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Respect for Human Rights as a component of organizational well-being: factor structure analysis in three countries of Latin America

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Abstract

INTRODUCTION: People with psychosocial disabilities are often discriminated against and experience violations of their human rights. With the QualityRights program, World Health Organization highlights that one of element founding the quality of services is the respect for users' rights, in the belief that there is no quality of care without respect for human rights and vice versa. To date, studies explored the issue mainly in Europe. In this sense, the purpose of the study is to verify if the perception of respect for patients' rights is a component of organizational well-being for mental health workers in three countries of Latin America (Argentina, Colombia, Peru).

METHODS: A random sample representative of professionals working in three mental healthcare networks in Argentina, Colombia, and Peru was enrolled (n=310). Each health worker completed a

questionnaire on sociodemographic data and the Well-Being at work and respect for human rights (WWRR). The WWRR consists of seven items on: satisfaction at work, beliefs about users' satisfaction in received care, the satisfaction of work's organization, respect of users' and staff's human rights, adequacy of resources, and perceived needs of resources in the mental health service. The principal components analysis of the instrument was carried out with Varimax rotation and Kaiser normalization (including all components with Eigen value > 1). RESULTS: The total explained variance was 67.2%. Item 6 saturated in one single factor, and the first five items saturated in factor 1 with factor loadings ranging from 0.52 to 0.86. Parallel test suggested a one-factor structure as acceptable. CONCLUSION: The results show in three countries of Latin America that the more workers perceive that the human rights of users are respected, the more satisfied they are of own work. This article confirms previous observations in Italy, North Macedonia, Tunisia and Palestine.

Keywords: Human rights, Job satisfaction, Well-being, Mental health, Psychiatry, South America.

Introduction

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the need for an active role of people with disabilities in all decisions concerning their life and their rights, including greater incisiveness and awareness of the decisions concerning the treatments they must undertake (1). The convention includes the field of psychosocial disabilities, which is critical according to recent UN documents (2). Indeed, people with psychosocial disabilities are often discriminated against and experience violations of their human rights (3). Poor quality of care is a feature of many mental health services, where people with psychosocial disabilities are exposed to inhuman treatments and have no right to make their own decisions (3). Despite mental health conditions accounting for a third of the global burden of disability (4), more than 70% of people in need of mental healthcare do not have access to sufficient-quality services (5). The expenditure for mental health was less than 2 US dollars per year per capita across all countries and less than 25 cents in low-income countries in pre-Covid era (6). However, resources tend to decrease drastically due to the Covid pandemic and the economic and food crisis linked to the recent wars (7). Paradoxically the pandemic is increasing the need of care, for example, the mortality due to the Covid in people with a diagnosis of schizophrenia is among three times higher than people without diagnosis (8).

In most countries of the world and in almost all poor countries, the main providers of mental health care are psychiatric hospitals adopting institutionalizing and custodial methods. These hospitals are located hours or even days away from where people with mental health problems live. There are no

community care services and facilities operate with little coordination.

The QualityRights program is the World Health Organization's attempt to respond to these challenges and to introduce these principles of the CRPD into the field of psychosocial disability (9, 10). One of the key concepts of the QualityRights program is that the quality of services must have respect for users' rights as a founding element in the belief that there is no quality of care without respect for rights, and there is no respect for rights without the quality of care (1, 11). Given these premises, it is a priority to investigate how operators and users of mental health services perceive the quality of care and respect for the rights of users who use the services (12). The Questionnaire on Well-being at Work and Respect for Human Rights (WWRR) was designed and constituted based on these concepts and under the hypothesis that the perception of respect for the rights of patients is a fundamental factor of well-being in the worker in the health area (13,14). The tool investigates the perception of respect for the rights of users and staff of mental health services; care satisfaction of users and health workers' beliefs about users' care satisfaction with care; healthcare workers' perception of job satisfaction and users' belief of healthcare workers' job satisfaction (13,14). The questionnaire also investigates beliefs about the adequacy of mental health resources (13,14). WWRR exists in a version for staff and a version for users (15). Currently, the instrument is available in different languages such as Italian, English, French, Macedonian, and Maghreb Arabic. Its factor structure was already explored among Mediterranean countries (16), but it was not explored yet in other contexts external to Europe such as Latin America where the topic about respect of human rights of people with psychosocial disabilities is not investigated. In addition, it is not available a Spanish version of the instrument.

Aim

The purpose of the study is to verify if the perception of respect for patients' rights is a component of organizational well-being for mental health workers also in Latin America. The factor structure of the Well-Being at Work and Respect for Human Rights Questionnaire was analyzed in Argentina, Colombia, and Peru.

