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Empowerment of psychiatric nursing staff in Israel

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I. INTRODUCTION

This research addressed the contribution of facilitative support group (F.S.G) to psychiatric nurses' in one Israel hospital that work in high stressful environment. More specifically, the major goal of this study was to examine and broaden the understanding, knowledge and perceptions regarding the change that has taken place with psychiatric nurses after participating in a F.S.G: to evaluate the level of : coping with stress at work; the emotional awareness at work, their self-efficacy, psychological self-empowerment at work and to expose the perception of the contribution of F.S.G in general.

It was a mixed methods research, including quantitative and qualitative research tools. Data were collected from 48 psychiatric nurses (26 men (55%) and 22 women (45%). Data were collected through a closed ended questionnaire, semi-structured interviews, two focus group discussions, Data analysis included the Mann-Whitney U test and content analysis. The quantitative findings reveal that psychiatric nurses, whose members participated in the F.S.G intervention, reported more frequent use of strategies for coping with stressful situations and higher levels of the sense of Self-Efficacy and Psychological empowerment than the members of the control group.

Although no significant differences were found between the two groups in emotional labor dimensions, analysis of the personal interviews and focus groups points to a change in awareness of faking and suppressing emotions with the staff members who have participated in the support group.

The qualitative findings support the quantitative findings. The qualitative findings reveal that the F.S.G is perceived as a setting advancing coping with stressful situations which develop as a result of the emotional and physical load on the shoulders of the nursing staff. Moreover the support group is perceived as helping the psychiatric nursing staff cope with stressful situations by using coping strategies which may alleviate their stress. Additionally, the support group was perceived as an emotional setting, where the psychiatric nursing staff can process negative feelings which derive from the psychiatric nursing job demands. The support group is perceived as a setting which allows for the discussion of the anxieties resulting from violence on the part of the mentally ill patients.

Moreover, support group is perceived as a setting for sorting moral dilemmas and forming a professional culture which includes moral and ethics values that have to do

with psychiatric nursing. The conclusions that emerged from the research may have implications on the training of psychiatric nurses, policies regarding their professional development and accompanying them in their work by providing long-term institutional support groups.

The thesis consists of a theoretical part introducing a discussion and a description of the current literature relating to characteristics and conceptualization of psychiatric nurses' work environment as experienced by psychiatric nurses, stress, emotional labor, and psychological empowerment. This chapter also discusses the issues related to facilitation support group (F.S.G) processes involved in the empowerment of the psychiatric nurses who participated in the research. The literature review ends with the conceptual framework that underpinned the research.
The Methodology chapter describes the methodological considerations and research design. In a funnel shape, the chapter begins with a discussion of a mixed-methods research, combining quantitative and qualitative research methods .Moreover this chapter presents the training group process and the unique tools used, Johary Window, S.W.O.T., Therapeutic cards and the principles of mediation. Then the research population is presented. Data collection and analysis methods are presented, and then issues related to validity, reliability and generalisability are described and discussed. Since the researcher is a psychiatric nurse holding a managerial role, the position and involvement of the researcher is discussed in this chapter. The chapter ends with a detailed description of the ethical issues and considerations that are unique to the research group and the control group

The findings chapter presents the findings that emerged from the various research tools, and is followed by a discussion of findings while linking them to the literature survey that illuminated the research in order to advance a strong evidence based conclusions. In the last chapter, we ended with **a conceptual model of the F.S.G in Israeli psychiatric hospital (Grounded Theory)**

Key Words: facilitative support group (F.S.G); psychiatric nurse; Stress; coping with stress; emotional labor; self-efficacy; psychological empowerment.
The work conditions of psychiatric nurses are rather difficult and characterized by stress (Plaiser et.al. 2006), emotional labor (Trinkoff, Zhou, Storr & Soeken, 2000; Hoshold, 1983), the need for high level self-efficacy (Miruma & Griffiths, 2003;

Taorina & Law, 2000) and psychological empowerment (Laschinger, Finegan & Shamian, 2001; Manojlovich, 2005; Benner, 2001) to cope with their difficult work conditions. The nurses are in need of support and constant, systematic assistance while they work (Mimura & Griffiths, 2003; Taormina & Law, 2000). The research literature indicates that ongoing education and conferences are not enough for nurses. Rather, it is necessary to accompany the nurses at work with support groups in order that they are able to deal with the stress they experience (Fergus & Zimmerman, 2005; Prochaska & Norcross, 2001), be aware of their feelings (Maslach, Jackson & Leiter, 1996 in Kravits et. al., 2010), and enhance their self-efficacy and psychological empowerment.

The importance of this study is in its contribution to the scant existing research that deals with the contribution of support groups to coping with stress, dealing with their emotions at work, increasing their self-efficacy and psychological empowerment. The findings of this research study have implications for psychiatric nurse training in relation to the official nurses'' training policy, their professional development and accompanying them at their place of work with established support groups over an extended period of time .

The significance of this research study is in its contribution the relatively small amount of knowledge regarding the contribution of support groups to coping with stress, to raising awareness of the nurses' emotions at work, and to enhancing their self-efficacy and psychological empowerment. The findings may have implications on the training of psychiatric nurses, policies regarding their professional development and accompanying them in their work by providing long-term institutional support groups.

The major goal of this study was to examine and broaden the understanding, knowledge and perceptions regarding the change that has taken place with psychiatric nurses after participating in a support group: to evaluate the level of (1) coping with stress at work; (2) the emotional awareness at work (3) their self-efficacy (4) psychological self-empowerment at work and (5) to expose the perception of the contribution of training contribution in general.

Therefore the main research question is how the psychiatric nurses who participated in a facilitative support group (FSG) view the contribution of the training to their

strategies to cope with stress at work, to their emotional labor at work, self-efficacy and their psychological empowerment.

The operational goals are to evaluate the level of study variable, before and after participating in a support group. To evaluate the level of (1) coping with stress at work (2) the emotional awareness level at work (3) the level of their self-efficacy (4) psychological self-empowerment at work.

In order to expose the perception of the training contribution in general and to obtain an in depth, comprehensive, and knowledgeable picture for the researched phenomenon and to shed light on the nurses' perception of their ability to cope with stressful situations, their awareness regarding emotional labor, self-efficacy and the perception of their psychological empowerment at work due to their participation in a F.S.G.

The secondary research questions are:

1. How do psychiatric nurses view the change in their way of coping with stress at work due to their participation in F.S.G?
2. How do psychiatric nurses view the change in their emotional awareness at work due to their participation in a F.S.G.?
3. How do the psychiatric nurses view the change in their self-efficacy at work due to their participation in a F.S.G.?
4. How do the psychiatric nurses view the change in their psychological empowerment at work due to their participation in a F.S.G.?

II. THEORETICAL PERSPECTIVES

The main argument of this study is that given the nature of their stressful and demanding work, psychiatrist nurses' participation in a support group which seeks to lower the level of stress at work and increase awareness of their feelings by enhancing their self-efficacy and psychological empowerment is essential.

Psychiatric nurses' empowerment, enhanced self-efficacy and self-awareness of their feelings at work and learning strategies and tools for decreasing stress, are essential factors in improving their quality of life and as a result the quality treatment and of their mentally ill patients.

II.1. Relevant theories and approaches

II.1.1.Symbolic Interaction Approach

Erving Goffman, who developed the dramaturgical approach (integrating the symbolic and functional approaches), viewed human beings as entities that express themselves and become who they are as a result of their interaction with others, because if he has nowhere to display the "self", the person will not have a "self". This approach is a sociological paradigm that claims that the social reality is built on the basis of interactions among individuals within society and is based on symbols and interpretations. Goffman uses the term "frame", maintaining we try to force our perspective of the situation on others, and make other perceive us the way we would like to be perceived.

II.1.2. The Social Deviance Appraoch

Michel Foucault argued that mad people were invented by psychiatrists as part of their interests. Foucault focused on the marginal societies. He found out that those who were considered "mad" had no right to speak, as anything the said was understood as part of the illness. He noticed society copes with "mad" people by locking them up, in the attempt to cope with mindlessness; lock up was designed for the purpose of avoiding scandal, but was only implemented if the "mad" person acted mad in public: expression in day light exposed the dark act. Lock up was cruel – the "mad" person was chained and placed in a pigsty, thus pointing to the "mad" persons as animals and the people's fear of them. Additionally, lock-p led to the loss of humility, as in some European cities, "mad" persons were displayed in the city gates, or used as actors in plays. The "mad" persons were presented as monsters.

