheet, workplace violence & recurrence scale and job satisfaction scale.

Personnel characteristic /experience data sheet

It includes age, sex, educational level and social status. Also it includes, years of experience, shifts and place of work.

1. **Work place Violence Scale:** The scale consists of two parts, the first part used to measure types and causative factors of violence as perceived by nurses. The scale was developed by (Ibrahim Mohamed E, 2009). The second part was developed by the investigator and used to measure recurrence, consequence of exposure to violence and hospital management. The first subscale consists of (37 items) used to measure causative factors of violence among mentally ill patients and is divided into four categories: a) Psychological factorsview that violence is presumably due to the belief that aggressive patients were in less control of reality, emotions, behavior and the symptoms associated with violence rather than diagnosis (6 items). b) Sociocultural factors: Explain violence behavior learned from exposure to violence models (6 items). c) Environmental factors: Highlight the impact of environmental factors upon the incidence of patient violence (7 items) and d) Interactional factors: Imply the impact of combined factors that have a negative influence on staff-patient relationships (18 items).

The second subscale consists of (16) items and used to measure the nature of violent behavior among mentally ill patients. This subscale is divided into four categories a) Verbal violent: Presenting severity of verbal violence (4 items). b) Physical violence against objects: Presenting severity of physical violence against properties (4 items). c) Physical violence against self:

Presenting all physical activities against one's self according to its severity (4 items), and d) Physical violence against others: Presenting physical and violent behavior which the patient displays against others according to its severity (4 items).

Response were measured on three points likert score ranged from (1) disagree to (3) strongly agree. The high score indicates high level of violence. The level of violence was considered high if the score (126-159), average, if the score (90-125) and low if the score (53-89).

2. **Job Satisfaction Scale:** The scale was developed by the investigator after reviewing the related literature. It consists of (11) items and used to measure job satisfaction among nurses. It includes items related to cooperation at work, effect of violence and nurses' safety …el.

Response were measured on three points likert score ranged from (1) disagree to (3) strongly agree. The high score indicates high level of job satisfaction. The level of job satisfaction was considered high if the score (28-33), average, if the score (19-27) and low if the score (11-18).

3. Work Productivity Scale: The scale was developed by (Gillespie, Gates and Succop, 2010) and used to measure the change in work productivity following stressful events such as workplace violence (WPV) or trauma patient care. The scale consists of (30) items divided into five subscales.

The first subscale, cognitive demands subscale consists of (5 items), reflect the nurses ability to focus, think clearly, concentrate and attentive to their nursing practice.

The second subscale, time manage scale consists of (4 items), measure the ability of nurses to work at their normal pace, complete their patient care on time and finish documentation on timely manner.

The third subscale is communications with coworkers scale consists of (6 items), these subscales are focused on answering questions, coordinate care and collaborate with other staff.

The fourth subscale is providing compassionate care consists of (7 items), it focused on emotional support for patients and family, demonstrating empathy and answering questions.

The fifth subscale, providing safe care consists of (8 items), this subscale are focused on assessment, intervention and evaluation. Items are also focused on safety processes when providing therapeutic interventions and documenting the patient's medical record.

Responses were measured on three points likert score ranged from disagree to strongly agree. The high score indicates high level of work productivity. Figure (7) the work productivity was considered high if the score (72- 90), average, if the score (51-71) and low if the score (30-50).

Tool Validityand Reliability: The tools reliability was tested in the current study and the results revealed that, as for the violence scale the Cornbach's Alpha coefficient = (.90) which indicates high reliability of the scale. Regarding the productivity scale, Cornbach's Alpha coefficient = (.60) which means that the reliability of this scale is in the acceptable level, however, the reliability of the job satisfaction scale was = (.87) which is good level, in addition, the Cornbach's Alpha coefficient of the violence recurrence scale = (.75) which is a good level of reliability.

Pilot Study: A pilot study was carried out on (10%) of the sample from were total nurses (860) conducted at the beginning of the study. The designed tools were tested on

those subjects, who fulfilled the inclusion criteria. The main purposes of the pilot study were to test the applicability and relevance of the tools, to test the wording of the questions and the order in which they are presented to maintain consistency, to estimate the time needed to complete the tools, and to find out any problems that might interfere with the process of data collection. The pilot study revealed that some questions need to be omitted, and few were added. The average time needed to complete the tools ranged from 30 to 45 minutes, depending upon the degree of understanding and responses of the respondent. Subjects who shared in the pilot study were excluded from the study sample.

