Chapter 4
Qualitative, Sense of Coherence-Based Assessment of Working Conditions in a Psychiatric In-Patient Unit to Guide Salutogenic Interventions

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Abstract Following a joint initiation by the Salutogenic Research Center at Ben Gurion University and a mental health center in southern Israel of an intervention program based on the salutogenic model for the mental health center's acute psychiatric in-patient unit, the current qualitative sense of coherence-based assessment aimed at assessing the unit's needs for the purpose of developing the rationale and goals of the intervention. The intervention, subject to the current study's assessment, aims at creating a health promoting community focusing on the advancement of the staff's individual and collective Sense of Coherence (SOC). The questions addressed during the assessment were aimed at (a) identifying key working conditions and their relation to the three dimensions of SOC; (b) characterizing the SOC grouped working conditions; and (c) deriving recommendations for interventions. Meetings with the Unit's administrative and professional management were held and fifteen unstructured interviews with the unit's staff were carried out. The three thematic axes, around which the core ten themes revealed in the interviews revolved, disclosed a salutogenic model of individual and collective SOC, as follows: (1) The comprehensibility axis, comprised of leadership of head nurse; lack of expertise in treatment of patients with mental retardation; lack of attention to the staff's and unit's concerns; (2) The environment axis (manageability), comprised of lack of social and academic activities outside the hospital; impossible living and working conditions; patients suffering from diverse problems (retarded, psychotic and retarded and psychotic); (3) The motivation/emotion axis (meaningfulness), comprised of self- fulfillment; Occupational Self-Efficacy; professional/job satisfaction; devotion to the unit and its patients and a strong sense of belonging. An in-depth examination of the three axes revealed two discrete fields: promoting and deterring, in which the motivation/emotion axis encompassed promoting factors, the

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environment axis encompassed deterring factors, and the comprehensibility axis encompassed both promoting and deterring factors. Furthermore, the interviews were perceived as empowering. Consequently, the intervention, in line with the salutogenic approach, aims at supporting the three dimensions of SOC at individual as well as collective levels, enhancing the staff's communal SOC which, in turn, could promote the patients' health and the well-being of their families.

Keywords Salutogenic intervention • Mental health staff • Sense of coherence • Health promoting community • Qualitative assessment

Introduction

Professional staff in the mental health services caring for patients with long term acute psychiatric illnesses may be frequently exposed to hardships and stressful emotional situations which may lead to a decline in the quality of the workers and, in turn, a decline in the quality of patient care (Thomsen et al. 1999). The aim of the present study was to evaluate the acute psychiatric in-patient unit in a mental health center in southern Israel for the purpose of developing an intervention program based on the salutogenic model. The current qualitative sense of coherence-based assessment aimed at assessing the unit's needs, towards the development of an intervention, integrating the concepts of Sense of Coherence, health promotion, Occupational Self-Efficacy, and job satisfaction.

Sense of Coherence (SOC)

Human beings have resources to survive and grow alongside abilities to resist adversities and experience a life of well-being. The manner in which people succeed in overcoming adversaries, such as illness, decline in functioning, and loss, vary according to their personal resources and inner strengths. Research has increasingly focused on adults' resilience and the interrelated components that constitute it. The contribution of the salutogenic paradigm in explaining successful coping with stressors and health promotion was initially introduced by Antonovsky (1987; Griffiths 2009), with a focus on adults' functioning and adjustment. Antonovsky (1979, 1987) was interested in the impact of resistant resources on health promotion, in an attempt to explain why people stay healthy despite the fact that they face a multitude of stressors. Antonovsky formulated the Sense of Coherence (SOC) concept; a global life orientation shaped by the individual's life experiences, and established the relation between a strong Sense of Coherence and health (Eriksson and Lindstrom 2006).

SoC is defined as a global orientation that expresses the extent to which one has a pervasive enduring (though dynamic) feeling of confidence that the stimuli deriving from one's internal and external environment are structured, predictable, and

explicable (comprehensibility); that resources are available to meet the demands posed by these stimuli (manageability); and that these demands are challenges, worthy of investment and engagement (meaningfulness) (Antonovsky 1987; Lindstrom and Eriksson 2006; Eriksson and Lindstrom 2007). Antonovsky (1987) considered Sense of Coherence as an inner personal resource that develops during childhood and becomes established during adolescence or early adulthood. The Sense of Coherence Questionnaire was developed with adults' samples in mind, although the roots of Sense of Coherence were identified by patterns of life experiences during developmental stages. A person with a strong sense of comprehensibility believes that events experienced are structured, ordered and explicable, rather than chaotic or random; a person with a strong sense of manageability does not feel victimized by life and has confidence that resources are available to meet given demands; and, a person with a strong sense of meaningfulness perceives demands as challenges, finding meaning in that which facilitates individual ability to be effective (Stanton 2000). In reference to the relations among the three components of comprehensibility, manageability and meaningfulness, Antonovsky (1987) concluded that the motivational component of meaningfulness seemed the most crucial for without the latter comprehensibility (understanding) and manageability (resources) were likely to be impermanent.