II.1.1.3. Aspects of the Group's Approach

The group serves as a laboratory for real-life experience. A mutual aid group is safe way to protected experiencing of difficulties we expect to encounter in the future. This does not only allows ample opportunity to practice, but also reveals to the group, its facilitator and the participant, some of the emotions that must be coped with in order to operate successfully (Shulman, 1999). In the group, a person can try new behaviors that are not part of his or her usual repertoire. Experiencing new behaviors and examining their consequences, are a central feature of what is called "a corrective emotional experience" (Whitaker, 1985).

II.2. Nurses in the Field of Psychiatry

When the nurse's stressful role is examined, it is impossible to ignore the unique subgroup where the stressful characteristics are more intensely expressed. This is the group of psychiatric nurses who treat the mentally ill patients. Psychiatric nursing is a nursing specialty that works with patients of all ages suffering from emotional disturbances or mental distress. This specialty began in 1913 at the John Hopkins University in the USA and was the first university to include psychiatric nursing studies within its regular nursing program.

Psychiatric nurses, caring for mentally ill patients, constitute a unique group within the general nurses' population. They receive more training than those in other nursing disciplines and their studies include psychological treatment, building therapeutic communication, coping with challenging behavior, and administering psychiatric medications. As in other nursing specialties, psychiatric nurses work according to specific treatment models, implement treatment protocols and attempt to treat the person as a whole being. Nonetheless, psychiatric nursing emphasizes the development of a therapeutic relationship between the patient and the caregiver. In practice, this means the psychiatric nurse aspires to treat the patient in a humane and cooperative manner, to empower him or her, and help him or her rely on inner resources in addition to the other treatments that he or she receives (Dziopa & Ahern, 2009).

The most important role for the psychiatric nurse is to maintain a positive treatment relationship with the patient within the clinical setting. Specifically, the basic element of psychiatric nursing is the interpersonal relationship and interaction between the

professional caregiver and the patient. The combination of building interpersonal relationships and treating people with emotional disturbances demands the nurses have an enhanced presence and passion in order to act as supporters. Dziopa & Ahern (2009) identified nine critical aspects of psychiatric nursing, including: understanding and empathy, individualism, providing support, availability, authenticity, advancing equality, demonstrating respect, delineating clear boundaries, and demonstrating independent awareness towards the patients (Dziopa & Ahern, 2009).

"*Mental health nurses have been considered professionals that assist people regain a sense of coherence (manageability, meaningfulness, and comprehensibility) over what is occurring to them - be it a result of trauma or some other form of mental distress. Their unique contribution has been in the simple elegance of 'being there' to bear witness and mitigate the negative side effects of illness-alienation and a feeling of being out of touch with the self and social context*" (Stuhlmiller 2003, p. 3).

Working with the mentally ill involves dealing with patients whose behavior is unpredictable, with violence, outbursts of anger and more. In fact, the psychiatric nurses work in the front line 24 hours a day while providing a non-stop response for the needs of the patient and their family (Adib 2004).

The role of psychiatric nurses in Israel and throughout the world has changed due to the changes that have taken place both in the technological and medical advancements that have been made in hospital settings along with the demands placed upon the nurse's roles. The nurse's role has developed and advanced within the health care system as it relates to the hospital, a growing and dynamic institution undergoing rapid changes in a scientific and technological environment (The Israeli Academic Committee of Nursing, 2004). Nursing is a discipline that focuses on assisting individuals, families and communities to attain and maintain optimal health and functioning. Modern definitions of nursing define it as a science and an art that focuses on quality of life as defined by patients and families. Nursing is not only concerned about health and functioning but also with the quality of life, living and dying, and the universal life experiences of health (Henderson, 2006).

II.2.1. Characteristics and conceptualization of Psychiatric Nurses' Work Environment

Considerable research evidence indicates that in their work psychiatric nurses encounter a stressful, challenging and difficult environmental and organizational work environment, which makes demands in their emotional resources and extraordinary coping skills. Studies published in recent decades (Chen et al., 2010; Ohnishi et al., 2010; Weingarten & Granek, 1998; Zilber et al., 2003) teach us about the universal characteristics of such a work environment, which are reflected in different countries making the work of the nurses particularly complex.

Research studies have pointed to a lack of personnel, patients with acute disturbances and who demonstrate being at risk for violence or for harming themselves or others, a lack of hospitalization beds, and a heavy work load, fear of making mistakes, lack of management's support and understanding on the part of management, fast patient turnover, job shifts, excessive noise, lack of space, lack of available equipment and administrative pressure (Richards et al, 2006; Bowers et al, 2005; Jenkins & Elliott, 2004; Sainsbury Centre for Mental Health, 2004; Department of health, 2001; McNeese-Smith, 2001; Sullivan, 1993; Bratt, 2000).

Psychiatric nurses are often victims of physical attacks on the part of patient. The rate of nurses exposed to attacks of violence is estimated at 37% to 72% of the mental healthcare staff (Shiao et al., 2010). It was also reported that the rate of physical assaults against psychiatric nurses tends to be higher by - 30% than the average rate of attacks against other employees that provide therapeutic services (Chen et al., 2010).

Studies conducted in Israel have shown that teams in mental hospitals - both nurses and doctors - often find themselves insufficiently equipped, neither guided and nor prepared professionally and personally to cope with challenging situations and solve the problems of the patients (Weingarten & Granek, 1998). Some even tend to be negative attitudes toward various patient behaviors, without being able to influence them and change them (Melamed, Peres, Gelkopf, Noam & Bleich, 2007

Similar to what happens in psychiatric hospitals in other countries, the physical conditions at the hospital where the research was conducted are harsh: the crowded wards, nurses are forced to work long hours to take the place of those who were injured in work-related accidents caused by patients and absenteeism due to illnesses.

In addition, the nurses face situations of severe violence, patients who abuse alcohol and drugs, restraint, unusual events and complaints on the part of families.
All this places the nurses in difficult situations of alertness, stress and frustration, moral and professional dilemmas and emotional and physical strain. Nurses want to provide their patients with quality care and treatment while they experience a great deal of stress and anxiety along with a heavy work load that can cause them to make decisions that do not always meet the patient's needs (personal and departmental factors). In the course of patient care, nurses have to endure violence, stress and health matters involving both patients and their families, and finally they must meet the constant requirements of the medical staff (McVicar, 2003), maintain high standards of quality care and continue their professional development. All this leads to frustration and ambivalent attitudes to their professional commitment toward the patients on the one hand, and to their personal needs on the other (McVicar, 2003). Over time, this entails a sense of overload and pressure strengthens the feeling of frustration and lack of self-efficacy, which constitute the physical and mental price paid by psychiatric nurses (American Nurses Association, Analysis of the American Nurses Association Staffing Survey Warwick Cornerstone Communications Group, 2001; 2004).

II.2.2. Avoidance-Distancing Patterns

The difficulties in their day-to-day work psychiatric nurses are often inclined to avoid and distance themselves from the patient; this behavior hinders the development of close, effective relationships between the patient and caregiver, and they face professional and emotional dilemmas (Handsley and Stocks). According to Tummey (2006) only 3.7% of the psychiatric nurse's time is dedicated to interaction with the patients. This same type of distance from the patient occurs due to varied factors such as administrative chaos, a heavy workload, fear of violent outbursts on the part of patients, and the organization's definition of the nurse's role obliging him/her to find the delicate balance between proximity to the patient and professional objectivity.

II.2.3. Conflicts within the Organization

In addition to coping with mentally ill patients, nurses must cope with internal organizational conflicts that are the result of the work place's hierarchical characteristics. Mills (2006) described a number of incidents that were depicted as "lateral violence" in the ward where staff members intentionally harm each other, quarrel, disrespect each other, conceal information, accuse colleagues unjustly, and even fight. This leads to an increase in staff dissatisfaction that is consciously or unconsciously projected onto the patient.