Ethical Considerations:

A primary approval to conduct the current study was obtained from the ethical committee and research, faculty of nursing, Cairo University at (Appendix).

In order to gain access to the nursing staff' of El-Abbassia Mental Health Hospital ethics committee approval was obtained (Appendix).

Final approval was obtained from the ethical committee and research, faculty of nursing, Cairo University at (Appendix).

All subjects (nurses) were informed that participation in the current study is voluntary, no names were included in the questionnaire sheet and anonymity and confidentiality of each participant was protected by the allocation of a code number for each response to the questionnaire. Written consent was obtained from the nurses. Confidentiality was assured and subjects were informed that the content of the tool will be used for the research purposes only.

Statistical Analysis: Data were analyzed using SPSS windows statistical package for social science version 21. Frequency and percentage were used for numerical data as well as mean ± standard deviation, minimum and maximum. For finding the differences between categorical data, nonparametric Chi-square (X2) test was used. In addition, correlation coefficient was used to describe association between variables in the same group. Correlation coefficient (r) of 0.5 was considered fair correlation, if more than 0.5 to 0.75, it was considered good correlation, and if more than 0.75, then it were considered as very good correlation. Probability (p-value) less than 0.05 was considered significant and less than 0.001 considered as highly significant.

Limitations of the Study

1- The investigator faced many difficulties in assembling health statistics related to violence and aggression among psychiatric workplace in Egypt. They were difficult to be collected because the constraints of the administrative procedures and under reporting of aggression and violence attacks in mental health setting.

2- Dealing with nurses is stressful, fear and risky form patient agitation, verbal and physical abuse because the patient may become aggressive at any time in department.

Results:

Part (I): Socio- demographic characteristics of the studied nurses. Table (1) reveals that, the studied sample consisted of 600 nurses with a mean age of (33.86±8.67), slightly more than three quarter (78%) were aged between 20 to 40 years. As regards gender, (50.2%) of the studied nurses were female. The table also shows that (55.2%, 30.8%, 7.3% and 6.7%) of the studied nurses were single, divorced, married and widow respectively.

Reveals that (33%, 31.5%, 20% and 15.5%) of the studied nurses have technical nursing institute, nursing school diploma, diploma in psychiatric nursing and bachelor

degree in nursing respectively. As regards year of experience the table also indicates that (93.2%, 5.7% and 1.2%) of the studied nurses have more than three years, two years and one years of experience respectively.

Figure (2) reveals that (4%, 43% and 53%) of the studied nurses reported that they exposed to low, average and high levels of violence respectively.

Table (3) reveals that there are statistically significant relations between violence. However, there are no statistical significant relations between gender and job satisfaction and productivity.

Table (4) reveals that there are statistically significant relation between violence and age. However, there are no statistical significant relations between age and job satisfaction and productivity..

Table (5) reveals that there are statistically significant relation between violence and educational levels. However, there are no statistical significant relation between educational levels and job satisfaction and productivity..

Table (6) reveals that statistically significant relation between and marital status where (F= 4.05 at P= 00.7), also there are statistical significant relation between violence and marital status where (F=5.44 at P= 0.001).However, there is no statistically significant relation between job satisfaction and productivity.

Table (7) reveals that there are no statistically significant relations between levels of experience and job satisfaction, productivity and violence as perceived by the studied nurse.

Table (8) reveals that there are no statistically significant relations between shifts and job satisfaction and violence as perceived by the studied nurses.

Table (9) reveals that there's highly statistically significant correlation between violence and job satisfaction where (R= .234, .281 at P= 000) respectively.

Table (10) reveals that, there are statistically significant correlation were found between psychological causes, environmental causes and interactive causes of job satisfaction and statistically significant correlation were found between environmental causes and interactive causes of recurrence of violence where r = (.115, - .160, - .170, - .144 and .266 = .005).

Table (11) reveals that, there are statistically significant correlation were found between job satisfaction, recurrence of violence and verbal aggression, physical aggression toward things, physical aggression toward self and physical aggression toward others where r = (.105, - .081, -.145, -.167,- . 168,- .199,- . 166 and .206= .005).

