




Healthcare students are faced with the issue of the rights of people with disabilities and the quality of services: Are we training future healthcare workers who overemphasize technology?

Journal of Public Health Research
2024, Vol. 13(4), 1–6
© The Author(s) 2024
DOI: 10.1177/22799036241290262
journals.sagepub.com/home/phj



Cesar Ivan Aviles Gonzalez¹, Maura Galletta¹, Federica Sancassiani¹, Giulia Cossu¹, Davide Trudu², Antonio Urban², Elisa Cantone¹, Raffaella Luchetta¹, Marcello Nonnis³, Pedro Fragoso-Castilla⁴, Martha Esther Guerra Muñoz⁴, Sergio Machado⁵, Antonio Egidio Nardi⁵, Mauro G. Carta¹ and Clelia Madeddu¹

Abstract

Introduction: This research describes incorporating the principles of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in training students at an Italian university. It also describes the perception of students on the rights of people with disabilities and the quality of services using the questionnaire the Well-Being at Work and Respect Right (WWRR), the objective is to compare the responses of students from the faculty of health sciences and health professionals human rights respect, organizational well-being, and job satisfaction in healthcare environments method: Cross-sectional study the data obtained were analyzed using the ANOVA test and Chi-SQUARE test results: University students have little recognition of the professional roles for the social and labor inclusion of users of health services, which promotes rethinking the type of training they receive conclusions: the findings show the need to incorporate in a more detailed way the principles of the CRPD in university training plans that promote an emphasis on disabilities based on human rights, despite the fact that the perception by students is optimistic in relation to respect for the rights of users in health services where they have done their training or practices, these results indicate a reevaluation of university training that gives a balance between technical skills but with an emphasis on human rights and social inclusion in health services.

Keywords

healthcare students, human rights, organizational well-being, job satisfaction, disability rights

Date received: 17 April 2024; accepted: 22 September 2024

Introduction

The perception by health professionals of respect for users' rights is a fundamental concept declared by the United Nations Convention on the Rights of Persons with Disabilities.¹ Indeed, respect for users' rights is a well-known component of organizational well-being in health and mental health services, as underlined in the literature.^{2,3} Recently confirmed by several surveys carried out by the Well-Being at Work and Respect Right Questionnaire (WWRR) in Italy,^{4–7} in the Mediterranean Region,^{8,9} and in Latin America.^{10,11} All these studies have consistently

¹Department of Medical Sciences and Public Health, University of Cagliari, Cagliari, Italy

²Azienda Ospedaliero Universitaria di Cagliari, Cagliari, Italy

³Department of Education, Psychology and Philosophy, University of Cagliari, Cagliari, Italy

⁴Universidad Popular del Cesar, Valledupar, Colombia

⁵Instituto de Psiquiatria, Universidade Federal do Rio de Janeiro, Rio de Janeiro, RJ, Brazil

Corresponding author:

Cesar Ivan Aviles Gonzalez, University of Cagliari, via ospedale 54, Cagliari, 09124, Italy.

Email: infermiere2020@gmail.com



demonstrated that the greater the perception of respect for users' rights in a service that provides care, the greater the job satisfaction and the perception of organizational well-being in the health workers.

Article 4 on "General obligations" of the CRPD states in paragraph 1 subparagraph "i" that "States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind based on disability. To this end, States Parties undertake To promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention to provide better the assistance and services guaranteed by those rights." Consistent with this direction, various health professions courses at the University of Cagliari have introduced the study of the CRPD as a foundational discipline of preparation, together with an introduction to the concepts of the new rights-based vision of disability, introduced by the same treaty as a synthesis and overcoming of the medical and social. In parallel, an attempt was made to develop an evolutionary vision of disability that emphasizes the specific potential of individuals in a path of resilience and recovery.¹² This is true of health professions courses for rehabilitation and prevention professionals and nurses. At the end of this journey, we wanted to verify whether these concepts had taken root among young students in their final year of healthcare professions. We also wanted to raise awareness among students of other courses (including the course for medical doctors) to introduce these principles in future years. We, therefore, administered the WWRR questionnaire to the students, asking them to complete it about the treatment department they attended for the conduct of their internship in the last year of the course. Their assessments were compared with those of the staff of the thick departments, which had previously been collected for another survey.