II.2.4. Psychiatric Nurses Are Characterized as "Powerless"

As a result of their work conditions, many nurses view themselves as "powerless" and the public often view them in the same manner. "Power" is defined as the ability to influence others, the ability to do or act in order to achieve the desired goal. For many of the nurses the concept of power has a negative connotation. There are a number of reasons for this and most are related to gender. (1) Most of the nurses are women; (2) Power is related to the male sex; (3) Power is not "feminine"; (4) Most of the female nurses work in male oriented organizations with powerful men (doctors); (5) The nursing profession is seen as altruistic and is not based on power. Until now, almost no research has been conducted about nursing being a gendered profession. It can be surmised that the assumption of the nursing profession as "feminine" also contributes to the feeling of weakness and creating stress among the nurses.

The following Table (Table.1) summarizes the main stress factors in the work of psychiatric nurses.

Table 1: Summary of Stress Factors in Psychiatric Nurses' Work

Work Environment	• Inappropriate placements, manpower shortage; • Mentally ill patients manifesting risks of violence, or self-harming; • Shortage of beds • Lack of support and understanding on the part of the organizational management • Intra-organization and intra-staff conflicts
Job Requirement and Conditions	• Medical Staff's requirements; • Maintaining high standards of quality care; • "Powerlessness" • Requirement to continue advanced training; Emotional Labor
Personal Factors	• Conscience-based pressure; • Moral dilemmas

The following section will discuss the issue of stress at work and coping strategies that can help nurses do their jobs successfully

II.2.5. Stress at Work

Stress is defined as an emotional reaction to the employee's inability to cope with work demands (Love & Irani, 2007). Jamal (2011) supports this definition and notes that stress is the individual's only response to characteristics of the work environment which he or she perceives as emotionally and physically threatening**.**

Stress can be more broadly considered as the individual's inability to balance individual capabilities / experiences and the work environment**, when he or she feels** the demands are excessive and he or she cannot meet them (Raghavan, Sakaguchi & Mahaney, 2008). We can see that the three definitions above refer to stress as the gap between the external requirements (in the case of work stress - work requirements) and the employee's ability to cope with them. The difference between the definitions is that the second one shows the stress as a continuum between an effective productive response to work requirements and a response of failed coping, whereas other two definitions only refer to situations of inability to cope with work requirements.

II.2.6. Stress at the Workplace and Coping Strategies

Coping with stress can be defined as a cognitive and behavioral attempt to control the constraints, neutralize or reduce them when their source is internal or external shock causing factor (Folkman and Lazarus, 1992). Furthermore, coping can also be defined as the ability to mobilize behavioral and cognitive efforts in order to regulate, to moderate or to decrease causes of shock (Lazarus, 1987), or as a cognitive- behavioral influence of the management of interactions between the person who is suffering from trauma and his or her surroundings, including the internal and external requirements and conflict between them (Chuang, 2007).

II.3. Theories Dealing with Stress

II.3.1. Conservation of Resources Theory (Hobfoll, 1989)

An additional theory of coping with continuous stress is Hobfoll's conservation of Resources theory (1989), according to which, people are motivated and act with the goal of holding, preserving, and protecting their personal resources, whether material (such as money or a home), social (such as social support or status) or psychological (such as personal self-esteem or autonomy).

Work-related stress is the result of the lack of correspondence between the work environment and the worker's ability to achieve or maintain psychological resources. Work-related demands, in fact, threaten the worker's resources, and over time continuous exposure to these types of demands leads to tension that is expressed as emotional fatigue, a key characteristic of burnout. According to(Freddy & Hobfoll, 1994) The loss of or withholding resources leads the person to invest additional resources and this creates a negative spin in resource depletion (Hobfoll & Freedy, 1993; Freedy & Hobfoll, 1994; Lee & Ashforth, 1996; Wright & Cropanzano, 1998; Taris, Schreurs & Van Iersel-Van Silfhout, 2001).

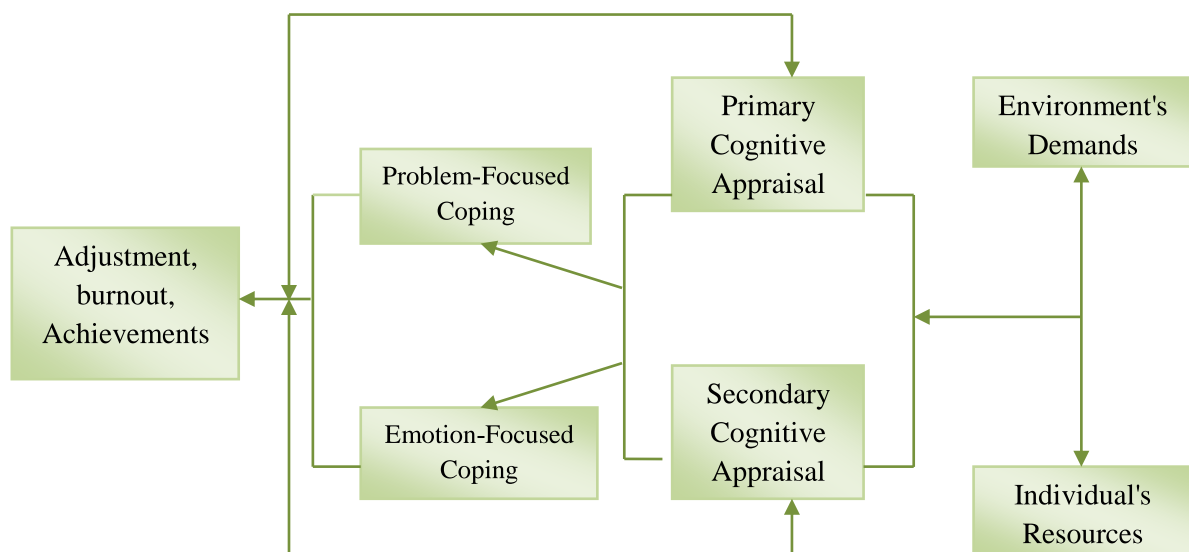
II.3.2. Lazarus and Folkman's Model of Coping with Stress (1984)

The coping model introduced by Lazarus & Folkman (1984) is one of the most commonly used models, and provides a framework for understanding the complex cognitive processes which workers undergo in their attempt to cope with their work's demands (See Figure 1). Lazarus & Folkman (1984) define stress as "*a particular*

relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being", or in other words, a subjective state wherein the demands of the environment exceed the individual's resources and ability to cope. These demands are appraised as harmful, threatening or challenging. Hence, stressors include a wide variety of negative work conditions. The interaction between the individual and the environment are characterized by bi-lateral reciprocity.

According to Lazarus (1984) Coping with stress is defined cognitive and constantly changing behavioral efforts which are designed to treat internal or external demands, appraised as costly or depleting individual resources. There are two major coping categories: (1) Problem-focused coping wherein efforts are directed changing the relationship between the individual and the environment by solving the problem, reducing it or eliminating it altogether. Theoretically problem-focused coping tends to take place when the individual believes that existing conditions are subject to change.

Figure 1: Lazarus and Folkman Model of Coping with Stress (1984)



In summary, based on the theoretical framework provided by the model Hobfoll's model (1989), and the theory of Lazarus & Folkman (1984) there are stress and burnout factors in the work of psychiatric nurses, and coping effectively with their stress includes strategies for problem solving strategies and resource conservation. Empowering the nurses is designed to optimize their ways of coping with stress and reduce its negative implications.

II.4. Emotions at Work and Coping with Them – Managing Emotions

Emotional labor was originally classified by Hochschild (1983, p. 246) as the repression of emotions so as to create an external impression so as to make others believe the individual is safe and cared for. She also defined emotional labor as "*management of feelings to create a publicly observable facial and bodily display*". Other researchers have defined emotional labor as a vital effort and self-management seeking to display the desired emotions in communication processes in the workplace (Morris & Feldman, 1996: 987).

Emotional labor is performed in order to disguise real emotions when they are negative or perceived as such to prevent others in the environment from feeling embarrassed or insecure, or to prevent another unpleasantness.