Table (1) Frequency distribution of the studied nurses according to socio demographic characteristics (n=600)

Socio- demographic characteristics	No	%
1.Age (in years)		
>20 -	236	39.3
>30 -	234	39.0
>40 years	130	21.7
M±SD 33.86±8.67		
2.Gender		
Male	299	49.8
Female	301	50.2
3.Marital status		
Single	331	55.2
Married	44	7.3
Divorced	185	30.8
Widow	40	6.7
4.Experience		
>One year	7	1.2
>Two years	34	5.7
> Three years	559	93.1
5.Education		
Nursing school diploma	189	31.5
Diploma in psychiatric nursing	120	20.0
Technical nursing institute	198	33.0
Bachelor in nursing	93	15.5

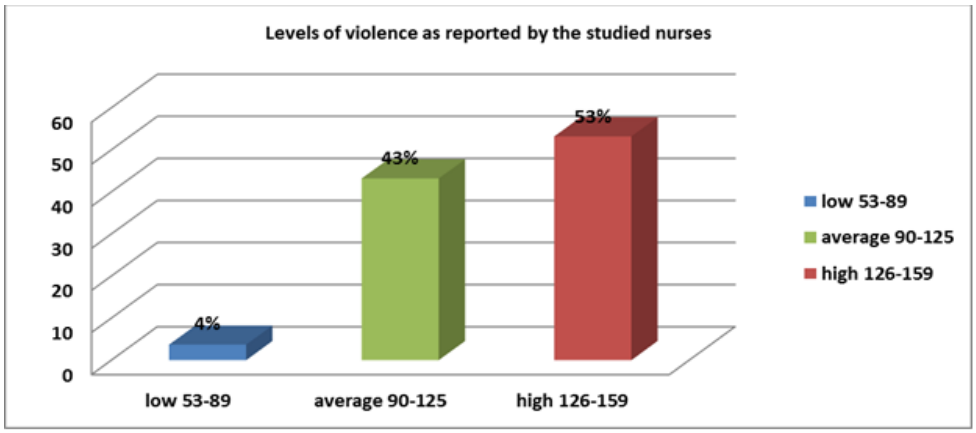

Table (3) Relationships between gender and job satisfaction violence among the studied nurses (n=600)

Gender			T	P
Variables	Male	Female		
	M ±SD	M ±SD		
Job satisfaction	4.34 ±26.01	4.79 ±25. 54	1.254	.210
Productivity	7.77 ±47.49	6.45 ±46.17	2.271	.024*
Violence	16.08 ±123.86	15.20 ±122.34	1.187	.236

*significant < 0.05

Table (4) Relationships between age and job satisfaction and violenceamong the studied nurses (n=600)

		Age			
Variables	20- 30years	31-40years	> 40years	F	P
	M ±SD	M ±SD	M ±SD		
Job satisfaction	25.61± 4.65	25.91±4.65	25.81 ± 4.33	.258	.773
Productivity	45.76 ± 6.58	47.29 ±7.08	47.94 ±8.07	4.74	.009*
Violence	121.88 ±16.19	122.81 ±15.66	125.85 ±14.38	2.78	.063

*significant < 0.05

Table (5) Relationships between educational level and job satisfaction, productivity and violence as perceived by the studied nurses (n=600)

Educational levels						
Variables	Post-graduate diploma	Specialist diploma	Technical nursing institute	Bachelor	F	P
	M ±SD	M ±SD	M ±SD	M ±SD		
Job satisfaction	25.87 ±4.64	25.92±4.52	23.85 ±4.38	22	2.43	.064
Productivity	46.56 ±8.53	47.04 ±6.16	46.68 ±6.35	44	.256	.857
Violence	120.93±17.63	125.60±13.70	113.14±13.27	139	9.80	.000*

*significant < 0.05

Table (6) Relationships between marital status and job satisfaction and violence as perceived by the studied nurses (n=600)

		Marital status				
Variables					F	P
	Single	Married	Divorce	Widow		
	SD±M	SD±M	SD±M	SD±M		
Job satisfaction	4.56±25.67	5.63±24.70	4.37±26.32	4.13±25.17	1.99	.114
Productivity	7.76±47.38	7.02±46.34	5.46±45.50	48.95 8.24	4.05	007*
Violence	15.56±123.25	19.20±115.04	8.24±48.95	8.24±48.95	5.44	.001*

*significant < 0.05

Table (7) Relationships between level of experience and job satisfaction and violence as perceived by the studied nurses (n=600)