A strong Sense of Coherence has been related to the availability of a wide and varied repertoire of *coping strategies* and to flexibility in selecting the particular coping strategy that seems most appropriate at certain times and environmental conditions. Eriksson and Lindstrom's review (2006) of 458 scientific publications that used Sense of Coherence to assess people's reactions to stress revealed that SOC was linked to psychological problems including psychological aspects or health measures. However, for individuals with a higher level of SOC, SOC seemed to be a better predictor of stress and health related symptoms, whereas its role for those with moderate or low SOC was unclear (Eriksson and Lindstrom 2005). Wiesmann and Hannich (2011) examined salutogenic predictors of multiple *health behaviors* in a sample of healthy "third age" individuals and, in accordance with Antonovsky's (1987) hypothesis, found that meaningfulness was the most distinguishing among the Sense of Coherence components. Moreover, the aging individuals reported that their lives made sense and were worthy of commitment and engagement. The Sense of Coherence components were significantly associated with multiple health behaviors and were also significantly interrelated. In accordance with the salutogenic theory, the strong correlations among the components explained their overlapping and yet distinct character. Furthermore, meaningfulness mediated self-esteem and self-efficacy influences on multiple health behaviors and advanced age was associated with a higher extent of comprehensibility of the world. The latter supported the salutogenic assumption that psychological resources such as self-esteem and self-efficacy created life experiences that contributed to the individual's meaningful world.

Collective Sense of Coherence, according to Antonovsky (1996), is conveyed when the members of a group perceive the group as an entity that considers the world or their own lives to be comprehensible, manageable and meaningful, and if there is a high degree of agreement regarding this point among the group

members. Challenged with a stressor, the person or collective with a strong SOC will be motivated to cope (meaningfulness); trust that the challenge is understood (comprehensibility); and, believe that resources to manage are available (manageability).

Health Promotion in Mental Health Services

In order to respond better and faster to the challenges of a changing world, the World Health Organization (WHO) emphasized the need to develop and support effective strategies and multi-professional approaches for the promotion of health-enhancing activities and the enhancing of equal health opportunities (WHO Europe 2005). WHO (2005) proposed that health promoting activities should be advanced and *integrated into health care services* as an essential part of any treatment. Antonovsky (1996) perceived the salutogenic orientation as the basis for health promotion, directing research and action efforts to include everyone, wherever they are on the health/disease continuum, and to focus on salutary issues. The concept of health promotion has received increased attention in recent years in terms of health care policy making, health care practice and health care research (Svedberg 2007). Recent research has focused on health promotion within health services in general (Malach Pines 2002; Posadzki et al. 2010; Rabin et al. 2005; Wennerberg et al. 2012) and within mental health services, in particular (Edwards et al. 2000; Lloyd and King 2004; Morse et al. 2012; Jormfeldt 2010; Reid et al. 1999; Richards et al. 2006; Svedberg 2007).

Research on *health promoting interventions in the mental health field* is scare, in particular with regards to the relations between the staff and the patients. In the past decade the necessity of an alliance (McGuire et al. 2006) between the staff and the patients in health promoting interventions has been studied, emphasizing the significance of the staff's empathic qualities alongside their ability to be understanding and respectful toward their patients. Furthermore, concerns regarding recent changes in acute in-patient mental healthcare environments have led to apprehensions relating to staff stress and low morale in acute in-patient mental healthcare staff and demands to ameliorate occupational stress and improve staff recruitment in this group (Richards et al. 2006). Improving the workplace environment within psychiatric services was found to be one of the most important factors in staff burnout prevention strategies, suggesting potential benefits for the patients (Lasalvia et al. 2009).

Studies have demonstrated that the *potential sources of stress* for community mental health nursing are stressors intrinsic to the job itself (increases in workload, problems relating to time management, safety issues dealing with potentially violent and suicidal patients), role based stressors (role conflict), and stressors concerning relationships with others (staff, supervision) (Edwards et al. 2000). Contrary to research focusing on understanding the origin and nature of stressors in nursing, Malach Pines (2004) used an existential approach to explain the relatively lower

levels of stress and burnout in Israeli nurses. Empowered nurses reported higher levels of autonomy, job satisfaction and commitment and lower levels of job stress. Malach Pines asserted that the primary sense of existential significance within the medical professions, in general, derived from their daily confrontation with life and death issues.

In a systematic review (Richards et al. 2006) of 34 studies on the *prevalence of nursing staff* stress on adult acute psychiatric in patient units, occupational stress, job satisfaction, burnout, psychological ill health, and sickness rates were examined. The review did not support the argument that staff in in-patient mental health services experienced very high levels of stress and poor morale. Furthermore, in two cross sectional studies, one found that occupational stress in acute units were significantly less than in a general nurse comparison group and two reported reasonably high levels of job satisfaction.

