Enhancing Physiotherapy Students’ Attitudes toward Disabled People

Negative or narrow attitudes toward the physically disabled can be detrimental to success in rehabilitation, yet programmes aimed at improving attitudes frequently fail. An 18 hour programme aimed at increasing first-year physiotherapy students’ knowledge of the disabled and reasons for negative attitudes was evaluated. At course commencement when compared with an Australia-wide sample, students revealed more positive attitudes regarding the needs but not the characteristics of the disabled. At course completion students perceived the disabled as more similar to other people in their characteristics and needs. Students felt less ignorant about disability and exhibited more of a coping perspective; pitying and admiring the disabled less and fearing disability less. They still experienced guilt and discomfort regarding interaction.

Health professionals are among the major resources of the physically disabled in their struggle to cope with relatively difficult life situations. Becoming disabled frequently leads to loss of self esteem. In attempting to assess his new status the disabled person is very sensitive to the ways in which others react to him, particularly people such as health professionals who are perceived to be knowledgeable and of high status. In a review of studies of the attitudes of rehabilitation professionals toward the disabled, Yuker et al (1970) commented that professionals frequently start out with quite favourable attitudes but these often become more negative. Kerr (1970), a disabled professional, described ways in which health practitioners communicate negative attitudes in subtle, often non-verbal ways, giving the disabled the message that they are inferior and inadequate. The situations she described are reminiscent of those which Garber and Seligman (1980) have shown lead to helplessness by rapidly diminishing coping skills.

Scott (1974) discussed the narrowness of some professionals’ attitudes regarding the reactions they consider the disabled should exhibit. Experts in various countries differ in their theories of what it means to be blind and they shape their patients’ behaviour to fit their particular model. The client is told he is ‘insightful’ when he describes his problems as his rehabilitators view them and he is said to be ‘blocking’ or ‘resistant’ when he does not. Indeed his passage through the blindness system is determined in part by his willingness to adopt the experts’ view about self (Scott 1969, p. 119).

Scott said that in Sweden, where the blind control rehabilitation organisations, there is no theory of how people react to blindness; rather rehabilitation is focused on overcoming the technical problems encountered by the patient in his particular life situation. These findings suggest that negative or narrow attitudes held by health practitioners may at times hinder the goals of rehabilitation; of increasing patients’ independence and quality of life. Such attitudes are partly due to lack of understanding of how the disabled feel and to attempts to distance oneself from patients’ distress. Health professionals are confronted in their work situations by many of the depressing aspects of life: death, suffering and incurable conditions. In the past, preparation for facing these contingencies has been the development of the ‘professional self’ which remains controlled and uninvolved. Recently the effectiveness of this model has been questioned:

detached concern leads to discomfort because it involves erecting arbitrary walls or compartments that are difficult to maintain as well as often being counter to the...
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The primary aim of this research was to examine whether attendance at the course did produce more favourable attitudes toward the disabled. The secondary aim was to compare physiotherapy students' attitudes and sources of information regarding the disabled with those of an Australia-wide sample tested by Gething (1982).

Method

Subjects
Sixty-nine students (10 males and 59 females with a modal age of 18 years) completed questionnaires in the beginning of the course and at its conclusion. Students represented 56 per cent of the first-year physiotherapy students. Unlike past groups these students had had no clinical experience to which to relate the course content. The primary aim of this research was to examine whether attendance at the course did produce more favourable attitudes toward the disabled. The secondary aim was to compare physiotherapy students' attitudes and sources of information regarding the disabled with those of an Australia-wide sample tested by Gething (1982).

Content of the Disability Programme

The programme consisted of nine lectures delivered to the total student group and nine seminars where students met in groups of approximately 12. Lecture topics (Westbrook 1981) included disability in Australia, attitudes toward the disabled, reasons for negative attitudes and methods of changing attitudes. People's experiences of living with disabilities were discussed: the onset of disability; its effect on social interactions, relationships and sexuality; the problems of coping with the medical management of disability; facing death; recreation, education and employment. Film and video material was used extensively in seminars (eg 'Like Other People' 1973; 'Body Image, Disability and Sexuality' 1975) to initiate discussion.

As research indicates that contact with the disabled in a pleasant, egalitarian interaction is one of the most potent factors in improving attitudes we felt that film material that led to identification and empathy was a second-best substitute. It should be mentioned that one of us has a mobility handicap and was in a wheelchair for part of the course. Half the seminars were presented by students on disability topics of their choice. Expression of personal reactions was encouraged if students felt comfortable in raising such issues (Westbrook 1981).

Procedure of Evaluation

The course was conducted in the last two months of the academic year in 1981. Students were asked to complete a questionnaire at the first seminar meeting and eight weeks later at the last meeting. Instructions on the questionnaire were:

This questionnaire is part of a project designed to find out how people feel about the disabled. On the following pages is a series of questions which will require you to think carefully about yourself. Some of the questions may be difficult to answer but all have been carefully worked out. We
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would appreciate completely open and honest answers.