Variables	Levels of Experience			F	P
	1 years	2 years	3 and more		
	SD±M	SD±M	SD±M		
Job satisfaction	4.29±24.85	4.59±25.88	4.59±25.78	.150	.861
Productivity	5.25±46.57	6.38±44.73	7.22±46.96	1.55	.212
Violence	14.70±110	18.54±122.3	15 .43±123.3	2.55	.079

*significant < 0.05

Table (8) Relationships between shift and job satisfaction and violence as perceived by the studied nurses (n=600)

Variables	Shift					
	Morning	Afternoon	All shift	Night	F	P
	M ±SD	M ±SD	M ±SD	M ±SD		
Job satisfaction	25.81 ±4.51	26.18 ±4.55	25.18 ± 4.62	25.87±4.64	.948	.417
Violence	124.6±15.91	125.14±15.08	121.66±16.02	121.30±15.29	2.38	.068

Table (9) Correlation matrix among job satisfaction and violenceas perceived by the studied nurses (n=600)

Variables			Job satisfaction	
	R	P	R	P
Violence	.059	.151	.234	.000**

**highly significant <0.01

Table (10) correlation matrix between causes of violence subscales, job satisfaction and recurrence of violence

		Violence	Job satisfaction	Recurrence of violence
1.Psychological causes	R	.464**	.115**	-.022
2.Social/cultural causes	R	.476**	.071	.066
3.Environmental causes	R	.528**	.160**	.144**
4.Interactive causes	R	.763**	.170**	.266**

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table (11) correlation matrix between types of aggression subscales, job satisfaction and recurrence of violence

		Job Satisfaction	Recurrence of Violence
1-Verbal aggression	R	.105**	.081*
2-Physical aggression toward things	R	.145**	.167**
3-Physical aggression toward self	R	.168**	.199**
4-Physical aggression toward others	R	.166**	.206**

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Discussion

Workplace violence against health care workers is a common and widespread phenomenon. workplace violence where staffs are abused, threatened, or assaulted in circumstances related to their work and while commuting to and from work, involved explicit or implicit challenges to their safety, well-being, or health. This study only focused on the workplace violence toward nurses. Violence in the healthcare sector can normally result in adverse effects on healthcare workers, patients, and the efficiency and effectiveness of the health systems. It includes direct costs, such as illness, disability, death, lost work days, staff shortage, and loss of property; and indirect costs, such as increased occupation stress and security costs, decreased motivation and job satisfaction, reduced work performance, poor patient care quality, recruitment issues, and lower creativity levels (Jackson and Ashley, 2006).

The lack of clear anti-violence policies, poor security and uncontrolled movement of the public at hospitals were also suggested to contribute to patient's violent attitudes and behaviors. Poor or inadequate allocation of staff, high attrition rates among experienced nurses, as well as high workload and lack of training are also influential organizational factors (Moustafa and Gewaifel, 2013; Lipscomb and El Ghaziri, 2013).

Their fore, the aim of the present study was to assess the impact of workplace violence on job satisfaction and productivity among nursing staff at EL-Abbassia Mental Health Hospital in Cairo.

1- Socio-demographic characteristics of the studied nurses.

Results of the current study revealed that seventy eight percent of the studies nurses aged between twenty to forty years. This result indicates that the younger less experienced nurses working with violent patient. This could be due to that the younger nurses have less experience in how to deal effectively with violence and aggressive

patients. Also, they didn't know how to interact with them and how to minimize personal and environmental factors that stimulate them.

These results are in agreement with, (Hahn and Hantikainen, 2012) in Australia, who studied Patient and visitor violence in the general hospital the younger employees run a higher risk of being affected by physical violence than older colleagues. In contrast to these finding, (Hegney et al, 2010)in Queensland, who studied workplace violence differences in perceptions of nursing found that no statistically significant differences in reported workplace violence with age. (Zamperion et al, 2010) inItalian, who studied Perceived aggression towards nurses also, found that no association between age and the risk of aggression. In addition, the current study supported by, (Hahn, 2012) in Australia, who studiedPatient and visitor violence in the general hospital the younger employees run a higher risk of being affected by physical violence than older colleagues.