Occupational Self-Efficacy

The beliefs that individuals possess about themselves are critical in the exercise of control and individual agency (Bandura 1997). "Perceived self-efficacy is defined as individuals' beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives (…), determining how individuals feel, think, motivate themselves, and behave" (Bandura 1994, p. 71). Human accomplishment and individual well-being are enhanced by a strong sense of self-efficacy, wherein individuals with a strong sense of self-efficacy approach difficulties as a challenge rather than a threat to be avoided. These individuals set high goals for themselves and are committed to them. For this reason, individuals' beliefs about their abilities may often explain their behavior. Self-efficacy beliefs assist in determining the outcomes one anticipates. Individuals who possess confidence will expect successful outcomes; individuals who are more socially inclined will expect successful social encounters; and, individuals who are academically successful will expect to continue receiving high marks (Schunk and Pajares 2002).

Self-efficacy has been defined and assessed as a global construct generalized over a number of domains (Schwarzer 1994); a domain-linked knowledge structure that varies across spheres of functioning, rather than a global trait (Caprara et al. 2004) and a task specific variable that refers to specific and situational judgments of abilities (Pajares 1996). It has been examined in organizational research. On the one hand, research has focused on outcomes of self-efficacy in the working environment, such as performance (Stajkovic and Luthans 1998), commitment (Tracey et al. 2001), and job satisfaction (Judge and Bono 2001). On the other hand, antecedents of efficacy expectations were hypothesized to be acquired and modified through four major routes: past performance accomplishment; exposure to and identification with efficacious models (vicarious learning); access to verbal persuasion and support from others; and, experience of emotional or physiological arousal in the context of task performance (Bandura 1997). These four sources of

efficacy information continually and reciprocally interact to affect performance judgments that may in turn influence performance and effort (Linnenbrink and Pintrich 2003).

Job Satisfaction in Mental Health Professions

Job satisfaction, defined as a pleasurable or positive emotional state resulting from one's job (Locke 1976), reflects one's hedonic experiences together with one's cognitive beliefs relating to job experiences (Weiss and Cropanzano 1996) in which the nature of the hedonic experiences derive from motivation (Carver and Scheier 1998). Job satisfaction was also found to be related to core self-assessment (Brown et al. 2007), a latent construct accounting for shared variance among self-esteem, generalized self-efficacy, emotional stability, and locus of control (Judge and Bono 2001).

Onyett et al. (1997) found high levels of emotional exhaustion accompanied by high levels of job satisfaction and personal accomplishment in professional staff within community mental health teams. Similarly, Prosser et al. (1996) found emotional exhaustion and general health scores at high levels alongside satisfaction and personal accomplishment. However, community based staff scored significantly higher than hospital based staff in general health and emotional exhaustion; whereas, satisfaction did not vary between the settings.

Research on health promoting interventions in the mental health field is scarce, in particular with regards to the mental health professional staff. This scarcity has accentuated the need for a comprehensive intervention in a mental health environment, subject to an evaluative needs assessment study.

Purpose of the Study

The aim of the present study was a qualitative, sense of coherence-based assessment of working conditions in a psychiatric in-patient unit in a mental health center in southern Israel, as a data basis for developing an intervention program based on the salutogenic model. Following the joint initiation by the Salutogenic Research Center at Ben Gurion University and a mental health center in southern Israel of an intervention program for the unit, the questions addressed during the assessment were aimed at (a) identifying key working conditions and their relation to the three dimensions of SOC; (b) characterizing the SOC grouped working conditions; and (c) deriving recommendations for interventions. Meetings with the Unit's administrative and professional management were held and 15 unstructured interviews with the unit's staff were carried out. The qualitative assessment presented in the current study was embedded in a comprehensive mixed methods study which will be reported in a separate study.

Method

Sample and Procedure

The sample of 15 mental health professionals (aged 34–60; 11 females and 4 males) was drawn from the inpatient adult unit, housing approximately 40 patients above 18 years of age requiring intensive care within a closed area, within the mental health center in southern Israel. The Center provides mental health services to the population of Southern Israel and the Negev area, providing clinical teaching for students in all mental health related academic programs. Treatment at the Center is based on the bio-psycho-social model of psychiatry aimed for patients of all ages at different levels of clinical severity. The staff included psychiatric nurses and ward nurses (one a senior charge nurse) who had been working in the profession an average of 19 years; at the Center an average of 17 years; and, in the given unit an average of 6 years in full time positions. The staff employed at the Center is required for the most to rotate between the various sectors of the Center in order, according to the interviewees, "to avoid burnout and habituation".

The interviews were held in two sessions at the health center at the office of the head nurse of the Unit and scheduled by the head nurse. The staff of the Unit was not informed regarding the purpose or content of the interview. Interviews were recorded (half of them agreed to be recorded) on audiotape and transcribed verbatim. For those who were not recorded, notes were taken during the interview by the interviewer. Following each of the interviews, questionnaires were completed by each one of the staff members while the interviewer was present, enabling the participants to ask questions relating to the content of the questionnaires. The quantitative part of the assessment was embedded in a comprehensive mixed methods study and will be reported in a separate study.

