

Theo Gavrielides

Welcome to the fourth issue of our Journal's ninth edition. We almost reach ten years of publishing original research with a unique practical approach to promoting equality, inclusion and human rights in health and social care. Reflecting our international scope, in this final volume for 2016, we publish five papers looking at healthcare issues in Pakistan, Iran and USA.

Healthcare provision of public and private services that meet our individual needs remain a challenge for the equality movement worldwide. The *International Journal of Human Rights in Healthcare* aims to advance progress in the area by exploring what is currently known about discrimination and disadvantage while pushing the barriers of the equality discourse by identifying new avenues for practice and policy.

Focusing on the nursing profession, our first paper makes unique advances in the equality field by "Exploring the relationship of horizontal violence, organizational cynicism and turnover intention in the context of social exchange theory." The authors adopt a quantitative approach and a non-probability sampling strategy, using 870 questionnaires with nursing staff working in Punjab, Pakistan. Despite the management of hospitals restricting the researcher access to personal information about the nurses, a total of 711 questionnaires were returned out of which 668 were scrutinized. Additionally, confirmatory factor analysis and structural equation modelling were applied to analyze the data. This timely paper fosters the ongoing debate in organizational studies related to cynicism and it is noteworthy for the nursing managers to understand the significant factors which directly or indirectly affect the nursing attitude. The paper explores the mediating role of organizational cynicism between horizontal violence and turnover intention to fill the research gap.

The second paper, "Analysis of social functions in Iran's public hospitals: pattern of offering discounts to poor patients" aims to investigate the exemption from hospital charges as they may appear as an essential policy in order to support the poor. It is assumed that such policies can function for the fulfillment of the Iranian's governments' social and justice-based responsibilities in public hospitals. To this end, the authors conducted analytical research longitudinally on the data related to cash discounts offered to the poor within a teaching hospital. For comparative purposes, data were collected over four months in 2013, before the establishment of the Health Sector Evolution Plan and in the similar months through 2014, after the establishment of the same Plan. The researchers analyzed factors such as the type of insurance, length of stay, discounts offered to patients, and total costs of hospital charges. The rendered data were analyzed using the χ^2 , Mann-Whitney *U*, ANOVA, and regression analysis aided by SPSS 20. The study revealed that the number of patients who were offered discounts or were exempted from payment in 2014 reduced compared to those in 2013. The highest rate of demand for discounts was related to patients covered by Emdad Committee followed by those who had no insurance. The ratio of discount to cost in the oncology ward was higher than other groups. The results of this paper can contribute to the plans of local and international healthcare policymakers in organizing measures for supporting poor patients toward accessing healthcare services.

"Dental care utilization in the west of Iran: a cross-sectional analysis of socioeconomic determinants" looks at oral health and the factors affecting it. To this end, a cross-sectional survey using multistage sampling was conducted to obtain information on the dental care visits of 520 head of households in Sanandaj, Iran in 2015. In particular, a self-administered questionnaire was used to collect data on the utilization of dental visits. Multivariable logistic regression was used to identify the main socioeconomic factors affecting utilization of dental care. The results showed that 61.3 percent of the respondents visited a dentist at least once in the last year, of 45 percent visited dentist for restoration, 27.9 percent had extraction and 10.3 percent had a dental check-up. The average number of dentist visits by respondents was 1.9. Regression results indicated a significant association between socioeconomic factors (e.g. income, educational level, employment status) and utilization of dental care. The paper

concludes that dental care visit was influenced by socioeconomic status of household. Therefore, strategies aimed at improving dental care utilization for socioeconomically disadvantaged households (e.g. dental health insurance) are required to promote oral health among socioeconomically disadvantaged groups.

The third paper, "Chronic conditions and barriers to care: exploring the health of migrant and seasonal farmworkers in Indiana" looks at the health challenges of Migrant and Seasonal Farmworkers (MSFWs) caused by the nature of their work, low wages, living conditions, mobility, and lack of health insurance. The study used a cross-sectional survey with site-based convenience sample of MSFWs aged 14 years and older. A total of 97 participants who currently or previously identified as farmworkers responded. Almost one-third of the respondents reported no access to a healthcare provider. Of those, 43 percent reported that cost prevented them from seeking care. Of those who reported chronic conditions, over fifty percent did not have access to a healthcare provider. The paper highlights the need to further investigate the magnitude of the problem and begin exploring ways to improve affordable healthcare access among MSFWs in Northeastern Indiana. The findings, although not generalized, offer important insights into healthcare challenges and barriers to access in Indiana. The authors recommend that assistance programs should be implemented for providing affordable healthcare services for Hispanic MSFWs.

The final paper "The role of negative affect in the relation between subjective social status and mental health among economically disadvantaged Latinos in primary care" examines the explanatory role of negative affect in the relation between subjective social status and anxiety, depressive disorders, suicidality symptoms, and disruption in life domains (i.e. disability; work, school, social life, and family life/home responsibilities) among Latinos seeking health services at a primary healthcare facility. An experiment was designed using Participants included 205 adult Latinos with annual incomes of less than \$30,000. The sample was mostly female (85.9 percent) with a majority (98.5 percent) indicating Spanish as their first language. Results indicated that subjective social status was indirectly related to the mental health variables through negative affect. Notably, these observed effects were evident above and beyond the variance accounted for by gender, age, marital status, educational status, employment status, and number of years in the USA. There is merit in focusing further scientific attention on the interplay between subjective social status and negative affect to better understand and possibly intervene to reduce anxiety/depressive vulnerability and disability among Latinos in primary care settings.

As we prepare for our tenth anniversary, I want to open a call for papers focusing on current issues of academic and practical interest worldwide. We want to continue learning from each other, and create bridges not only between continents but also professions. It is my passionate belief that academics and researchers have much to learn from those working on the ground and vice versa. We want to see more case studies and conference papers as well as examples of good practice. We want to continue to be challenged and indeed provoke reflection on normative and practical grounds. I will conclude my short Editorial by thanking all those who submitted papers and more importantly you, the reader.