In the same line, (Algwaiz and Alghanim, 2012) in Saudi, who studied violence exposure among health care professionals the age was a risk factor for workplace violence in general hospitals they indicated that respondents 35 years or younger experienced higher levels of physical violence in hospitals. Their increased risk may be because they have little work experience. Also other result opposed by, (El-Gilany AH, El-Wehady, 2010) in Al-Hassa Saudi, who studied violence against primary health care workers the physical violence was mainly initiated by patients' relatives, followed by the patients themselves. The reason for this could be the closeness of their relationship. The results indicated that male perpetrators aged between twenty and forty years, and perpetrators suffering disease progression from patients appeared more likely of aggressive, patients experiencing disease progression may have difficulty accepting their reality, which may trigger aggressive behavior.

As regards gender results of the current study revealed that fifty percent of the studied nurses were female. This result in agreement with, (Zampieron, 2010) in Italian, who studied Perceived aggression towards nurses the nurses had experienced aggression in the previous year, and this happened more often to female nurses (52%) working in emergency care units and in geriatric and psychiatric units.

As regards years of experience of violence as perceived by the studied nurses, results of the current study revealed that ninety three more percent have than three years level of experience. This result indicates that thenursing age between twenty to twenty five important considerations are that, psychiatric health care facilities tend to use less or non-experienced personal for most patients care duties. These groups of nurses have a high incidence of authorial and inflexible styles of working with people who are mentally ill, which increase the like hood of provocation because of personality styles.

These results are in agreement with, (Tang, Chen, Zhang and Wang, 2007) in Taiwan who studied violence towards nursing staff the nurses who had less than six years of service had more odds of experiencing workplace violence than nurses who served sixteen or more years. The reason for this could be due to the fact that nurses with shorter service years had less experience in dealing or preventing various types of clashes and could not dissolve the possibility of an abuse incident promptly, so they experienced more counts of verbal and physical abuse.

As regards psychological causes of violence as perceived by the studied nurses, results of the current study revealed that they strongly agree that, low tolerance of frustration, panic from patient hallucination/delusion/paranoid ideations and

inability to express angry in health way are the main psychological causes of violence. These results indicate that patient with psychosis is at high risk for aggression and violence. He/she may reported to delusions of persecution by relating against the presumed source of obey command hallucinations that order him to act violently.

In the same cases, the patient may be so disorganized that his violence relates to purposeless, excited motor activity. A manic patient can became violent if nurses deny or ignore his demands. These results are in agreement with (Scott and Resinick, 2006) highlighted that such individuals may be impulsive, hostile, seek stimulation, and have a low tolerance of frustration, criticism, show antisocial behaviors, reckless driving, and possess a sense of entitlement and superficiality.

The current study results in agreement with, (Findorff, McGovern, Wall, Gerberich, & Alexander, 2004; Gerberich et al., 2004).In Minnesota who studiedoccupational environmental medicine Violence in the health care setting affects the employee, employer and patients due to physical injury, disability, chronic pain, and muscle tension, employees who experience violence suffer psychological problems such as loss of sleep, nightmares, and flashbacks. Health care workers are assaulted experience short term and long-term emotional reactions, including anger, sadness, frustration, anxiety, irritability, apathy, self-blame, and helplessness (Gillespie, Gates, Miller, & Howard, 2010)in pediatric emergency department who studied Violence against health care workers.

The reason for this could be due to negative influence of violence and aggression on the psychological and physical well-being of the affected person, as well as on job satisfaction and quality of care. The consequences are emotions such as anger and anxiety, as well as psychological disorders such as burnout. These results are consistent with, those of (Bracco, F., Gianatti, (2008)In E. Hollnagel who stated that, positive psychotic symptoms can directly influence aggressive behavior, also aggression appeared hallucination and delusion.

Results of current study revealed that the main social/culture causes of violent family interaction the violent person can take his right, constant guards between family members, isolation and poverty. These results could be due to exposure to aggression and violence as a part of family life may also be a significantly influential factor, children are treated with violence may view violence as a normal may to deal with other. The cycle of family violence continues when children learned to use their only coping mechanism instead of more socially acceptable ones.

In the same line, (Stuart and laroia, 2005) in New York State who studied organizational behavior mentioned that, culture norms help define acceptable and stress on the influence of rate, culture, economic and environmental factors or violent behavior. (Ramadan, 2007) in Indonesia who studied organizational commitment of employees added that, other social determinants of violence are linked in a cycle and include the following, poverty and inability to have necessary of life, disruption of marriage, unemployment of life and difficulty in maintaining interpersonal ties.