This work aims to compare the judgments on the perception of respect for rights and organizational well-being of students of health professions (doctors, nurses, professional educators, and health assistants) with those of health professionals in the same departments.

Thanks to the path conducted, we hypothesize that students could better perceive rights and have a more optimistic vision of the relationship between rights and organizational well-being.

Methods

Design: This is a quantitative cross-sectional study.

The sample consisted of university students who voluntarily decided to participate in the research when contacted. The data collection period was over ten days at the Università degli Studi di Cagliari facilities. Conversely, the control group consisted of health workers from four

departments of the University Hospital of Cagliari, whose information was obtained in previous studies.⁴

Study instruments: Participants who agreed to participate signed an informed consent. They were then asked to complete the following documents:

Study instrument: students who decided to participate in this research signed informed consent and the data privacy law based on Italian and European Union regulations. The questionnaire applied consisted of:

- (a) Sociodemographic data such as age, sex, service where they work (in the case of employees of the University Hospital of Cagliari or the year of study and course in the case of students). The university programs with fewer students and those that had less adherence were grouped and named in the category of "others."
- (b) The "Well-Being at Work and Respect for Human Rights" questionnaire (WWRR) has already been validated in the Italian version.⁸ The WWRR was inspired by the Convention on the Rights of Persons with Disabilities (CRPD) and the WHO QualityRights project.¹³⁻¹⁵

The WWRR measures, in the first five items, the perception of respect for human rights, the organizational climate at work, well-being, and satisfaction with care/work. The answers are coded on a Likert-type scale, with a value from 1 (not at all satisfied) to 6 (completely satisfied).

Item 6 asks about the perception of the adequacy of resources in the workplace or the ward where the student is doing their internship. The coding is from 1 for "Completely satisfied" to 5 for "Not satisfied at all."

Item 7 asks which health professionals the interviewee thinks it would be necessary to add to the staff in the health service where they work or intern.

This questionnaire or instrument has been validated and administered to health workers,^{8,10} users,⁵ and caregivers¹⁶ in different linguistic and cultural contexts. This research was administered to health workers and students from the health faculty who have carried out training practices in hospital services where patients are cared for. A more detailed and complete description is available in the cited research or validation studies.

Statistical analysis

Statistical analysis. The statistical analysis was carried out by comparing the scores of the answers in each item of the students and health workers by one-way ANOVA. The answers concerning item 7 and the descriptive items of the two samples, measured by nominal data, were compared using chi-square tests (adopting Yate correction when needed).

Table 1. Socio-demographic characteristics of the study samples.

	Workers in health facilities N/154	Students N 287	Chi square
Sex Men	61 (39.6)	55 (19.16)	24.291 $P < 0.0001$
Age >49	65 (42.2)	2 (0.69)	135.0 $P < 0.0001$
Education Degree	52 (33.3)	0	80.98 $P < 0.0001$
High school	73 (46.8)	287 (100)	184.9 $P < 0.0001$
<9 years ed.	29 (18.6)	0	67.85 $P < 0.0001$
Total	154	287	

Table 2. Comparison on answers at item 1–6 of WWRR about health workers and users of mental health services of South Sardinia.

ITEMS	Health workers (N = 154)	Students (N = 287)	F (df 1,440)	p
(1) How satisfied are you with your work?	4.15 ± 1.06	4.31 ± 1.14	2.072	0.151
(2) How much you believe that the users of the service in which you work are satisfied?	4.09 ± 1.37	4.39 ± 1.08	6.379	0.012
(3) How satisfied are you with the organizational aspects of your work/ how your work is organized?	3.24 ± 1.33	3.95 ± 1.29	4.956	0.027
(4) To what extent do you believe that the human rights of the people who are cared for in your service are respected?	4.53 ± 1.30	4.65 ± 1.15	0.995	0.319
(5) To what extent do you believe that the human rights of the staff working in your service are respected?	3.88 ± 1.48	4.18 ± 1.36	4.582	0.033
(6) How do you evaluate the current state of care in mental health in your service/ward, with reference to resources?	3.10 ± 0.94	3.19 ± 1.37	0.528	0.468

Ethical considerations: the Ethics Committee of the University Hospital of Cagliari checked and gave approval with amendment 1 of May 28, 2023; the study took into account the Helsinki Declaration of 1995 and its revisions, and also by the guidelines of the World Medical Association,¹⁷ each participant in this study signed an informed consent, which explained in detail that the information obtained would be analysed and collected anonymously. Participants could withdraw from participating in this study at any time if they considered it necessary; clarifications and doubts regarding the research were clarified through the contact that is in the informed consent.