Methods

Design and study contexts

A cross-sectional study was carried out. The study involved professionals who worked in mental health care facilities from three countries of Latin America (Argentina, Colombia, and Peru). These countries were selected based on their different cultural, socioeconomic, and religious characteristics.

Argentina. The study included workers from community mental health services and hospital emergency services in the province of Buenos Aires, in the city of La Plata.

Colombia. The study was carried out in two public and private mental health centers in the city of Valledupar, located in the Caribbean area. Professionals who worked in clinics, outpatient centres, and public hospitals offering services in mental health and psychiatry were recruited.

Peru. Professionals working in psychiatric units and mental health centres for outpatients and hospitalized patients were recruited throughout the country.

Participants and data collection

. In Peru, workers were recruited through the association of mental health professionals. In Argentina, mental health professionals were recruited from the city of Las Plata. Also in this case, workers were contacted through the association of mental health professionals and were proposed to participate in the study after explanation of the aim. These associations count a total membership of 425. Participants who agreed to take part in the study completed a structured questionnaire. In Peru and Argentina the questionnaire was sent online through the associations. In Colombia a paper questionnaire was administered individually to 135 healthcare workers. All the participants provided written informed consent.

Instrument

The questionnaire included a section with demographic data (age, gender, occupational status, education, working shift, working contract, and service) and a section including Well-Being at work and respect for human rights (WWRR) questionnaire. This scale is part of a global World Health Organization initiative on human rights and the implementation of the Convention on the Rights of Persons with Disabilities, the Quality Rights initiative (https://www.who.int/mental_health/policy/quality_rights/en/). The aim was to measure how patients and staff perceive the respect of human rights of both patients and staff and how this is associated with organizational and working climate. The questionnaire was developed based on discussions with different professionals (psychiatrists, psychologists, rehabilitation technicians, and psychometrists) with the intent to pilot a short, simple, and easy tool for future use in large multi-center studies. The WWRR scale included seven item: (1) How satisfied are you with your work? (Likert scale from 1 = Not at all to 6 = Completely satisfied); (2) How much you believe that the users of the service in which you work are satisfied? (Likert scale from 1 = Not at all to 6 = Completely satisfied); (3) How satisfied are you with the organizational aspects of your work /how your work is organized? (Likert scale from 1 = Not at all to 6 = Completely satisfied); (4) To what

extent do you believe that the human rights of the people who are cared for in your service are respected? (Likert scale from 1 = Not at all to 6 = completely respected); (5) To what extent do you believe that the human rights of the staff working in your service are respected? (Likert scale from 1 = Not at all to 6 = completely respected); (6) How do you evaluate the current state of care in mental health in your service/ward, with reference to resources? (a- Resources are adequate; b - I would like to have more resources but those present are quite congruous; c - There are defects but it is possible to provide sufficiently valid assistance; d - Resources are insufficient and inadequate assistance is provided; e - Poor assistance is provided due to serious resource deficits); (7) Which types of professionals do you think would be most useful to add in your service (only one possible answer): Doctors, Psychologists, Nurses, Educators or Rehabilitation Technicians, Social Assistants, support staff, security personnel. The core items of the questionnaire are the first six. Item 7 is exploratory in nature as the perception about the need for human resource in the service is just informative.

As a Spanish version of the questionnaire was not available, two mother-tongue professionals carried out the translation/back-translation procedure (17) from Italian to Spanish.

Ethical statement

The study was conducted in accordance with ethical principles of Helsinki declaration in addition to the authorization by the bioethics committees of each country involved in this study.

Data analysis

Sample characteristics were examined using chi-square test. In a first step, exploratory factor analysis (EFA) with principal component extraction method and Varimax rotation was conducted on the first six items of the WWRR, using the six samples separately. Parallel test (18). was carried out to compare the number of components with an Eigen value > 1 . The authors suggest keeping only those factors in which the eigenvalue obtained with EFA is higher than the mean eigenvalue obtained with Parallel test. In a second step, the factor structure observed with EFA was subjected to a confirmatory factor analysis (CFA) by using the whole sample. All the analyses were performed by using SPSS 23.0 software package (SPSS Inc., Chicago Illinois). CFA was carried out via Amos 22.0 (IBM, SPSS, Meadville USA). To assess the model fit, the Comparative Fit Index (CFI) (19), the Tucker-Lewis Index (TLI) (20).and the Root Mean Square Error of Approximation (RMSEA) (21).were used. Values of CFI and TLI $\geq .90$, and values of RMSEA close to 0.08 indicate good model fit to the data (22, 23).