The questionnaire was anonymous. To enable us to collate the two questionnaires students were asked to write their mother's maiden surnames on the questionnaires.

The following items were included in the questionnaire:

1. We wish to find out how often people come into contact with the disabled. Would you consider your contact with disabled people to be frequent, fairly frequent, occasional, rare, non-existent?
2. Which contexts have been most useful in helping you to get to know about disabled people? Please nominate the 3 contexts in this list that you have found most useful and then rank them as: 1 = most useful, 2 = very useful, 3 = useful. The list was: relative, friend, person I see around, medical setting, employer, employee of mine, workmate, television advertisement, television documentary, film, radio, magazine, book, poster.
3. The Yuker Attitudes Toward Disabled People Scale (ATDP) — form 0 (Yuker et al 1970). The ATDP Scale has well established reliability and validity. It contains two types of items; one concerns the characteristics of the disabled (eg 'Physically disabled persons are just as intelligent as non-disabled ones') and the other concerns the treatment and needs of the disabled (eg 'You have to be careful what you say when you are with disabled people'). The more the disabled are perceived as different from the able-bodied, the more negative are respondents' attitudes considered to be. A low score indicates positive attitudes.
4. The Interaction with the Disabled (ID) Scale devised by Gething (1982) for the Cumberland Disability Project.

The ID Scale was designed to tap determinants underlying non-accepting behaviour toward the disabled. Items concerning five aspects of such attitudes and feelings were included in the scale. Factor analysis of the scale indicates that items do cluster to form five groups which correspond with the categories intended. The largest factor (i) concerns feelings of discomfort experienced during interaction (eg 'I feel uncomfortable and I find it hard to relax'). Other factors in order of magnitude are (ii) coping versus succumbing view of disability (eg 'I don't pity them') (iii) personal fears and anxieties (eg 'I dread the thought that I could eventually end up like them') (iv) how well informed the person feels (eg 'I feel ignorant about disabled people') and (v) feelings of guilt (eg 'It hurts me when they want to do something and can't'). Respondents rate items from agree very much (+3) to disagree very much (-3).

Studies support the validity and reliability of the scale. Test-retest reliability coefficients range from .84 to .41 for a one week period and .81 to .35 for a four week period.

Results and Discussion

Comparison of responses by students and the Australia-wide sample were made for item 2 by using chi-square technique, and for the ATDP scale by using t-tests for independent samples. Comparison of students' responses on the ATDP and ID scales before and after exposure to the programme were made using t-tests for correlated groups.

Responses to item 1 indicated that overall students had not had a high level of prior contact with disabled people. No one said they had frequent contact, 33.3 per cent had fairly frequent contact, 44.9 per cent had occasional contact, 13.0 per cent rarely had contact and 8.7 per cent had had no contact.

When compared with the Australian sample, physiotherapy students revealed significant differences in the sources of information they had found most useful in learning about disability (see Table 1). While both groups cited personal contact as their most useful source of information, students were far more likely to mention the media as their most useful source (23.5 per cent compared to 13.8 per cent). Students were more likely to have had disabled peers than an older person. References by students to medical and media sources, may refer in many instances to mate-

Table 1:

<table>
<thead>
<tr>
<th>Most useful source of information</th>
<th>Personal contact</th>
<th>Media</th>
<th>Medical</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students (N=69)</td>
<td>58.8%</td>
<td>23.5%</td>
<td>14.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Australian sample (N=820)</td>
<td>73.8%</td>
<td>13.8%</td>
<td>1.3%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

χ² = 19.72 (df = 3) p < .0006
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Table 2:
Results of t-test comparison of ATDP scores of students and Australia-wide sample, and of students before and after attending course.

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student total score</td>
<td>67</td>
<td>60.42</td>
<td>13.85</td>
<td>3.15</td>
<td>885</td>
<td>&lt;.002</td>
</tr>
<tr>
<td>Australian total score</td>
<td>820</td>
<td>74.86</td>
<td>15.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student characteristics score</td>
<td>67</td>
<td>40.75</td>
<td>7.70</td>
<td>1.62</td>
<td>885</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Australian characteristics score</td>
<td>820</td>
<td>39.67</td>
<td>8.18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student treatment score</td>
<td>67</td>
<td>39.67</td>
<td>7.67</td>
<td>3.35</td>
<td>885</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Australian treatment score</td>
<td>820</td>
<td>35.71</td>
<td>9.72</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comparision of students' pre-course scores with Australian sample.