Qualitative Analysis Approach

Qualitative research strives to study in detail the complexity of lived experience and human practices. There is not a single standard for qualitative data, for the data is required to serve the aims of the research. Descriptions and experiences are often elicited through reports of personal events, accounts or other types of first hand expressions (Wertz et al. 2011). At present, a variety of interview approaches and procedures exist within the qualitative movement: structured interview, semi-structured interviews and unstructured interviews (Zhang and Wildemuth 2009). In the current study a qualitative method of unstructured interviews was employed and reported (see following section).

The current qualitative analysis employed for developing an intervention program based on the salutogenic model was embedded within a more comprehensive mixed methods assessment that will be reported separately in an evaluative study

following the outcomes and process of the intervention. The more comprehensive study adopted the Convergent Parallel Design approach to mixing methods in order to illustrate quantitative results with those of qualitative; synthesizing corresponding quantitative and qualitative results to develop a more multifaceted and insightful understanding (Creswell and Plano Clark 2011) than would be obtained by analyzing either type of data separately.

Unstructured Interviews

The current study employed unstructured interviews as a qualitative research method for data collection. Unstructured interviews were developed in the disciplines of anthropology and sociology in order to elicit people's social realities (Zhang and Wildemuth 2009). Punch (1998) described unstructured interviews as a way of comprehending people's behavior patterns without imposing any prior categorization which might narrow the field of inquiry. Patton (2002) defined unstructured interviews as a natural extension of participant observation, relying on the spontaneous generation of questions in the natural flow of an interaction. The interviewer generates questions in response to the interviewee's narration. The intention is to expose the interviewer to unanticipated themes and to assist in developing an in-depth understanding of the staff's reality from their perspective. The interviewer is aware of the purpose of the interview and the general scope of the issues that he/she wishes to discuss (Fife 2005) while maintaining an open mind and creating a secure environment for the interviewee. The interviewer's control of the interview is intended to be minimal. However, he/she tries to encourage the interviewees to relate experiences and issues related to the purpose of the interview (Burgess 1995). In the current assessment, the interviewer did not approach the interviews with any social realities and therefore no specific questions were designed beforehand, but rather had conversations with the interviewees and generated questions in response to the conveyed narrations. As evaluators, we wanted the interview to be as open as possible in order to enable the interviewee to express his or her perceptions and feelings freely. As a result, each interview generated data in a different pattern and from diverse perspectives. The subjectivity of the interviewee was more apparent due to the fact that the interview was not structured in advance. In the current study, where appropriate, and when unanticipated themes arose, additional probe questions were asked to elicit further details and amplify answers (Rubin and Rubin 1995).

The analysis of the interviews was done according to the following guidelines: (1) generating themes and categories which conveyed the interviewees' meaning in an attempt to identify links between the themes; (2) producing a list of main themes which captured the interviewees' main concerns; and, (3) presenting evidence in words from the interview. The analysis of the interviews was based on the Sense of Coherence construct and its three dimensions of comprehensibility, manageability and meaningfulness. In line with theory based analysis, the resultant model emerged

from the data itself in which it was grounded. The subsequent core themes were identified disclosing the three thematic axes of Sense of Coherence around which they revolved.

Results: Assessment of Salutogenic Motivational (Promoting) and Environmental (Deterring) Themes

Interview Results

Data analysis of the interviews generated the following ten primary themes: leadership of head nurse; lack of expertise in treatment of patients with mental retardation and their integration with the mentally ill; disappointment from the hospital management's lack of attention to the staff's and unit's concerns; lack of social and academic activities outside the hospital grounds; near to impossible living and working conditions (large number of patients versus an insufficient number of staff, lack of furniture, etc.); patients suffering from diverse problems (retarded, psychotic and retarded and psychotic); self- fulfillment; Occupational Self-Efficacy; professional/job satisfaction; devotion to the unit and its patients and a strong sense of belonging.

The three thematic axes, around which the core ten themes revealed in the interviews revolved, disclosed a salutogenic model of individual and collective SOC, as visualized in Fig. 4.1: (1) The *comprehensibility* axis; (2) The *environment* axis (manageability); and (3) The *motivation/emotion* axis (meaningfulness). An in-depth examination of the three axes revealed two discrete fields: *promoting and deterring*, in which the motivation/emotion axis encompassed promoting and constructive factors, the environment axis encompassed deterring and negative factors, and the comprehensibility axis encompassed both promoting and deterring factors.

Comprehensibility

The level of comprehensibility; pervasive, enduring and dynamic feeling (or lack of feeling) of confidence that the stimuli deriving from one's internal and external environment were structured, predictable, and explicable (Antonovsky 1987); was conveyed in the staff's individual and collective SOC within three themes:

Leadership of Head Nurse

The staff acknowledged the leadership qualities of the head nurse as responsible for structuring their working environment and duties. They conveyed their comprehensibility on a personal level and on a collective level.