Results

Table 1 describes the characteristics of the two samples. Due to the intrinsic characteristics of the two groups, the students are younger, with greater female representation, and with all participants having completed high school but not graduated. The answers to the WWRR questions from number 1 to number 6 are shown in Table 2. The students' answers tend toward greater optimism or judgment and are more oriented toward a positive evaluation. With statistically significant differences from question (2) How much

do you believe that the users of the service in which you work are satisfied? (chi-square 1df = 6.379; $p = 0.012$), (3) How satisfied are you with the organizational aspects of your work/how your work is organized? (chi-square 1df=4.956; $p = 0.027$), and 5. To what extent do you believe that the human rights of the staff working in your service are respected? (chi square 1df=4.582; $p = 0.033$). Regarding item 7 (Table 3), it is noted that while the health workers indicated a maximum of two professional figures and, in many cases, did not answer the question, the students indicated, on average, more than two figures that would be useful. Both groups indicated the nurse as the figure who would be most useful, although with greater frequency among students (38.9% vs 28.6%, $F = 10.282$ $p = 0.001$). The placement in third place in the response ranking for doctors is also similar, in this case, without statistically significant differences in the frequency of responses between the two groups. Some differences also emerge in the placement of “professionals for personal care,” which is the second choice for health professionals 23.3%, the fourth for students 9.6% ($F = 25.405$, $P < 0.0001$), and for rehabilitation technicians (physiologists, educators, speech therapists) which appear to be the fifth choice for health professionals 9.7%, the second for

Table 3. Needs for type of health workers in the service in which I work/I'm cared (Item 7 WWRR).

	Health workers N (%)	Rank	Students N (%)	Rank	Chi square (with Yates correction if needed)— <i>p</i>
Nurses	44 (28.6)	I	283 (38.9)	I	10.282 <i>p</i> =0.001
OSS—professional for personal care	36 (23.3)	II	60 (9.6)	IV	25.405 <i>P</i> <0.0001
Medical doctors	24 (15.6)	III	122 (19.5)	III	0.619 0431
Psychologists	21 (13.6)	IV	0 (0)		93.705 <i>P</i> <0.0001
Occupational therapists/educators/ technicians of rehabilitation/Physiot. etc	15 (9.7)	V	149 (23.8)	II	12.569 <i>P</i> <0.0001
Social workers	4 (2.6)	VI	0 (0)		12.569 <i>P</i> <0.0001
Radiology technicians	0 (0)		13 (2.1)	VI	1.924 <i>p</i> =0.165
Others	0 (0)		34 (5.4)		8.449 <i>P</i> <0.0001
Total	144		625		

students 23.8% ($F=12.569$, $P<0.0001$). A big difference emerges in the indication of psychologists, who appear to be the fourth choice among health professionals, with 13.6% of the answers compared to none out of 625 professional figures indicated by the students ($F=93.705$, $P<0.0001$). Students do not indicate any response regarding Social Workers compared to 2.6% of health professionals ($F=12.569$, $P<0.0001$). The answer regarding other professional figures is also more frequent among students (5.4% vs 0%). However, these diverse answers concern at most two per professional figure (for example, sports technicians, dentists, administrators, and midwives).