Likewise, emotional labor is an inseparable part of the psychiatric nurse's work as he or she is in direct contact with the patient. The nurses are required to convey various feelings of empathy and to be in control of the situation and they are indirectly supervised by a series of undeclared regulations (Hochschild, 1983). In other words, emotional labor is the process wherein nurses manage and regulate the emotions they express in their interaction with their patients and colleagues at work, so the expressed emotions correspond to the needs and norms of the organization. Emotional labor usually includes the expression of positive emotions towards the patients and the repression of expressing negative emotions. This can be manifested by "surface acting" wherein the nurses consciously fake emotions or "deep acting" which constitutes an internal change of emotion so it would correspond to the desired outcome (Hochschild, 1983)

Emotional labor has three different dimensions: **emotional faking, emotional suppression and the expression of naturally felt emotions** (Hochschild, 1983).The last emotional dimension was not examine in this study.

II.5. Self-Efficacy at Work

An important component in the self-fulfillment process is the dimension of self-efficacy. The concept "self-efficacy" was coined by Bandura (1997), who regarded it as a central concept in explaining human behavior. According to Bandura's definition, self-efficacy pertains to the individual's belief in his ability to accomplish a certain behavior required for accomplishing the desired results, meaning, the extent to which an individual believes that he or she generates (causes) events and situations that occur in his or her life. A person described as having a high self-efficacy perception tends to persist in striving to achieve the desired goals more than a person who is characterized by low self-efficacy, because he or she connects investment and result, and believe that success depends on his or her perseverance and dedication rather than on an external factor (Bandura, 1997).

Studies conducted among the psychiatric nurses have referred to self-efficacy as an essential attribute in this line of work. Research by Willaing & Ladelund (2005) conducted in Denmark, showed that the level of self-efficacy reported by nurses positively predicts their skills of counseling patients, as well as a negative relationship with the frequency of crises in professional life, and use of alcohol and psychiatric drugs - a phenomenon that has been identified as a professional problem in the field, emerging from the tensions characterizing it. Also, research by Delaney (2006) conducted among psychiatric nurses treating children, showed that a high level of self-efficacy is effective in predicting work productivity behaviors such as information processing capability, emotional control and emotional labor with patients. Therefore, there is great significance in improving the psychiatric nurses' level of self-efficacy via various organizational measures. Recent studies indicate (Cearley 2004; Lee, Weaver & Hrostowski, 2011) that empowering workers is one of the most effective ways of improving self-efficacy.

In summary, the theoretical literature maintains that settings of learning and personal growth such as support groups can be used for enhancing self-efficacy.

II.6. Empowerment

II.7. Psychological Empowerment

Psychological empowerment can be defined as a system of motivational cognitions, which are shaped by work environment and reflect the individual's active orientation toward his or her role or function at work (Spreitzer, 1995). In other words, psychological empowerment can be considered as a system of cognitions which affect the workers' belief that they have the ability to shape events in their lives and at work that their actions are effective, and that they have a degree of control over their choices and actions (Cearley 2004: 314).

Kanter (1979) laid the theoretical foundation for empowerment in organizations, according to which if work environments can provide access to information, resources, support and the opportunity to learn and develop, they are empowering. Kanter (1993) defines structural empowerment in two parts: (1) power, that is, access to resources, support and information and (2) opportunity, that is, access to challenge, growth and development.

Research examining Kanter's theory in the field of nursing, have found corroboration for the above assumptions and shown that the empowerment of nurses had to do with a number of organizational results including job satisfaction (Samieto et al. 2004), organizational commitment (Chen & Lin 2002), and lower levels of job strain (Laschinger et. al. 2001), burnout (Manojlovich & Laschinger 2002) and job stress (Almost & Laschinger 2002).

Based on Kanter's empowerment theory (1979), Spreitzer (1995) focused on the psychological empowerment of workers, which includes four aspects: meaning, competence, self-determinations and impact.

- **Meaning** is defined as the degree to which people care about their work. Spreitzer (1995)
- **Competence** is much like Bandura's self-efficacy (1997).
- **Self-determination** is the degree of the workers' control of their work, or sense of having the autonomy to choose the actions for performing his or her job. responsibility.

- **Impact** is the degree to which the workers feel they can influence their immediate work surroundings – their work partners and the organization as a whole.

Psychological empowerment is of great significance particularly among nurses, a professional population coping with extraordinary professional which demand that they be able to think autonomously, act independently and creatively, find effective solutions for challenging situations and overcome unconventional difficulties (O'Brien, 2011). Therefore, nurses who report a higher level of psychological empowerment tend to be less burnt out, more satisfied with their work, professionally competent and self-motivated to act for the benefit of patients (Wåhlin, Ek, & Idvall, 2010).

Table 2: Empowerment Theories

Theory	Components
Individual Empowerment (Rappaport, 1987; Zimmerman, 2000)	The individual's ability to gain power and control the events in his or her life
Structural Empowerment Kanter (1993)	Power Opportunity
Psychological Empowerment Spreitzer (1995)	Meaning; Competence; Self-efficacy Impact
Community Empowerment Rappaport (1987)	Focusing on the basic needs of the community; Developing collective actions

In summary, when workers feel involved in the organizational decision-making process, and when they manage to develop a greater sense of belonging to the organization, and consequently, they feel they have the power to influence the course of their work, their colleagues and their bosses.

II.8. Groups Facilitation

For caregivers in general and psychiatric nurses in particular, coping with exceptional work pressures, support groups constitute a major source of renewed emotional resources (Dellasega & Haagen, 2004; Hamrin, Weycer, Pachler & Fournier, 2006; Johnson et al., 1982), which are necessary for the emotional labor they perform. Support groups allow caregivers to decrease their sense of social isolation resulting from their type of work, which involves one-on-one work with patients. Increased social contact created in support groups, both with the other participants, and with

professionals guiding the groups, may alleviate feelings of depression and anxiety, allowing psychiatric nurses to derive greater satisfaction with social support network, and reduce their emotional burden (Johnson et al. 1982). In support groups, the opportunity to reflect on significant personal and emotional stressors, which are relevant to their work with patients, provides the nurses participating in support groups with means of integrating experiences, sharing feelings, getting approval on their personal experiences, and exchanging information, which are just a small part of the positive results of participation in support groups (Wang, Chien & Lee, 2012).

Participation in support groups can be a challenge in itself, because the groups' conduct is based on the verbalization of thoughts and feelings in front of others, when at least some may be foreign. Some nurses find it hard to speak openly in the group, be it because they lack verbal communication skills or because they are shy and are not at ease when they have to expose their feelings, or they lack self-confidence which is necessary to open up their problems to the support group (Dellasega & Haagen, 2004).The issue of trust may prevent some participants from being exposed and benefitting from helped offered by the support group. Even after the group becomes cohesive, participants may maintain a relatively high level of privacy and confidentiality. As a result, the contribution of the support group to its participants is not to be taken for granted and worth investigating (Wang et al., 2012).

The group members operate on a mutual help principle whereby they help and are helped simultaneously. At the various stages of the group's development there are changes in the individual's self-image; group identity develops, there is a release from guilt feelings concerning the individual's personal problems, and a strong feeling of responsibility is created related to present and future events. In addition, structured and planned group work necessitates agreeable conditions for community development and democratic participation. The individual undergoes a change of values that leads to behavioral change via belonging to the group; "the feeling of us", "we are all in the same boat". The group work method is implemented in the therapy, organization and community fields (Rosenvaser, 1990).

One of the ways of achieving empowerment and especially empowering workers is participation in a support group (Handler 1990).

The following section discusses the contribution of participation in a support group to coping with stress, to awareness of emotional labor, self efficacy and psychological empowerment.