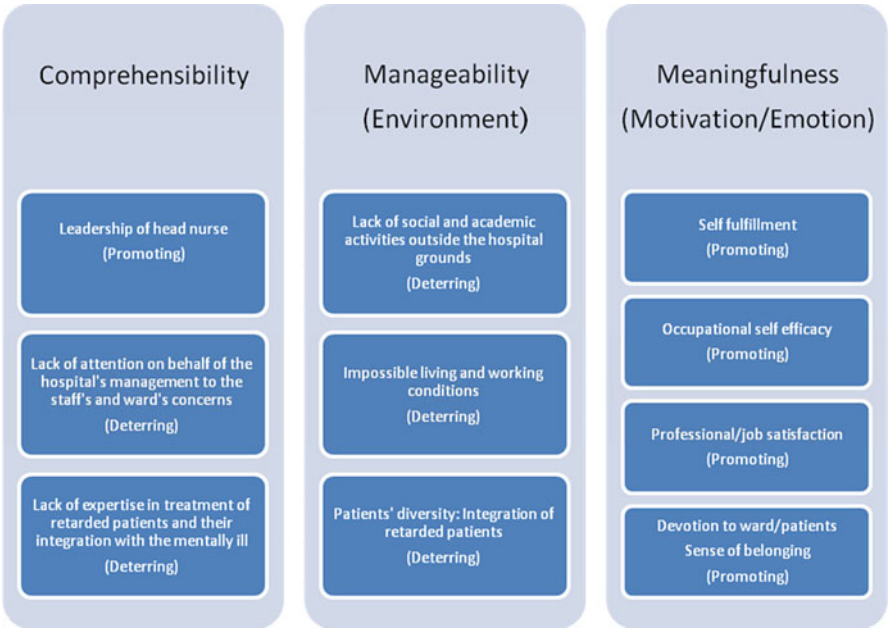

Fig. 4.1 A salutogenic model of sense of coherence

I understand my position, responsibilities, and duties in the unit. (Tom)
My functions as part of a staff are clear. (Dan)
The head nurse sets an example for us and we want to carry out what she expects of us. (Lee)
The head nurse understands our needs and addresses the management on our behalf. She does not always succeed, but we know that she tries. (Gal)
The head nurse always explains why she asks me to do something and this makes the task much easier to perform. (Ella)

Lack of Expertise in Treating Patients with Mental Retardation

The staff expressed their frustration due to their lack of knowledge and understanding regarding the treatment of patients with mental retardation that are hospitalized alongside patients with acute psychiatric disorders. The staff was not trained to treat patients with mental retardation and was aware that the lack of professional knowledge was damaging to all the patients in the unit and to the staff's quality of care.

The patients with mental retardation have different needs than the patients with acute psychotic problems. (Tom)
Sometimes I don't know what to do with patients with mental retardation. (Dan)
The patients with mental retardation require my constant attention and the other patients are therefore neglected. (Lee)
We were not trained to treat patients with mental retardation. Our lack of knowledge evokes frustration and aggravation. (Gal)
The hospital management is aware of the problem, but nothing is being done because the patients with mental retardation have nowhere to go to. (Ella)

Hospital Management's Lack of Attention to the Staff's Concerns

The staff expressed their frustration with the management's lack of attention to their concerns and needs. Although they were given the opportunity to convey their concerns via the head nurse, they felt that the issues that they had presented were not properly attended to. This lack of attention caused individual and collective disorientation and perplexity among the staff members.

> We feel that the management disregards our needs and requests. (Tom)
> I know that the head nurse has tried to no avail to address our needs. We represent the needs of the patients first and foremost. Our needs are secondary. The patients come first. (Dan)
> The management has promised over the years to renovate our unit, but this has not occurred. Other units are given first priority over our unit. It seems that the patients that are severely ill are regarded as second class compared to patients from other units. (Lee)
> We feel that our concerns are less important because we are treating patients that are not aware of their personal and collective environment. (Gal)

The interviews revealed *promoting and deterring themes* within the component of comprehensibility. The staff's high regard of their head nurse was a promoting factor in their daily routine and persisting hardships within the unit. In fact, the head nurse was the cause for the staff's sense of order and regularity within the unit. The interviews expressed the staff's recognition of the head nurse's leadership qualities and the head nurse's role in preserving their individual and collective comprehensibility. The latter had a significant role in balancing the factors which were regarded by the staff as deterring: lack of expertise in treatment of patients with mental retardation and their integration with the mentally ill; disappointment from the hospital management's lack of attention to the staff's and unit's concerns.

Manageability: The Environment Axis

The level of manageability; availability of sources to meet the demands posed by the stimuli deriving from one's internal and external environment (Antonovsky 1987), was articulated by the staff with extreme reservations with regards to three primary issues:

Lack of Social and Academic Activities Outside the Hospital Grounds

The staff expressed their desire to participate in activities outside the mental health center. For the most, they conveyed their desire to take part in joint activities, both social and academic, and emphasized that they take place outside the hospital grounds. Due to the poor facilities and the intense and stressful work, they felt that they did not have the opportunity to actually socially interact and exchange experiences, whether professional or personal. Their sense of belonging to a group, being part of a team, enhanced their wish to create personal interactions exceeding the boundaries of the unit.