Comparison of students' pre- and post-course scores

| Pre-course total ATDP score                | 85  | 80.43 | 13.79              | 3.11 | 64  | <.01  |
| Post-course total                         | 65  | 84.71 | 12.34              |      |     |       |
| Pre-course characteristics score          | 65  | 42.66 | 7.75               | 2.01 | 64  | <.05  |
| Post-test characteristics score           | 65  | 42.31 | 6.66               |      |     |       |
| Pre-course treatment score                | 85  | 39.77 | 7.76               | 3.07 | 64  | <.01  |
| Post-course treatment score               | 85  | 42.40 | 7.13               |      |     |       |

Comparison of students' pre-course scores with Australian sample revealed two highly significant differences (see Table 2). The t-test comparing the total ATDP scores of the two groups indicated that students had more positive attitudes toward disabled people (t = 3.15, df 885, p < .002). When the two subscores were examined students had more positive attitudes regarding the needs and treatment of the disabled (t = 3.95, df 885, p < .001). However, they did not differ significantly from the Australia-wide sample in their views about the characteristics of the disabled (t = 1.62, df 885, p = .108) although there was a trend for students to express more positive attitudes. Thus generalizing from this sample, first-year physiotherapy students enter their professional training holding more positive attitudes toward the average Australian regarding the needs and treatment of the disabled. Another explanation of these findings is that students' positive attitudes developed, or were augmented, during the first seven months of their professional training.

The t-tests comparing students ATDP scores before and after attending the programme showed significant changes in a positive direction (see Table 2). Positive attitudes increased for the total score and for the two subscores measuring attitudes toward the characteristics and needs of the disabled. The change on the latter was more marked. These results support the notion that attendance at the course changed students' perceptions of the disabled so that they came to be viewed as more like other people. It is possible that other components of the students' educational programme contributed to this change through no clinical experiences occurred during this time.

Students' feelings about interacting with the disabled changed less markedly as a result of the programme. Their responses to five of the 20 items on the ID scale changed significantly (see table 3). These items came from the clusters of items concerned with information, personal fears, and perspective on disability. After completing the course students were less likely to agree that 'I feel ignorant about disabled people' (t = 1.98, df 68, p < .05). Thus there was evidence that they felt they had acquired knowledge from the programme. Students also experienced less fear and anxiety regarding their own disablement at the conclusion of the course. They were less likely to agree with the propositions 'I dread the thought that I could eventually end up like them' (t = 2.08, df 68, p < .05) and 'I am grateful that I do not have such a burden' (t = 5.70, df 66, p < .001). Students' perception of life with a disability...
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Table 3: 
Results of t-tests comparing students' attitudes toward interaction with the disabled before and after attending course.*

<table>
<thead>
<tr>
<th>Item</th>
<th>Before</th>
<th>After</th>
<th>T</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel ignorant about disabled people*</td>
<td>0.59</td>
<td>1.82</td>
<td>1.98</td>
<td>68</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>I thought I could eventually end up like them</td>
<td>0.70</td>
<td>0.90</td>
<td>0.28</td>
<td>68</td>
<td>&lt;.02</td>
</tr>
<tr>
<td>I am grateful that I do not have such a burden</td>
<td>2.12</td>
<td>1.26</td>
<td>1.66</td>
<td>68</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>I don't pity them</td>
<td>-0.36</td>
<td>1.78</td>
<td>1.51</td>
<td>68</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>I admire their ability to cope</td>
<td>2.38</td>
<td>0.84</td>
<td>1.08</td>
<td>68</td>
<td>&lt;.02</td>
</tr>
</tbody>
</table>

* Items rated from agree very much (+3) to disagree very much (-3).

became more one of coping than succumbing. At course completion they agreed more strongly with the statement 'I don't pity them' (t = 2.91, df 68, p < .01) and less strongly with the item 'I admire their ability to cope' (t = 2.40, df 68, p < .02).

In discussing student responses to the ID scale items we have only discussed direction of attitude change. Examination of average responses to these items (Table 3) indicated students' actual attitudes. For example at the conclusion of the programme students were still glad they are not disabled, they still admired the disabled and they still felt a degree of ignorance. An effect of attendance at the course was that students' attitudes became less polarised. As we have argued elsewhere (Westbrook 1981) one of the barriers to positive interactions with the disabled is the 'horrible imaginings' of the outsiders' view of life with a disability which are very different from the insiders' experiences. Another problem for the disabled is the tendency of others to view them either as possessing extraordinary virtues or very negative attributes. They are rarely perceived as being in-between like other people (Weinberg and Santana 1978). Thus the changes in attitudes reported by students seemed likely to facilitate future interactions with disabled people.

However, the course was a theoretical one and as such it failed to provide students with experiences of interaction. Students reported no change of attitudes on the items relating to discomfort experienced in interaction nor did they feel less guilt concerning the problems of the disabled. Ideally we would like to have included discussions with disabled people in the programme. Such experiences are provided by the School of Physiotherapy in the later years of training. Extensive contact also occurs, although not on an egalitarian basis, in clinical placements. As well as providing more positive attitudes we hope that the course has given students information that will help them understand and cope more effectively with their reactions and experiences in these settings.

It reassured us to find that an academic programme on disability can change attitudes in a positive direction.

References


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