II.9.4. Strengths Weakness Opportunities and Threats (S.W.O.T)

The subtitle above are relating to group facilitation and discuss the main subjects like :definition, the role of Group Facilitation in the workplace and the technics I used in the training process with tools: Johari Windows, Strengths Weakness Opportunities and Threats (S.W.O.T) , therapeutic card and the principles of Mediation (more detail in the methodological chapter)

II.10. Support Groups, and the Contribution to each of This Research Variables

It was indicated that nurses need more practical and emotional support in caring for people with mental health problems due to the stressful and complex nature of their work. They relied on their peers for support but many felt that this was inadequate due to poor attitudes or lack of expertise. Lack of knowledgeable support and delay in access increased the perception of danger. Other studies (Bailey 1998; Roberts 1998; Sharrock & Happell 2002) also indicate that general nurses need support to provide mental health care, and that this is often unavailable. Bailey (1998) believes that poor institutional support in this area results in coping tactics, such as tea room humor for the relief of stress, at the expense of patients. Venting feelings in this manner could also perpetuate the stereotypical negative responses suggested by Roger and Kashima (1998) contributing to the stigma of mental illness. Shortage of mental health services and distance due to rural locations also reduced the availability of support for rural nurses in this study. Judd and Humphrey (2001) believe insufficient resources create serious problems in providing support for people with mental health problems.

One study which focused on the population of nurses (Blau, Boyer, Davis, Flanagan & Konda, 2012), showed how the practices of organizational support can help employees cope with stress. Researchers' argument rests on the Conservation of Resources (COR) theory (Hobfoll, 1989), which maintains that when workers feel that the shocks / pressures they face are too much for them, they are supported by valuable resources to overcome them. However, when the shock is great, it may drain

resources, and workers are burnt out. A burnt out employee feels devoid of valuable resources and is not able to cope with the challenges of his or her work as is expected of him. Conversely, organizational practices such as support groups can help workers regain the missing resources and halt the shocks.

Dellasega & Haagen (2004) accompanied in their research a project of support provided to nurses during which the participants were offered that they express their distress in writing; researchers reported the method's effectiveness in balancing the group participants' emotional resources and decreasing stress.

II.11.Rationale

As shown in the theoretical background, the work conditions of psychiatric nurses are very difficult and characterized by stress (Plaiser et. al. 2006), emotional labor (Trinkoff, Zhou, Storr & Soeken, 2000; Hoshold, 1983), the need for a high level self efficacy (Miruma & Griffiths 2003; Taorina & Law 2000) and psychological empowerment (Laschinger, Finegan & Shamian, 2001; Manojlovich, 2005; Benner, 2001) to cope with this conditions. They are in need of support and constant, systematic assistance while they work (Mimura & Griffiths, 2003; Taormina & Law, 2000). The research literature indicates that continuing education and conventions are not enough for nurses. Rather it is necessary to accompany the nurses at work with support groups in order that they are able to deal with the stress they experience (Fergus & Zimmerman, 2005; Prochaska & Norcross, 2001), be aware of their feelings (Maslach, Jackson & Leiter, 1996 in Kravits et. al 2010), and strengthen their self-efficacy and their psychological empowerment.

The main argument of this study is that given the nature of their stressful and demanding work, psychiatrist nurses' participation in a support group which seeks to lower the level of stress at work and increase awareness of their feelings by enhancing their self-efficacy and psychological empowerment is essential. Psychiatric nurses' empowerment, enhanced self-efficacy and self-awareness of their feelings at work and learning strategies and tools for decreasing stress, are essential factors in improving their quality of life and as a result the quality treatment and of their mentally ill patients.

Very few research studies have examined the implications of support groups for psychiatric nurses who work in closed wards in psychiatric hospitals, especially in Israel. The importance of this study is in its contribution to the scant existing research that deals with the contribution of support groups to coping with stress, dealing with their emotions at work, increasing their self-efficacy and psychological empowerment. The findings of this research study have implications for psychiatric nurse training in relation to the official nurses" training policy, their professional development, and accompanying them at their place of work with established support groups over an extended period of time.

The significance of this research study is in its contribution the relatively small amount of knowledge regarding the contribution of support groups to coping with stress, to raising awareness of the nurses' emotions at work, and to enhancing their self-efficacy and psychological empowerment. The findings may have implications on the training of psychiatric nurses, policies regarding their professional development and accompanying them in their work by providing long-term institutional support groups. The major goal of this study was to examine and broaden the understanding, knowledge and perceptions regarding the change that has taken place with psychiatric nurses after participating in a support group: to evaluate the level of (1) coping with stress at work; (2) the emotional awareness at work (3) their self-efficacy (4) psychological self-empowerment at work and (5) to expose the perception of the contribution of training in general.

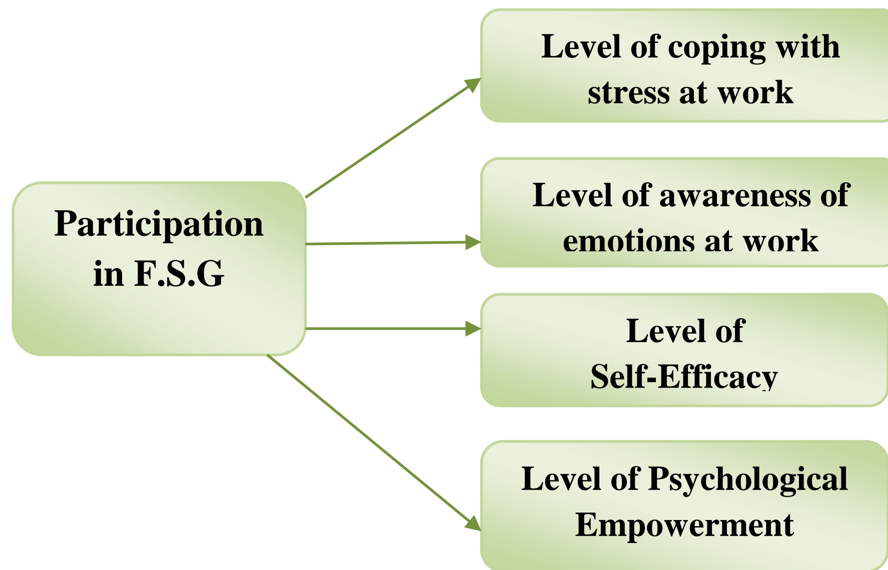
III. Methodology

The Research Hypotheses

In order to demonstrate that support groups reduce the stress, increase the capacity to manage emotional labor (eventual capability to keep a safer distance, improving communication with and about the work with patients), and increase self-efficacy and empowerment, four hypotheses were made:

The above literature review and theoretical setting of the research variables leads to the research hypotheses, the research questions and Figure 3 presenting the research model.

Figure 3: The Research Model



III.1. Study Design: Quantitative and Qualitative Methods

The present research used a mixed method approach to demonstrate the need of psychiatric nurses for continuous group work that allows them to become more aware of their own roles. The research focused on collecting, analyzing, and mixing both quantitative and qualitative data with a formative (pretest-post-test) experimental design with randomly assigned psychiatric nurses in a target and a control group (Cresswell & Plano-Clark, 2007). The central premise was that the use of combined quantitative and qualitative approaches provided a better understanding of the effects of the training program on self-efficacy and stress reduction in psychiatric nurses rather than using either approach individually.

Table 2: Research Structure

	Research Population	Research Sample	Target group	Control Group
Sample	150 hospital nurses	48 nurses that had similar characteristic before the program intervention	24 nurses selected randomly	24 nurses selected randomly
Method			**Quantitative**	
Tools			Questionnaire***:*** *(1) Ways of Coping with Stress* *(2) Discreet Emotions Emotional Labor;* *(3) General Self-Efficacy ;* *(4) Psychological Empowerment;*	
Method			**Qualitative**	
Tools			✓ 6 in depth semi-structured interviews ✓ 2 focus groups 9 participants in each group (18 in total).	

III.2. The Posttest-Only Control Group Evaluation of the training program

The present study used a posttest-only control group design. The posttest-only control group design was preferred to the pretest-posttest control group design as the investigator was faced with serious time and budgetary constraints. The posttest-control group design is a type of experimental design where the experimental and control groups are measured and compared after the implementation of an intervention. Comparisons were made only after the intervention, as this design assumed the two groups were the same prior to those who were randomly assigned to the intervention. Between-group differences were used to determine the treatment effects (Gliner & Morgan, 2000). Since cases have been randomly assigned to the experimental and control group, these groups were assumed to be similar before the program intervention. This design allowed the researcher to measure the effect of the program's intervention on the target group via comparison to the control group.