> On the one hand, we are very close to each other; spending many hours together in an intense and closed environment; On the other hand, we do not have the opportunity to share our experiences and thoughts. (Dan)
> There is a need to hold activities for the well-being of the staff. Sometimes we have in training activities, but they are within the hospital and we do not experience a change in our environment. (Tal)
> Aside from educational activities, we need to do pleasurable activities together. The management should realize that we need to enjoy ourselves as a group and experience positive emotions jointly. (Ben)

Patients Suffering from Diverse Problems

Within the unit they categorized the patients into three kinds: patients suffering from acute psychiatric conditions, patients suffering from mental retardation and those comorbid patients suffering from both acute psychiatric conditions and mental retardation. Their frustration lay in the fact that they were experienced and knowledgably in treating patients with acute psychiatric conditions and not patients with mental retardation. They felt that the time that they were spending on "trial and error" actions regarding the treatment of the patients with mental retardation was at the expense of all the patients, consuming both the staff's time and emotional energy. The realization that the patients with mental retardation were hospitalized in a psychiatric unit due to lack of proper facilities was evident and a cause for disorder and malfunctioning.

> The unit specializes in acute cases of psychiatric conditions. However, due to lack of facilities in the southern region of Israel, the unit treats patients with mental retardation as well. We were not trained to treat patients with mental retardation and realize that their needs are different from the needs of patients with acute psychiatric illnesses. Our lack of training and the fact that the two populations are in one unit, affects our quality of work and the patients pay a heavy price as well. (Sonia)
> It is very hard to manage patients suffering with such a diverse range of illnesses. (Gal)
> We should have three separate units – one for patients with acute psychiatric conditions; one for patients with mental retardation and one for patients with both conditions. (Dan)
> The time that we spend in "trial and error" activities is also energy consuming and not fair to the patients. (Doron)

Poor Living and Working Facilities

The staff expressed their concern regarding the insufficient size of the acute in patient unit. The unit had not been intended to contain 34 patients and the staff. The dining room cannot serve meals to everyone at the same time due to lack of space and meals are served in shifts. The living rooms are very small and with minimal facilities. There is one area for toilets that is intended for both the female and male patients. Due to an insufficient number of toilets, the patients sometimes use the inner court when the toilets are occupied by other patients for longer periods of time. Furthermore, the unit is in desperate need of renovation and care. The staff expressed their frustration with the fact that other units at the hospital had been

renovated (due to a large contribution that was given to the hospital) and their unit had been neglected. An example of negligence was the long broken water cooler that served both the patients and the staff in the unit.

> It is impossible to provide maximum care when we are so few and they are so many. (Ella)
> The management thinks that the patients who are in severe mental states do not notice the terrible conditions that they live in. (Gal)
> During the winter when it is too cold to be outdoors (within the inner court), all the patients and staff are in the lobby of the unit which is the size of a standard bedroom. There are not enough chairs and the patients start to fight with each other only because of lack of space. (Bella)
> We need to clean the inner court because patients use the court as toilets when the toilets inside the unit are occupied. These are not conditions fit for human beings. (Dan)
> The staff has a small room for itself. We wish we had a better place for resting and cleaning our minds. (Ben)
> In the past we were told that there was no money. However, now we know that a large donation was made and we don't understand why nothing is being done. (Katie)

The interviews revealed *deterring themes* within the component of manageability. It was apparent from each and every one of the interviewees that the low level of manageability was a significant drawback, interfering with the flow and quality of the staff's work.

Meaningfulness: The Motivation/Emotion Axis

A strong sense of meaningfulness was a significant underlying characteristic within the staff's narratives. The demands of the staff's functions were perceived as challenges, worthy of investment and engagement. Meaningfulness was conveyed in the staff's individual and collective SOC within four themes: Self- fulfillment; Occupational Self-Efficacy; professional/job satisfaction; devotion to the unit and its patients and a strong sense of belonging. The staff expressed the significance of their work to the advancement and security of their patients' lives. Their importance as primary emotional and physical supporters of the patients was very coherent to them. They perceived themselves as the patients' sole caretakers, filling the roles of parents, siblings and other close relationships. The sense that they were contributing to the well-being of their patients was highly apparent in the tone, the choice of words and the gestures employed by the staff members. The realization that they were working under poor conditions with patients suffering from acute psychiatric illnesses and patients with mental retardation, at times paying a personal price, did not weaken them or reduce their level of motivation. On the contrary, their high regard for their own work provided them with a deep understanding that they were actually making a difference, increasing their sense of self-worth. Each one of the staff members expressed their enthusiasm and excitement with their profession in general and their work in "the most difficult unit of all", in particular. They recognized that their level of commitment to their patients was overwhelming and unique. This sense of being special on both functional and emotional levels provided the staff members with a meaningful existence, finding meaning in that which facilitates individual ability to be effective.

Self-Fulfillment

The staff described their high sense of self-fulfillment due to their work in the acute psychiatric in-patient unit. All of them said that they had previous experience in other psychiatric units in the hospital and in other hospitals. However, the highest level of self-fulfillment was experienced in this particular unit because of the severity of the patients' conditions and their total dependence on the staff.