Discussion

This research has shown that students' perception of respect for the rights of users of health services and the quality of these is optimistic. Students' responses are more confident about health workers, user satisfaction, respect for the rights of health workers, and the perception of the organizational climate in the health services where they received their training in health practices. This was expected because the post-COVID period has been characterized by more significant work-related stress among health professionals in Italy.^{18,19}

Another objective of this research was to raise awareness among students about the United Nations Convention on the Rights of Persons with Disabilities (CRPD). In this sense, the answers to question 7 are particularly striking. The UN Convention aims to modify the traditional medical-health model that describes disability only as a result of damage without considering contextual barriers, such as physical and social barriers that hinder labor and social

inclusion, as described in Article 1, paragraph 2 of the CRPD.²⁰

The results show that although students emphasize the importance of technical rehabilitation figures (physiotherapists, speech therapists, etc.), they do not give importance to roles that promote social and labor inclusion, such as psychologists or social workers. On the other hand, health workers with work experience give greater importance to these roles.

These results are worrying and reflect a perception by future health professionals that is excessively focused on individualized health and the technical response to the damage caused by pathology and disability.

Although precision medicine has had significant advances in recent times, emphasizing exclusively the technical training of university students in the faculty of health could have less than positive implications. It is consistent with the principles of the CRPD. However, it does not promote global and community health care, an essential element to highlight that the COVID-19 pandemic highlighted this lack of attention. It is hypothesized that one of the reasons health system responses were inadequate is a focus almost entirely on personalized medicine and little emphasis on a broader approach, such as community health and the relationship between health as such and social support.^{21,22}

This approach also underlines the importance of strengthening health communication, which is necessary to give value to professional figures that students in the faculty of health do not consider important.²³ These findings reinforce the idea of inserting the concepts of the CRPD in a more detailed way in the university training programs of future professionals; as we have described in the introductory part, it is a commitment and partial responsibility of the recipient

states, especially those that have signed the additional protocols and have agreed to be under the supervision of the United Nations monitoring committee.

These reflections are even more timely in Italy and the European Union, which have not only signed this Convention and its additional protocols but have also incorporated these principles of the CRPD in the legislative sphere, both national and of the European community.

Limits

The study has obvious limitations in recruiting samples voluntarily and, therefore, in their lack of representativeness. Other limitations are due to the imperfect correspondence between the students' judgment and that of the health workers based on the correspondence of the work or internship department. Another bias may be because the post-pandemic condition during which the study took place was characterized by numerous absences from work due to work stress, and it is known that the operators most marked by burnout are often those most critical of the healthcare institution.

Another limitation is that omitting questions about whether users have psychotherapy or counselling interventions as a protective factor or to improve mental health symptoms could have given a more detailed view of the factors that can influence organizational well-being and job satisfaction in the health field. For this reason, future studies that can consider these factors as part of the analyses are recommended.

Conclusions

The study shows that students of the health professions, in contrast with experienced health professionals, consider figures such as the psychologist and the social worker less critical in the context of care services. If this were confirmed, we would need to reflect on whether the training of health professions is not being directed toward a vision that pays little attention to a holistic vision of illness and disability.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.


Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The project benefit of the project "QualityRights" funded by the call "Legge regionale 19 dicembre 2023, n. 17. Finanziamento anno 2023."