Figure 2: Research design – posttest-only control group design

X= An intervention program = Group Facilitating Sport (G.F.S)

O= An Observation measurement = the research questionnaire

III.4.Research Population

The research population included 150 licensed psychiatric nurses working in a state level psychiatric inpatient hospital in Israel. This hospital consists of 350-400 beds and is operated by the Department of Mental Health in the Ministry of Health. The nurses are the majority of the health team, about 70% of the multidisciplinary teams, liaising with psychiatrists, psychologists, occupational, therapists, social workers and other health professionals. They are licensed as psychiatric registered nurses (P.RN) and most of them have B.A. and M.A. degrees in nursing or other branches in the social sciences. This nursing population cares for psychiatric patients who are suffering from mental illnesses or mental disorders, such as schizophrenia, bipolar disorder, psychosis, depression or dementia in closed and open wards.

III.5 Target group

Twenty four nurses from the hospital nursing staff were chosen to participate in the research and met in a room that was chosen specifically for the training. The training began at 08:30 in the morning and continued until 13:00. There were three breaks; two 10 minutes breaks and a longer 30 minute break. During the training there were activities pertaining to the research questions and objectives. Since a change process was involved, the training was managed according to the Proshaska & DiCemente model (1994).

The training included simulations from the nurses' work and role playing. In order to improve their awareness and self-efficacy use was made of the "Johari Window" tool (see appendix) in order to improve and strengthen communication skills, work in stressful situations, cope with a heavy work burden and a lack of staff.

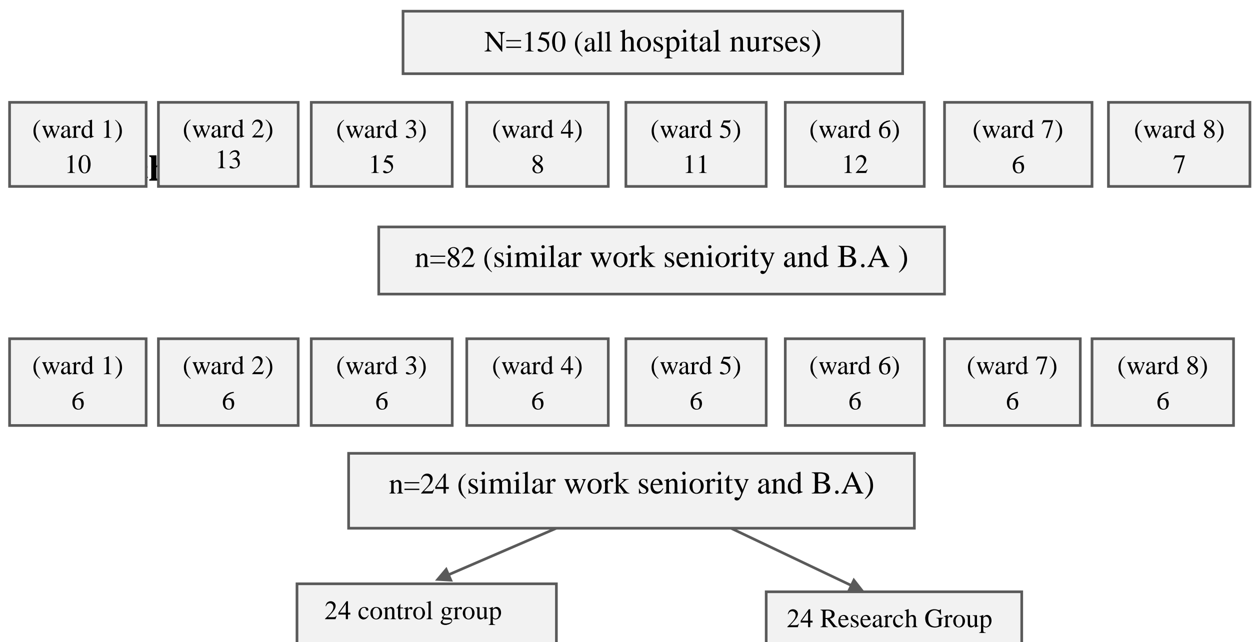
The goal of the training was to create quasi-laboratory conditions that were similar to situations in the work setting and to cope with them in a free setting where the participants could share their feelings and emotions in a safe place, and to undergo a change related to how they perceived their strategies of coping with stressful situations, raised their emotional awareness, and improved their self-efficacy as they worked with patients suffering from mental illness. The program was conducted according to the participants' needs and the situations that they raised. They were analyzed according to the tools acquired by the participants with the aid of the group facilitator who is also the researcher and a nursing supervisor and coordinator at the same hospital.

III.6.The Research Sample

The sample size was dictated by hospital management. Due to manpower shortage and a heavy workload, management allowed only 24 nurses to participate in the target group. Three criteria were considered in choosing the research sample: seniority of at least 8 years, a B.A. degree and a basic course in psychiatry, as veteran psychiatric nurses who have taken a course in psychiatry have more experience in the workplace and in the issues being examined.

Since we used posttest-only control group design and as cases had to be randomly assigned to the experimental and control group, and these groups were assumed to be similar before the program intervention, 150 hospital nurses in eight of the hospital wards, with similar work seniority and a B.A. degree met the criteria. Six of these nurses were randomly chosen from each ward for the research. Notes with the names of nurses were placed in a box and randomly selected: three nurses for the target group and three for the control group. In this way we made sure all hospital wards were represented in the study and all nurses had an equal chance of being selected. Thus, a total of 48 psychiatric nurses were chosen for the study; 24 nurses for the target group and 24 nurses for the control group.

Figure 4: Research Process - Random Sample



III.7.Quantitative Methodology

The quantitative section of the research study was comprised of a five-part closed-ended questionnaire (Appendix1.)

1. A questionnaire that examined the level of coping with stress at work.
2. A questionnaire that examined the emotional awareness level at work.
3. A questionnaire that examined the self-efficacy level.
4. A questionnaire that examined the psychological empowerment level.
5. A questionnaire that examined background variables.

Table 2: Quantitative Research Tool

Instrument	Author	Description of Instrument Scale
The Ways of Coping Checklist (W1CCL)	Lazarus & Folkman 1984	51 questions with eight sub sub-scales: planful problem solving - questions 75 - 80; seeking social support - questions 57 – 62; self-control - questions 50 – 56; positive re-appraisal - questions 81 – 87; confronting coping - questions 37 – 42; distancing, - questions 43 – 48; accepting responsibility, - questions 63 - 66 and escape-avoidance - questions 67 – 74.
The Discrete Emotions Emotional Labor Questionnaire	Glomb & Tews, 2004	Included three subscales: genuine expression, faked expression, and suppression. Two of these subscales, faked expression (DEELS- Faking) and suppression of emotions (DEELS Suppression) were included in this study
General Self-Efficacy Questionnaire	Bandura ,1994; Chen, Gully & Eden,2001	Likert Scale with 8 items, scale of 1-5 (1 - least likely to agree; 5 - strongly agree). The questionnaire was adjusted to the research and was changed to 3 levels. For example; "I can achieve most of the goals that I set for myself".
Psychological Empowerment Questionnaire	Spreitzer, 1995	A- 12-item scale. The scale contains four dimensions including: meaning, competence, self-determination, and impact.

III.8.Qualitative Methodology

1. A semi-structured in depth interview (Appendix.2)
2. Focus groups (Appendix .3)
3. F.G.S tools

Table 5: Training F.S.G and Its Techniques

Tool	Goals	Techniques
Johari Windows	Using Feedback and becoming internally and externally familiar with the individual	Introspection Acquaintance
S.W.O.T	Analysis of strengths and weaknesses. Examination of resources available to the individual and identifying threats and opportunities. Looking for solutions	Expanding focus on difficulties while referring to them in pairs.
Principles of Mediation	Negotiating and conflict resolution	Simulation and Reconstruction
Therapeutic Cards: "Point of You"	Engaging in emotions	Emotion discourse

Among the resources, use was made of the S.W.O.T tool (Strengths, Weaknesses, Opportunities, and Threats). Each of the participants made his or her own S.W.O.T tool and together all participants prepared a S.W.O.T chart for the hospital (see In addition, the participants listened to lectures by the group leader on subjects related to emotional labor and there was a guest speaker who gave a lecture on compassion fatigue. In all, the training included lectures, work in small groups, simulations, and role playing.