> I feel that the patients need me for everything and this strengthens the important role I have in their lives. (Stav)
> I have worked in other units in this hospital due to the rotation regulation, but I don't want to move to another unit because of the strong sense of fulfillment that I feel here. (Gal)
> The reason for choosing my profession receives confirmation in the sense of fulfillment that I experience almost on a daily basis. (Ella)

Occupational Self-Efficacy

The staff's narratives communicated a strong Occupational Self-Efficacy (demonstrated in the results of the quantitative analysis as well), conveying their feeling of accomplishment in performing the unit's required tasks. They expressed their Occupational Self-Efficacy by conveying their work values, the commitment to their profession and their willingness to do what is required of them in accordance with the patients' needs. Moreover, the staff's ability to ask for and receive support from their colleagues enhanced their Occupational Self-Efficacy. The staff recognized the importance of working together as a team in order to strengthen both their individual and their collective Occupational Self-Efficacy.

> I am very proud of my occupation. (Ben)
> I know that I am very good at what I do. (Gal)
> At times, we carry out the impossible and this sense of accomplishment is very rewarding (May)
> I am happy that I can fulfill the needs of the patients. (Dror)

Professional/Job Satisfaction

The staff's narratives conveyed the result of their strong sense of self-fulfillment and Occupational Self-Efficacy – a high level of job satisfaction (demonstrated in the results of the quantitative analysis as well). The staff conveyed their satisfaction which, according to their self-analysis, derived from pleasurable experiences with the patients, cognitive beliefs related to the significance of their job, and a high level of motivation to continue to promote the well-being of their patients. Supporting this analysis, significant positive correlations (quantitative analysis) were found between hospital Sense of Coherence and Occupational Self-Efficacy and Occupational Self-Efficacy and professional satisfaction.

> I am very satisfied with my job. (Ben)
> I do not want to leave this unit, even though it is the most difficult one to work in. (Gal)
> We are satisfied as a team because we know that we are doing a good job. (Dan)
> The head nurse is a leading factor in my job satisfaction. I think that the entire staff feels the same. (May)

Devotion to Unit/Sense of Belonging

The staff communicated a very high sense of belonging to a group, a team, a setting. The understanding that each and every one of them was working toward a common goal and the ability to place the patients' needs above their own, established, a strong sense of joint activity towards enhancing the well-being of their patients.

> The head nurse's devotion to us and her constant dedication to our patients enhance our devotion to the unit. (Guy)
> We all want the same thing – our patients' well-being. This joint endeavor creates a sense of belonging. We are all loyal to a common goal. (Ella)
> There is a strong sense of team effort. We all try to comply with each other's needs. We know that if we help each other, we will all profit. (Dorin)

The interviews revealed *promoting themes* within the component of meaningfulness. Self-fulfillment; Occupational Self-Efficacy; professional/job satisfaction; devotion to the unit and its patients and a strong sense of belonging were considered by the staff as contributing to their individual and collective quality of work and to their patients' well-being.

Discussion and Recommendations for Interventions

The aim of the present study was to evaluate an acute psychiatric in-patient unit in a mental health center in southern Israel for the purpose of developing an intervention program based on the salutogenic model. Following the initiation of an intervention program for the unit by the Salutogenic Research Center at Ben Gurion University and a mental health center in southern Israel, the current study aimed at assessing the unit's needs in order to develop the rationale and goals of the intervention for the advancement of the staff's individual and collective Sense of Coherence.

The Comprehensibility Axis

The *comprehensibility axis* revealed promoting and deterring themes. The staff's high regard of their head nurse was a promoting factor in their daily routine and persisting hardships within the unit. In fact, the head nurse was the cause for the staff's sense of order and regularity within the unit. The latter had a significant role in balancing the factors which were regarded by the staff as deterring: lack of expertise in treatment of patients with mental retardation and their integration with the mentally ill; disappointment from the hospital management's lack of attention to the staff's and unit's concerns. This finding accentuates the importance of having a strong and respected management in preserving the staff's individual and collective comprehensibility, in particular, and Sense of Coherence, in general.

Furthermore, the integration of patients with mental retardation in one unit with patients suffering from psychiatric illnesses has been shown in the current assessment as a deterring factor that interferes with the effectiveness of the workforce and the wellbeing of the patients. It is recommended that the staff receive professional training on the treatment of patients with mental retardation and the treatment of patients suffering from a diverse range of illnesses hospitalized in the same unit. In addition, the management should consider moving the patients with mental retardation to a different unit with staff that has appropriate training, which could address the patients' needs better.

Finally, it is suggested that meetings between the staff and the hospital management be held on a regular basis, enabling the staff to share their individual and collective concerns with the management and establish a platform for communication with the management.

The Manageability Axis

The *environment axis* (manageability) revealed deterring themes. The low level of manageability was a significant drawback, interfering with the flow and quality of the staff's work. Following the staff's aspiration for joint social and academic activities outside the health center, it is suggested that resources for at least four annual joint activities be recruited. These activities may be an integral part of the intervention, including psychological, academic and cultural modules.