Results of current study revealed that the main causes of environmental violence are lack of patient privacy, restrictive environment, lack of patients influence in his/her treatment plan, unit rules, locked ward and not explain medical and therapeutic procedures are the main causes of environmental violence. These results could be due to violence behavior is more likely to occur in a poorly structured milieu with undefined program rules and a great deal of unscheduled time for patients.

The findings of this study in agreement with, (Haggard-Grann, Hallqvist, Longstrom and Moller, 2006) in Queensland, who studied workplace violence factorthe environmental influences on violence that are consistent result with all patient groups include: Friction within a ward environment patients and staff, being denied treatment, not recovering from illness quickly, inadequate staffing level, lack of privacy and freedom in ward setting, poor organization, few opportunities to engage in therapeutic activities and poor overall policy.

As regards interactive causes of violence by the studied nurses reported that they strongly agree that, not listen to the patient, constantly imposing restrictive measures, physical restraints, provoking patient anger, aggressive behavior toward patients and interrupting patient while speaking are the main interactive causes. These results could be due to that certain staff is prone to being assaulted, indicating problematic rather than therapeutic relationships. Limit setting styles, coupled with a lack of opportunity for negotiation, are also reported to be problematic and some nurses have been accused of going in strong. In the same line, a number of studies support the view that negative staff and patient relationships lead to patient aggression (Di Martino, V. (2005) inSouth Africa, who studiedworkplace violence in the health sector.

Conclusion

This study was undertaken to investigate the relationship between workplace violence, job satisfaction and productivity. There are statistically significant correlation between violence and educational levels and there are no statistical significant correlations between age, gender, marital status, educational levels, and level of experience, shifts, job satisfaction and productivity.

The study has also outlined that psychological, sociocultural, environmental and interactional factor that may reflect the incidence of violence. All of these factors interact with job satisfaction and productivity.

The study has also outlined highest mean score for verbal aggression followed by physical aggression toward things, physical aggression toward self and physical aggression toward other.

The score of study to highly statistically significant correlation between violence, job satisfaction and productivity.

The studied nurses strongly agree that, low tolerance of frustration, panic from patient hallucination/delusion/paranoid ideations and inability to express angry in health way are the main psychological causes of violence. These results indicate that patient with psychosis is at high risk for aggression and violence.

The main causes of environmental violence are lack of patient privacy, restrictive environment, lack of patients influence in his/her treatment plan, unit rules, locked ward and not explain medical and therapeutic procedures are the main causes of environmental violence.

The studied nurses reported that they strongly agree that, not listen to the patient, constantly imposing restrictive measures, physical restraints, provoking patient anger, aggressive behaviour toward patients and interrupting patient while speaking are the main interactive causes.

Results of the current study revealed that, the studied nurses reported that they strongly agree that makes loud noises, personal insults, the use ugly words and makes clear threats of violence toward self are the main verbal aggression used by the patient.

The current study results reveals that sixteen percent of the studied nurses reported that they strongly agree that keep mind on the work, think clearly, be careful of working, start work activities and attentive to details are the main cognitive demands in productivity.

The current study results reveals that sixteen percent of the studied nurses reported that they strongly agree that violence affects the efficiency of the professional, feeling of self-respect, fear of the nature of the place that work, ability to work with them and feeling safe.

Recommendations

In the view of the previous findings of the present study, the following recommendations are suggested:

More attention should be paid to educate staff nursing alternative coping methods, by encouraging them to participate in group teaching violence and aggression management, prevention and guidelines of activities through the attacks of violent from patient.

A protocol for psychiatric nurses setting should be develop to promote the staff awareness of the aggressive behavior and its impact on their productivity and job satisfaction.

Aworkplaceviolencepolicyshouldbedevelope dforpsychiatricsettingsthat explain the process that should occur after an employee has been assaulted. This policy should include how to report the incidence, reasons for non- reporting of incidents and follow-up to reports of incidents to impact ontheir productivity and job satisfaction.

Hospital management efforts are necessary to improve working conditions for staff which consequently will improve the on their productivity and job satisfaction.

Research should focusing on methods to reduce the likelihood of verbal and physicalviolentamongstaffisnecessarytom inimizeviolenceandaggression in El Abbasa mentalhospital.

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