The goal of the training was to create quasi-laboratory conditions that were similar to situations in the work setting and to cope with them in a free setting where the participants could share their feelings and emotions in a safe place,

The training was conducted according to the participants' needs and the situations that they raised.

III.9.Data Processing and Analysis

The questionnaire was processed by using SPSS statistic software and included the following: means, standard deviations, frequency and Pearson correlations (r) and the t-test to answer the research hypothesis.

III.10. Encoding Methodology, Processing and Interview Assessment

Grounded theory (Glaser & Strauss 1967) was chosen to examine the data in this research. It is systematic and allows for openness and flexibility. The analysis was carried out in five stages according to the stages described by Gibton (2001).

III.11. Ethical Considerations

Ethical considerations mandated that this research receive the approval of the Helsinki Committee for Human Rights in order to protect the rights of the participants; confidentiality and anonymity were observed at all times. Pseudonyms were provided in order to preserve the participants' privacy. Furthermore, consent was obtained from all the participants. Each participant received an explanation about the research and its objectives. They were informed that they had the right to withdraw from the program at any time. All of the participants agreed to participate in the research and signed an informed consent form. Permission was obtained from the hospital's management to conduct the research. In this research the participants were exposed to emotional and professional aspects of their lives where potential harm might be caused and were provided with professional support by a psychiatrist M.D (medical doctor).

It is important for investigators to be aware of basic principles of protecting the participants, including “full disclosure and consent”. In this research study, participants were fully informed as to the purpose of the study (research group and control group), confidentiality of responses, how the results were intended to be used, and who would have access to the data. Additionally, the participants in the control group were promised that the following year it would be their turn to take part in the FSG.

IV. Findings

Quantitative findings

The quantitative findings confirm the first research hypothesis. Significant differences were found between the target group and the control groups regarding self-controlling, seeking social support and positive reappraisal of the stressful situation with regards to the other five coping ways. The findings reveal that psychiatric nurses of the target group, whose members participated in the support group intervention, reported more frequent use of strategies for coping with stressful situations: self-controlling, seeking social support and positive reappraisal than the control group, whose members did not participate in the intervention training. However, no significant differences were found between the groups with regards to the other five coping ways: Confronting, Distancing, Responsibility, Escape/Avoidance and Problem Solving. The second research hypothesis was refuted. No significant differences between the groups in the levels of Emotional Labor was found, both on the level of Emotional Faking and Emotional Suppression. The third and fourth research hypotheses were confirmed. Significant differences were found between the target group and the control groups of Self-Efficacy and Psychological Empowerment. The findings reveal that psychiatric nurses of the target group, whose members participated in the support group intervention, reported higher levels of the sense of Self-Efficacy and Psychological Empowerment than the members of the control group.

IV. Qualitative Findings

The qualitative research findings are presented according to research questions in the following order:

1. Differences in the perceptions of the research variables by psychiatric nurses who participated in the target group following their participation in the support group.
2. The nursing staff's perceptions of the general contribution of their participation in the Facilitative Support Group F.S.G.

Differences in the perceptions of the research variables by psychiatric nurses who participated in the target group following their participation in the support group are presented according to research questions in the following order:

A. Perception of the work environment as abundant in stress factors.
B. The nursing staff's perception of the contribution of their participation in F.S.G.[1] to their coping with stressful situations at work.
C. The nursing staff's perception of the contribution of their participation in F.S.G. to their emotional awareness at work.
D. The nursing staff's perception of the contribution of their participation in F.S.G. to their self-efficacy.
E. The nursing staff's perception of the contribution of their participation in F.S.G. to their psychological empowerment.
F. The nursing staff's perception of the general contribution of their participation in F.S.G.

In General, the qualitative findings based on analysis of the personal interviews and focus groups support the quantitative findings that Indicates significant differences between the target group and control group in self-controlling, seeking social support and positive reappraisal than the control group, whose members did not participate in the intervention training.

VI. Conclusions

As many other developed countries, Israel is trying to cope with the difficulties experienced by the nursing staff, with only partial success.

Research conducted in Israel indicates teams in mental hospitals - both nurses and doctors - often find themselves insufficiently equipped, neither guided and nor prepared professionally and personally to cope with challenging situations and solve the problems of the patients (Weingarten & Granek, 1998). Some even tend to be negative attitudes toward various patient behaviors, without being able to influence them and change them (Melamed, Peres, Gelkopf, Noam & Bleich, 2007). Some even tend to express negative attitudes toward the various patient behaviors, without being

[1] Facilitative Group Support

able to influence them and change them (Melamed, Peres, Gelkopf, Noam & Bleich, 2007).

Moreover, the goal of this research was to expose the context and perception of the work environment in the psychiatric war, and try to understand the differences in the differences in the capabilities of nurses who participated in the target group, regarding their coping with stressful situations, their perception of change in their emotions at work, sense of self-efficacy and the change in their perception of their psychological empowerment as a result of their participation in the F.S.G. support group.

Factual Conclusions

The research findings emphasize the notion that the support group is perceived as a setting advancing coping with stressful situations which develop as a result of the emotional and physical load on the shoulders of the nursing staff. Furthermore, the research reveals that the support group is perceived as helping the psychiatric nursing staff cope with stressful situations by using coping strategies which may alleviate tier stress. Furthermore, the findings reveal that participants of the support group perceive the support group as an emotional setting where the psychiatric nursing staff where they can process negative feelings which derive from the psychiatric nursing job demands. The support group is perceived as a setting which allows for the discussion of the anxieties resulting from violence on the part of the mentally ill patients. Additionally, support group is perceived as a setting for sorting moral dilemmas and forming a professional culture which includes moral and ethics values that have to do with psychiatric nursing.

A gap was found in this research between the psychiatric doctors' professional values and the values of the nursing staff. This gap is a source of stress on the nursing staff, whose members are hierarchically under the supervision of the doctors. The support group enabled the surfacing of the feelings of stress deriving from that pressure and hence the conclusion is that the support group is perceived as a setting where professional-cultural conflicts between the medical staff and the nursing staff can be discussed.

The research also found that that the support group is perceived as a protected setting for where participants can contain their feelings and work out their moral conflicts, so

that they can continue caring for their patients without any physical or mental damage to their health. In this way the support group helped the nursing staff form professional values which are unique to psychiatric nursing.

On the emotional level, the support group is perceived as a "laboratory" where tools and skills can be acquired for enhancing the sense of self-efficacy and empowerment of the psychiatric nursing staff. The support group is perceived as a setting where stressful situations may be reconstructed and discussed, and where nurses can re-evaluate the meaning of the nursing work to the nursing staff. The research reveals the support group is perceived as a place where the nurses can develop their ability to control the situation as a factor which will promote their ability to contain the situation, accept social support and search for solutions. Moreover, the members of the nursing staff feel that following their participation in the support group intervention, they can largely exercise their autonomy at work and influence their work environment, which enhances their sense of psychological empowerment and allows the staff members to better cope with the challenges of the psychiatric ward n the hospital. Finally, the support group was perceived as a setting which increases the participants' sense of involvement which influences the work environment, which in turn which enhances their sense of psychological empowerment.

Conceptual Conclusions

Ultimately, this research shed light on psychiatric nursing as a process which is filled with tension and stressful situations which derive from the work environment on the one hand, and with the gap exposed in this research between the between the psychiatric doctors' professional values and those of the nursing staff. The stressful situations derive, to a great extent, from the collision course between the two cultures; in other words, the doctors' medical culture and the nursing culture of the psychiatric nurses, who are supervised by the doctors on the one hand, and are constantly in direct contact with the genuine difficulties involving the treatment of mentally ill patients.

This research depicts the support group as an intense process which provides a containing, protective space for the nurses, enabling them to discuss their various conflicts, establishing trust among the participants and enhancing their psychological

empowerment. The higher the nursing staff's psychological empowerment, the greater the staff's ability to cope in stressful situations related to their work with their mentally ill patients. Ultimately, the empowered nurses, as part of their role perception, will be able to empower their patients, who, in turn, will receive better care which will increase their chances of functioning in society in a more effective manner.