Furthermore, it is essential to improve the near to impossible living and working conditions in order to create a more effective and pleasurable working and living environment. Improving the workplace environment within psychiatric services was found to be one of the most important factors in staff burnout prevention strategies, suggesting potential benefits for the patients (Lasalvia et al. 2009). The intervention may consider integrating professional financial consultants in an attempt to make use of the existing financial resources available for upgrading the unit's physical surroundings. The current assessment emphasized the importance of renovating the unit in order to provide a respectful home for those long term patients that may never know another environment alternative to the current mental health center.

The Meaningfulness Axis

The *motivation/emotion axis* (meaningfulness) was considered by the staff as contributing (promoting) to their individual and collective quality of work and to their patients' well-being. The relationship between individual and staff meaningfulness, Occupational Self-Efficacy and job satisfaction was conveyed by the staff, calling attention to their outstanding sense of fulfillment and meaning. The latter supported

the salutogenic assumption that psychological resources such as self-esteem and self-efficacy created life experiences that contributed to the individual's meaningful world (Wiesmann and Hannich 2011). Furthermore, the staff's high levels of commitment and their strong sense of professional meaning and purpose echoed previous research on the impact of meaningfulness on the quality of patient care (Ablett and Jones 2007).

Consequently, the intervention should attempt to accentuate this strength by holding staff meetings on individual and collective meaningfulness. The staff may not be fully aware of their individual and collective meaningfulness and moreover, they may need assistance in making use of this asset in the unit's daily functioning and effectiveness.

The staff's narratives communicated a strong Occupational Self-Efficacy, conveying their recognition of past performance accomplishment and exposure to and identification with efficacious models (vicarious learning). The staff's ability to ask for and receive support from their colleagues enhanced their Occupational Self-Efficacy. These sources of efficacy information continually and reciprocally interact to affect performance judgments that in turn influence their performance and effort (Linnenbrink and Pintrich 2003).

Interviews as Part of the Intervention

Furthermore, an interesting result of the interviews was noted during the interviewer's meeting with the head nurse. The latter reported that the staff members that were interviewed felt as if they had gone through a psychological session. The interviews were perceived as an empowering and beneficial experience; a "ventilation point", enabling them to express their perceptions and emotions. This may derive from the opportunity that they had to convey their thoughts and feelings in a secure and pleasant setting to someone who was not a part of the mental health center. Patton (2002) perceived this secure setting as one of the merits of an unstructured interview. The interviewer is able to be highly responsive to individual differences and situational changes. In a recent study (Wennerberg et al. 2012) examining informal caregivers' resources to health using the salutogenic approach, participating in salutogenic interviewing was an enlightening experience due to the focus on health and positive aspects in a situation that usually employs the pathological approach.

As a result, the current assessment views the interviews not only as a stage in the assessment process, but also as a stage in the intervention program. In this case, the interviewer is not only an integral part of the research procedure, but a part of the entire assessment and intervention process. In light of the interview's therapeutic role, it is recommended to integrate, in the planned intervention, sessions in which the mental health professionals have the opportunity to openly convey their thoughts and emotions on a regular basis, providing a setting, and a sitting, that enables relief, reflection and empowerment.

Limitations and Conclusions

The findings of the current evaluative study should be treated in light of several limitations. The cross-sectional nature of this study demonstrates that causal relations and longitudinal research that addresses reciprocal effects over time may add valuable knowledge to understanding the needs of the unit towards planning an intervention that intends to be effective over a long period of time. Furthermore, future research should evaluate a larger sample of professional and administrative staff and compare various psychiatric units in diverse mental health centers. Finally, the interviews' "therapeutic role" in the current assessment should be taken into consideration when analyzing the questionnaires that were submitted to the staff from the acute in patient unit following the interviews.

A recent study found that the Sense of Coherence model lends support to tailoring rehabilitation programs to the individual patient's holistic needs and personal goals. Evidence in support of this approach provided insight into rehabilitation practice, focusing both on reducing obstacles preventing the highest level of personal and social functioning and on building and strengthening external and internal resources (Griffiths 2009). It is suggested that the planned intervention incorporate goals and programs for the staff, the patients and their families with the Sense of Coherence concept as part of their foundation.

In conclusion, the assessment presented here based on the salutogenic model, has significant implications for the impending intervention. Consequently, the intervention program aims at creating a health promoting community based on the salutogenic approach, focusing on the advancement of the staff's individual and collective Sense of Coherence: the extent to which one has a persuasive, enduring, dynamic feeling of confidence that the stimuli deriving from one's internal and external environment are structured, predictable, and explicable (comprehensibility); that resources are available to meet the demands posed by these stimuli (manageability); and that these demands are challenges, worthy of investment and engagement (meaningfulness) (Antonovsky 1987). Supporting these three dimensions at individual as well as collective levels is believed to improve the staff's communal Sense of Coherence which, in turn, will promote the patients' health and the well-being of their families.

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