Editorial

Theo Gavrielides

Welcome to the first issue of 2018. Last year, we celebrated our tenth anniversary, taking the opportunity to look back at what we have achieved with the aim of learning what we can do better. Internationally, health and social care services report as underfunded and stretched to a breaking point. By definition, this leaves them exposed to bad practice with overwhelmed, stressed or untrained staff. For example, here in the UK, while funding for health and social care public services has been reduced, users' numbers have increased. At the same time, our planned exit from the European Union has seen a dramatic drop in migrant nurses' numbers, and a fall in public trust. Political slogans for funding the National Health Service using so called "savings" from our EU exit proved to be not only false, but also intentional lies. Accountability for this deterioration remains unidentified, and the UK is only but one example in the international arena of policy and politics.

While only few would question that health, education, safety and social care must remain in the hands of the state and a key responsibility for any government, standards continue to drop, while the private sector finds space for developing profit-focussed services that aim to bridge the gaps that are created. How do you deal with these financial, social and political pressures, when, at the same time, lives must be saved, and health and social care must be provided respecting at least basic human rights standards such as dignity, respect, fairness and equality?

Looking at our next ten years, and as part of our listening and learning process, our journal will not only continue to raise current issues of international nature and interest, but also go to places that remain under the radar of research, policy and practice. This may involve countries and geographical spaces that are not easily accessible for research and learning, but also practice areas that tend to be left in the shadows due to their complexity. Therefore, I am pleased that this issue includes papers that look at all corners of the world and unravel grey practice areas including healthcare in prisons, nurses' turnover, Muslim integration and mental health.

The first research paper "Protecting Healthcare Through Organizational Support to Reduce Turnover Intention" brings forth the international issue of turnover in the nursing profession. In particular, the paper aims to identify the mechanisms through which organisational support can help nurses to reduce their turnover intention. It uses original data from 324 nurses that were collected through a questionnaire-based survey using convenience sampling. The results were generated using structural equation modelling. They confirmed the mediating role of organisational commitment and citizenship behaviour between perceived organisational support (POS) and turnover intention. In addition, psychological contract breach was found to weaken the positive association between POS and citizenship behaviour. This study adds to the extant literature by incorporating organisational citizenship behaviour as a mediator between POS and turnover intention.

The second paper "Correlates of Lengthy Stay in a Mental Health Hospital" examines the role of social factors that determine patients' length of stay in mental health hospitals. I was particularly proud to edit this paper as research in the area of chronic psychiatric hospitalisation and its effect on the course and prognosis of mental illness is still scarce, especially in the Arab world where this paper comes from. The paper was based on original research that used a case-control, cross-sectional observational study that looked at variables relating to length of stay in a mental hospital within the Arab culture. The sample population consisted of 2 groups: group A (94 patients), taken from patients hospitalised for more than one year, further subdivided into schizophrenia and schizoaffective inpatient group, and bipolar affective inpatient group; and

group B (94 patients) received treatment at the outpatient clinic after being admitted for less than six months following the same subdivisions. The positive PANSS score showed highly statistically significant correlation with length of hospital stay in the schizophrenic and schizoaffective patients in the inpatient group. The results showed no statistically significant difference between the inpatient schizophrenic cases and the inpatient affective cases regarding length of hospital stay. In short, the paper shows that when it comes to schizophrenic and schizoaffective patients, their hospital stay is impacted by their age and positive PANSS score. The study also found that there is a significant difference between inpatient and outpatient groups regarding their marital status, education level and psychosocial class. This paper opens new avenues for further research with larger samples that will allow the pros and cons of deinstitutionalization, taking into account the past experience of health systems in other countries.

"Mortalities and Morbidities due to Traffic Accidents: The Unknown Criminal" aims to determine the relationship between crime with injuries and deaths due to road traffic accidents in Iran. Macro-level panel data collected between 2007 and 2013 were used as part of original research that informed the paper. A positive association was found between crime and mortalities and morbidities due to traffic accidents. Traffic accidents and crimes derived from a similar nature and thus traffic accidents could be categorised as crimes. The study concludes that future prevention programmes should focus on population groups with high social distinction and criminals, especially traffic offences.

Subsequently, "Batak Toba Society's Local Wisdom of Mutual Cooperation in Toba Lake Area: A Linguistic Anthropology Study" takes us to Indonesia, and looks at the importance of language and how we work together towards a mutual goal, let that be our health, social cohesion or integration. The paper is based on original research that used four methods of data collection, namely, in-depth, open-ended interviews; direct participatory observation; focus group discussion; and written documents. This paper offers a new and significant contribution to socio-anthropology. It argues that in our societies, we do not consider the implementation of mutual cooperation anymore. It presents evidence that *marsirimpa* (the local term for mutual cooperation) can be used as a non-material capital to improve the socio-economic development of our societies including healthcare institutions.

The following paper, "Dayah Collectively as a Social Movement", investigates the issue of culture and in particular strategies and mechanisms of social reproduction within Muslim communities. Given how little we know about these minority groups within our own Western cultures and how they interact with social and healthcare services, this paper is an important addition to the extant literature. It uses the example of schools and original data that were collected from public institutions with similar sociological and psychological backgrounds and culture. It argues that Dayah with the Islamic culture promises an effective social movement in the Acehnese society. Key contributors that the research identified for this social change were intellectual and clerical elites within Muslim societies. The authors also argue that Dayah can be seen as a broader social movement at the level of the state and nation in Indonesia.

The last paper, "Health Promotion in a Prison Setting: An Exploratory Study on Why and How to do it", looks at the intersection of healthcare and criminal justice, an area that has troubled me academically for years. In particular, the paper examines health promotion in prison settings as a mean of improving inmates' rights concerning physical and emotional well-being, empowering inmates both to reclusion and re-entry challenges. It uses original data that were collected with an initial group of 11 inmates. It also looked at professionals' and inmates' inputs and previous similar interventions, adopting a peer education, community-based and participative approach. A pilot programme was implemented for a year in a prison to test the authors' hypothesis. Although some prison settings presented major constraints to interventions' development, the researchers were able to perform the programme, reinforcing the idea that prisons can and should be health-promoting contexts. The authors argue that several specific needs must be addressed when people are under custody, if we want imprisonment to be a developmental instead of a detrimental experience. This is an important addition to the literature as it sheds light onto a grey practice area. The findings promote a best-practices forum while it addresses prison health agents' training, who may assume an institutional essential role.

I hope that you find the issue helpful in your research and practice. Your feedback is always welcomed, and they can be sent to the Editor-in-Chief, Theo Gavrielides, based at The IARS International Institute, UK.

As promised, we have increased the Issues to our volumes to five with each publication featuring at least six research papers. Following this regular issue, volume 11 will include two special issues: "Negotiating Belief in Health and Social Care" by Guest Editor Dr Pentaris, and "Health Inequalities and Migrants: Accessing Healthcare as a Global Human Right" by Guest Editor Dr Christie. I very much look forward to reading the papers, and indeed welcoming new guest editors to our journal. To express an interest, please e-mail me directly at tgavrielides@emeraldgroup.com

We review papers on an ongoing basis and have a target of returning them to the author within five to eight weeks of receipt. For more information on how to submit your paper, visit www. emeraldgrouppublishing.com/products/journals/author_guidelines.htm?id=ijhrh