Practical Implications

The conclusions of this research lead to the following practical implications:

1. Since the support group was found to be a major process in the empowerment of nursing staffs in psychiatric hospitals, it is recommended that similar frameworks be developed so as to allow for a protected, supportive space for the nurses to go through emotional-psychological processes.
2. These support groups will serve an enabling setting for the discussion of professional and moral dilemmas pertaining conflict regarding the gap between the nursing staff set of values when interacting with the doctors, whose professional values are different.
3. Thee support groups must be allowed to develop strategies of coping with stressful situations. Nursing staffs in psychiatric hospitals often required these strategies so as to be able to cope with stress caused by their work with the mentally ill patients.
4. The support groups ought to be a part of the general health authorities' policy as an integral part of the psychiatric nurses' work routine.

Research Limitations

This research had a number of limitations as detailed below:

- The first limitation pertains to qualitative research which is subjective and interpretive, and therefore, doubts may arise as to the reliability of findings. However, qualitative research is characterized by high validity and does not presume reliability (Shkedi 2005). Furthermore, the interpretation of findings is indeed subjective due to the researcher being a psychiatric nurse who is working in the same hospital and holding a manager's role. Nevertheless, this profound acquaintance with the filed provided the researcher with tools which

allowed for the interpretation in the broad context of the researcher's activity, and therefore, enhanced the strength of the findings emerging from the research.

- An additional limitation is the use of semi-structured interviews to collect data. This tool may create "social desirability" according to which the interviewee is influenced by the researcher and may create bias because as mentioned, the researcher is a psychiatric nurse who is working in the researched hospital and holding a manager's role. However, the researcher used the means recommended by Robson (1993) to minimize the researcher's influence on the participants by not responding to their statements with judgment, thus contributing to minimizing social desirability.
- An additional limitation pertains to the size of the sample. By nature, research engaging in group facilitation means a group cannot include more than 25 participants. Therefore, the sample consisted of 24 nurses in the target group, and 24 nurses in the support group. Awareness of this limitation led to conducting statistical analyses which are suitable for small samples.
- The last limitation had to do with generalization. Indeed in qualitative research it is difficult to achieve in qualitative research claim to generalize to other populations, but the use of mixed method the quantity part research allows for theoretical generalization from one context to a similar context, and it is up to the reader to decide.

Research Contribution

1. This is a pioneer study which examined the contribution of support groups to psychiatric nurses in Israel.
2. It is a pioneer empowerment study which examined the psychiatric nurses' perception of change following their participation in the support group, with regard to four variables: stress, emotional labor, self-efficacy and psychological empowerment, and the role of each variable in the process.
3. The nurses who participated in the support group embraced the research model and now these support groups are held in some of the hospital wards and managed by a psychologist.

4. The management in the researched hospital declared support groups for the nursing staff as an integral part of the hospital's organizational culture, acknowledging the importance of the process to the mental health of psychiatric nurses.
5. The research contributes to knowledge in the field of empowerment in general and in the domain of the emotional needs of psychiatric nurses in particular.
6. The research increases the psychiatric nurses awareness of their needs in the workplace and enhances their capabilities and awareness of the legitimacy in demanding their needs be satisfied.

Recommendations

1. A follow-up research is recommended, which will examine the current research model in a long process lasting a year or longer.
2. It is recommended to conduct research which will examine the contribution of the support group to psychiatric nurses working together in the same ward.
3. It is recommended to conduct research which will compare the influence of individual support versus group support.
4. It is recommended that this research model be applied in hospitals in general and in psychiatry in particular.
5. It is recommended that other support groups depicted in the literature be examined; for instance, support groups where knowledge is shared, where participants were asked to engage in portfolio writing, where they can express their feelings and tell about themselves.

A conceptual model of the F.S.G in one Israeli psychiatric hospital

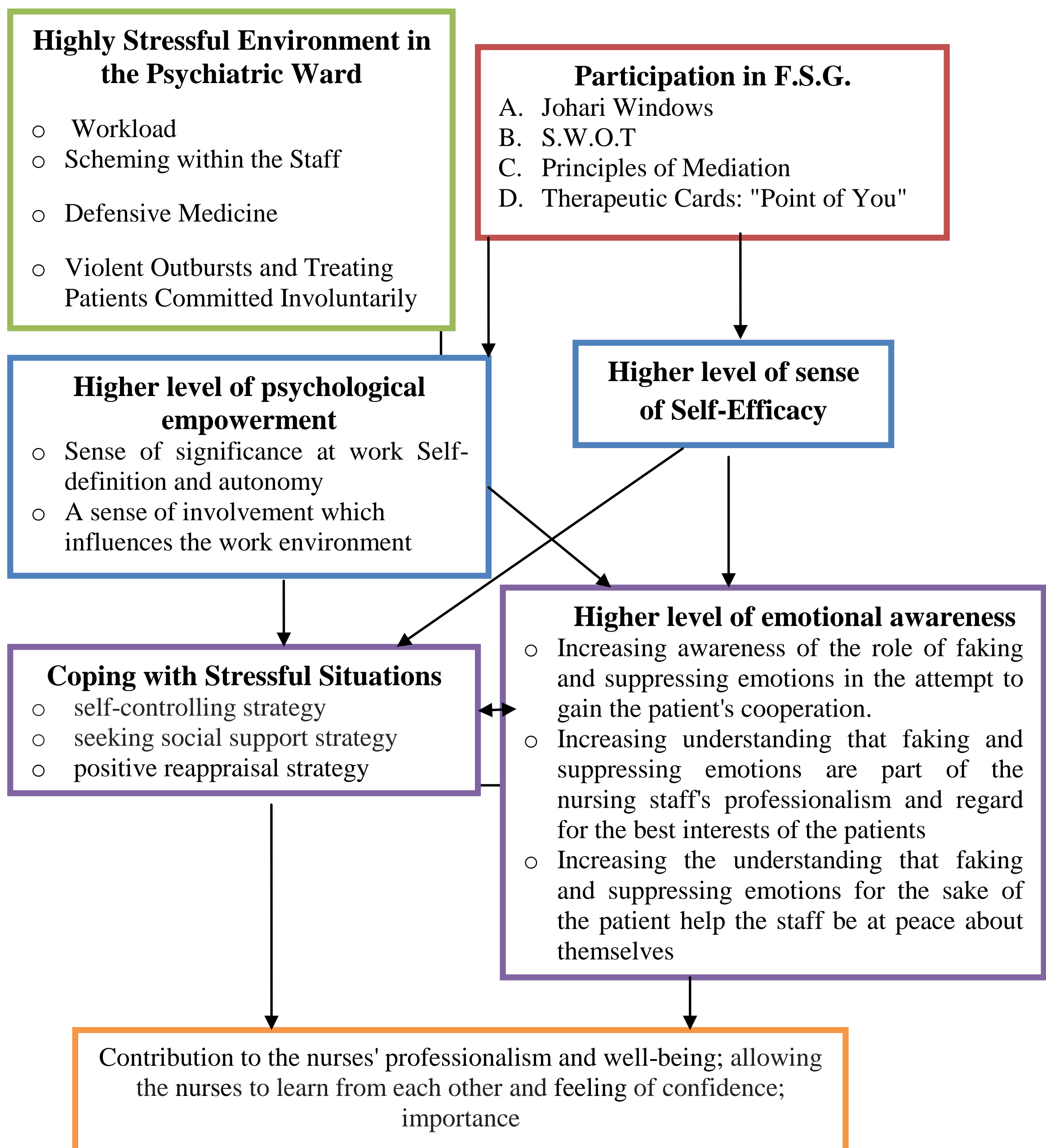
(**Grounded Theory**)

The main argument of this study is that given the nature of their stressful and demanding work, psychiatrist nurses' participation in a F.S.G which seeks to lower the level of stress at work and increase awareness of their feelings by enhancing their self-efficacy and their psychological empowerment is essential.

In other words, psychiatric nurses' empowerment, enhanced self-efficacy and self-awareness of their feelings at work and learning strategies and tools for decreasing stress, are essential factors in increasing the psychiatric nurse awareness of their emotional needs

The model of facilitation support group training, training psychiatric nurses and facilitating their development of coping strategies with the stress involved in their daily work at the psychiatric ward.

Figure 11: A Conceptual Model of the F.S.G. in Israeli Psychiatric Hospital (Grounded Theory).



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