Results

Characteristics of the sample

The final sample included 310 participants from the different countries. The response rate for Argentinean and Peruvian samples recruited via online was about 50%. Response rate for Colombian sample was 75%. No information was recorded about professionals who did not accept to take part in the study, as they did not return the signed informed consent. The results showed that participants from the three countries were in prevalence female (71%), although Peruvian professionals are more balanced between the two genders; the most represented age groups among the countries ranged from 20 to 39 years old (61.3%), the most represented professional categories were nurses (34.5%), rehabilitators (27.7%), and psychologists (18.1%). Regarding the employment contract type, professionals in the countries studied were evenly distributed between permanent and fixed-term contracts, except for Argentina whose workers were predominantly on permanent contracts (72.7%). Finally, the most part of the participants worked in services of external consultation (77.1%) (Table 1).

Table 1. Characteristics of the sample

		Argentina		Colombia		Peru		Total		Statistics
		n=110		n=101		n=99		N=310		
		n	%	n	%	n	%	n	%	
Gender	Male	16	14.5	34	33.7	40	40.4	90	29.0	$\chi^2=18.47$ df=2 p<0.001
	Female	94	85.5	67	66.3	59	59.6	220	71.0	
Age in year	under 20	0	0.0	0	0.0	1	1.0	1	0.3	$\chi^2=20.09$ df=10 p<0.05
	20 - 29	34	30.9	20	19.8	16	16.2	70	22.6	
	30-39	36	32.7	42	41.6	42	42.4	120	38.7	
	40-49	20	18.2	16	15.8	24	24.2	60	19.4	
	50-59	18	16.4	12	11.9	11	11.1	41	13.2	
	60 and more	2	1.8	11	10.9	5	5.1	18	5.8	
Profession	Nurse	4	3.6	62	61.4	41	41.4	107	34.5	$\chi^2=220.36$ df=10 p<0.001
	Psychologist	8	7.3	15	14.9	33	33.3	56	18.1	
	Doctor	1	0.9	11	10.9	11	11.1	23	7.4	
	Administrative staff	8	7.3	5	5.0	3	3.0	16	5.2	
	Rehabilitators	82	74.5	2	2.0	2	2.0	86	27.7	
	Social assistant	7	6.4	6	5.9	9	9.1	22	7.1	

Contract	Determined contract	30	27.3	52	51.5	45	45.5	127	41.0	$\chi^2=13.97$ df=2 p<0.01
	Permanent contract	80	72.7	49	48.5	54	54.5	183	59.0	
Service	External consultation	89	80.9	76	75.2	74	74.7	239	77.1	$\chi^2=1.41$ df=2 p>0.05
	Hospitalitation	21	19.1	25	24.8	25	25.3	71	22.9	

Factor structure analysis

Factor analysis for the Colombian subsample showed a two-factor structure of the WWRR with eigenvalues > 1 and total explained variance of 66.3%. Specifically, the first five items (1 - 5) saturate in the factor 1 with factor loadings ranging from 0.70 to 0.80. Item 6 assessing beliefs about the current state of care in mental health in the service/ward, with reference to resources does not appear to correlate with the other items and, by itself, constitutes a second factor. However, parallel test suggested that a one-factor solution was acceptable, as the eigenvalue of the factor 1 obtained with EFA was higher than the mean eigenvalue obtained with Parallel test. (Table 2).

Table 2. Principal component analysis of the WWRR for the Colombian sample (n = 101)

	Total	% of Variance	Cumulative %	factor 1	factor 2
1. How much are you satisfied with your job?	2.83	47.2	47.208	0.704	-0.131
2. How much do you think the users of your service ward are satisfied?	1.01	16.8	63.967	0.749	0.221
3. How much are you satisfied with the organizational aspect of your work /how your work is organized?	0.77	12.9	76.835	0.744	-0.075
4. How much do you think the human rights of the users of your service/ward are respected?	0.51	8.5	85.308	0.740	0.127

5. How much do you think the human rights of your staff are respected?	0.47	7.8	93.136	0.804	0.089
6. How do you evaluate the current state of care in mental health in your service/ward, with reference to resources?	0.41	6.9	100	0.038	0.968
	Eigenvalues	Explained variance	Mean Eigenvalue with Parallel test		
Extraction sum of the selected factor 1	2.83	47.2%	1.33		
Extraction sum of the selected factor 2	1.01	16.8%	1.16		

A two-factor structure of the WWRR was found also for the Peruvian subsample. The total explained variance was 67.2%. Also in this case, item 6 saturated in a one single factor and the first five items saturated in factor 1 with factor loadings ranging from 0.52 to 0.86. However, parallel test suggested a one-factor structure as acceptable (Table 3).