ORCID iDs

Cesar Ivan Aviles Gonzalez  <https://orcid.org/0000-0002-1566-1974>

Giulia Cossu  <https://orcid.org/0000-0002-1245-016X>

Raffaella Luchetta  <https://orcid.org/0009-0006-8523-1001>

References

1. Convention on the Rights of Persons with Disabilities (CRPD) | Division for Inclusive Social Development (DISD) [Internet]. <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd> (2024, accessed 2024 April 15).
2. Angermeyer MC, Schomerus G, Carta MG, et al. Burnout: Ein deutsches Phänomen? *Psychiatr Prax* 2013; 40(8): 425–9.
3. Sancassiani F, Campagna M, Tuligi F, et al. Organizational well-being among workers in mental health services: a pilot study. *Clin Pract Epidemiol Ment Health* 2015; 11(1): 4.
4. Carta MG, Sancassiani F, Melis P, et al. The perception of professionals and users of the quality of care and respect for human rights in four outpatient care facilities of an Italian hospital during the COVID-19 pandemic. *J Public Health Res* 2022; 11(3): 22799036221119026.
5. Carta MG, Sancassiani F, Ganassi R, et al. Why was the perception of human rights respect and care satisfaction high in users of Italian mental health services during the COVID-19 pandemic? *J Clin Med* 2022; 11(4): 997.
6. Carta MG, Moro MF, Sancassiani F, et al. Respect for service users' human rights, job satisfaction, and well-being are higher in mental health workers than in other health workers: A study in Italy at time of the Covid pandemic. *J Public Health Res* 2022; 11(2): 22799036221107060.
7. Cossu G, Zreik T, Ciccu S, et al. Respect for human rights and perception of quality of care, as well as the users' point of view when comparing mental health and other health facilities in a region of Italy. *Int Rev Psychiatry Abingdon Engl* 2023; 35(2): 194–200.
8. Husky M, Zgueb Y, Ouali U, et al. Principal component analysis of the well-being at work and respect for human rights questionnaire (WRRR) in the Mediterranean region. *Clin Pract Epidemiol Ment Health* 2020; 16(Special Issue): 115–24.
9. Zgueb Y, Preti A, Perra A, et al. Staff perception of respect for human rights of users and organizational well-being: a study in four different countries of the Mediterranean area. *Clin Pract Epidemiol Ment Health*. 2020; 16(1): 109.
10. Aviles Gonzalez CI, Galletta M, Cerchiaro Fernandez DM, et al. Respect for human rights as a component of organizational well-being: factor structure analysis in three countries of Latin America. *Int Rev Psychiatry* 2023; 35(2): 221–7.
11. Aviles Gonzalez CI, Cerchiaro Fernandez DM, Guerra Munoz ME, et al. Mental health professionals' perception of respect for human rights and organizational well-being in three countries of South America. *Int J Environ Res Public Health* 2024; 21(2): 214.
12. Carta MG, Kalcev G, Scano A, et al. Is bipolar disorder the consequence of a genetic weakness or not having correctly used a potential adaptive condition? *Brain Sci* 2023; 13(1): 16.

13. Funk M and Drew N. WHO QualityRights: transforming mental health services. *Lancet Psychiatry* 2017; 4(11): 826–7.
14. Carta MG, Ghacem R, Milka M, et al. Implementing WHO-quality rights project in Tunisia: results of an intervention at Razi hospital. *Clin Pract Epidemiol Ment Health* 2020; 16(1): 125.
15. Moro MF, Pathare S, Zinkler M, et al. The WHO QualityRights initiative: building partnerships among psychiatrists, people with lived experience, and other key stakeholders to improve the quality of mental healthcare. *Br J Psychiatry J Ment Sci* 2021;4: 1–3.
16. Atzeni M, Carta MG, Primavera D, et al. Reliability and factor structure of the well-being and respect for Human Rights questionnaire in measuring caregivers' perception. *Clin Pract Epidemiol Ment Health* [Internet]. 2024;20(1): e17450179310030.
17. WMA. *The world medical association-WMA declaration of Helsinki—Ethical principles for medical research involving human subjects*. <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/> (2023, accessed 30 October 2023).
18. Franzoi IG, Granieri A, Sauta MD, et al. Anxiety, post-traumatic stress, and burnout in health professionals during the COVID-19 Pandemic: comparing mental health professionals and other healthcare workers. *Healthcare* 2021; 9(6): 635.
19. Moro MF, Calamandrei G, Poli R, et al. The impact of the COVID-19 pandemic on the mental health of healthcare workers in Italy: analyzing the role of individual and workplace-level factors in the reopening phase after lockdown. *Front Psychiatry* 2022; 13: 7080.
20. McCusker P, Gillespie L, Davidson G, et al. The United Nations convention on the rights of persons with disabilities and social work: evidence for impact? *Int J Environ Res Public Health* 2023; 20(20): 6927.
21. Alfaro M, Muñoz-Godoy D, Vargas M, et al. National health systems and COVID-19 death toll doubling time. *Front Public Health* 2021; 9: 9038.
22. Carta MG, Orrù G, Littera R, et al. Comparing the responses of countries and national health systems to the COVID-19 pandemic: a critical analysis with a case-report series. *Eur Rev* 2023; 27: 7868–7880.
23. Fields M and Spence KL. Content analysis of official public health communications in Ontario, Canada during the COVID-19 pandemic. *Int J Environ Res Public Health* 2024; 21(3): 351.