Table 3. Principal component analysis of the WWRR for the Peruvian sample (n = 99)

	Total	% of Variance	Cumulative %	factor 1	factor 2
1. How much are you satisfied with your job?	3.00	50.0	50.006	0.806	-0.039
2. How much do you think the users of your service ward are satisfied?	1.03	17.2	67.173	0.521	0.257
3. How much are you satisfied with the organizational aspect of	0.88	14.6	81.789	0.860	-0.044

your work /how your work is organized?					
4. How much do you think the human rights of the users of your service/ward are respected?	0.49	8.1	89.875	0.849	-0.102
5. How much do you think the human rights of your staff are respected?	0.34	5.6	95.480	0.785	0.028
6. How do you evaluate the current state of care in mental health in your service/ward, with reference to resources?	0.27	4.5	100	-0.040	0.975
	Eigenvalues	Explained variance	Mean Eigenvalue with Parallel test		
Extraction sum of the selected factor 1	3.00	50.0%	1.33		
Extraction sum of the selected factor 2	1.03	17.2%	1.18		

Differently from the previous trends, factor analysis for the Argentinian subsample showed an association of the six items in a one-factor structure, thus reflecting a strong coherence of response patterns. The one-factor structure with eigenvalues > 1 explained 66.3% of variance for the selected factor. All factor loadings ranged from .68 to .89. Parallel analysis also confirmed a one-factor structure as acceptable (Table 4).

Table 4. Principal component analysis of the WWRR for the Argentinian sample (n = 110)

	Total	% of Variance	Cumulative %	factor 1
1. How much are you satisfied with your job?	3.98	66.3	66.280	0.895

2. How much do you think the users of your service ward are satisfied?	0.64	10.7	77.022	0.818
3. How much are you satisfied with the organizational aspect of your work /how your work is organized?	0.49	8.2	85.269	0.862
4. How much do you think the human rights of the users of your service/ward are respected?	0.39	6.5	91.746	0.769
5. How much do you think the human rights of your staff are respected?	0.28	4.6	96.393	0.839
6. How do you evaluate the current state of care in mental health in your service/ward, with reference to resources?	0.22	3.6	100	-0.684
	Eigenvalues	Explained variance	Mean Eigenvalue with Parallel test	
Extraction sum of the selected factor 1	3.98	66.3%	1.32	

As suggested from parallel test for all the three countries, a one-factor structure was subjected to a CFA by using the whole sample. The results showed that the one-factor structure fitted the data well ($\chi^2=25.56$, $df=8$, $p<0.001$; $CFI=.972$, $TLI=.948$, $RMSEA=.084$). This suggests that the best representation of the WWRR in the studied countries is through one factor. Standardized factor loadings ranged from .67 to .78 except for the item 6—referred to the beliefs about the current state of care in the service/ward with reference to resources—with a factor loading of -.30.

Discussion

The results of the study show that in the participating countries of Latin American the factor structure of the WWRR scale tends to be monofactorial, represented by a one latent factor of well-being at work and satisfaction with the respect of human rights. Nevertheless, unlike Argentina, in

both Colombian and Peruvian samples Item 6 about the perception of available resources in the service/ward saturates in a second component. This item refers to organizational aspects, therefore it is likely to be subject to context-dependent variation. In Peru and Colombia, the healthcare system is a mixture of public and private, which could limit the availability of resources that are perceived as not always adequate. However, overall the main factor represented by the perception of respect for workers' human rights is also confirmed in Latin America as a component of organizational well-being. This confirms that the more workers perceive that human rights are respected, the more satisfied workers are, as already shown in several studies in Tunisia, Nord Macedonia, Palestina (24) and in Italy (24,25,26).

The main factor shows a strong inter-item correlation and contributes to explaining about 50% or more of the variance in all the three Latin American countries. Moreover, the second component was based on a very tiny eigenvalue (1.006 and 1.030, respectively) and the variance explained by the second factor with only Item 6 is minimal at about 17%. This is also supported by the parallel test that suggests a more parsimonious one-factor structure that includes all the six items in a one component.

Overall, we can say that these results are in line with the earlier findings of Husky et al. (16) in the Mediterranean region, by supporting a monofactorial structure of the scale. The results support the concept that the perception of respect for both users and workers human rights is a component of organizational well-being as well in Latin America as in Europe.

Although this study makes additional value to the literature by extending previous research in samples of healthcare workers from different cultural settings, the main limitation concerns the sample size and heterogeneity. It may not be representative of the referring population of healthcare workers, thus reducing the generalizability of the results. Moreover, a different modality of data collection was adopted in Colombia and this may represent a method bias, even though the paper mode allowed for better control over the process of returning questionnaires once completed than the online mode.

Conclusions

The results show that in three countries of Latin America the more workers perceive that the human rights of users are respected, the more satisfied they are of own work. This study confirms previous observations in Italy, North Macedonia, Tunisia and Palestine and supports that satisfaction with human rights is a component of organizational wellbeing.

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