

IJACT 18-4-20

Study on Attitudes of Occupational Therapy Students Toward Disabled Individuals

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Abstract

The object of this study is to explore the attitudes of occupational therapy students and “general students” (who study in different areas other than occupational therapy) towards people with disabilities, and to examine the causing factors of positive and negative attitudes toward people with disabilities by using Disability Factor Scales (DFS). According to the result of the study using the Disability Factor Scales (DFS), it indicates that the attitudes of the occupational therapy students were more positive than those of “general students” from other departments. In the case of score differences among occupational therapy students by class standing, seniors who experienced clinical practice showed a less favorable attitude toward the disabled than freshmen, so it is necessary to develop clinical practice and an occupational therapy curricula that incorporate patient-centered treatment rather than therapist-centered education with simple physical contact or illness problems.

Keywords: Attitude, Disabled, , DFS, Occupational therapy students

1. Introduction

According to the World Health Organization (WHO) standards, more than 650,000 people worldwide live in uncomfortable conditions with various disabilities, and the number of people with disabilities will increase further due to population growth, medical development, war and aging, and industrial accidents [1]. In Korea, according to the <Survey on the Status of people with Disabilities> of the Korea Institute of Health and Social Affairs 1 the number of persons with disabilities estimated at 1,449,496 in 2000 increased to 2,683,477 in 2011, which is [2] 1,233,981 more people over the past 10 years. The population of disabled people in Korea is also increasing steadily. What is the attitude of the non-disabled to the disabled compared to the constant increase in the number of disabled persons each year? The attitudes of the non-disabled towards persons with disabilities are still reported to be negative [3]. According to gender, men were more negative than women, and the lower the education level, the more negative. Even health care workers who are more closely related to people with disabilities than others have negative attitude toward people with disabilities [4]. In a study conducted by Hyun kyung Jeong and Myeon ghui Kim that studied attitudes of physicians and nurses towards the disabled, nurses had a more positive attitude than doctors. Also, White and Olson [5] reported that occupational therapists were more favorable to the disabled than nurses and physical therapists. In a study on university students' attitudes toward disabled individuals, it was reported that the intimacy of contact with the disabled persons was much more likely to develop a positive attitude than research demographic variables such as age and class standing [6]. The study of health care students on Attitudes Toward Disabled Persons showed that there was no significant difference in attitudes based on age, class standing, and other variables, but they had a significantly more favorable attitude if they had disabled people in their families or have had social gatherings with disabled people. It was also reported that during clinical practice, students had a negative attitude when focused on disability itself, and that occupational therapy

Manuscript Received: November 21, 2018 / Revised: November 28, 2018 / Accepted: November 30, 2018

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students had the most positive attitude among all health care students. [7] Health care professionals' attitude toward disabled persons greatly affects rehabilitation of the disabled [8], and the negative attitude of health care providers is recognized as a major obstacle in health care services [9]. Because insights of disability and attitude towards it are important factors that affect subject's responses to treatment, rehabilitation, and reintegration into society [10]. The purpose of this study is to review the attitudes of occupational therapy major students as future occupational therapists who will interact with the disabled and engage in occupational rehabilitation. The study will be able to examine their positive and negative attitudes toward the disabled persons, and improve their negative perception by presenting proper measures such as the development of an education curriculum and allowance of close contact with the disabled. The specific purpose of this study is as follows. First, examine attitudes of occupational therapy students toward disabled persons by comparing the total score of DFS with "general students". Second, examine attitudes of occupational therapy students toward disabled persons by comparing the attitudinal subscales of DFS with the "general students". Third, examine the attitude of occupational therapy students towards disabled persons by comparing the attitudinal subscales of DFS based on different class standings.

2. Research Method

2-1. Research subjects and data collection

The subjects of this study were students in the Department of Occupational Therapy (excluding the health care department such as nursing and physiotherapy) who attend the 4-year university in city "G" who understood the purpose of this study and have agreed to participate. The data collection period was from September 1, 2018 to October 1, 2018, and the researchers explained the purpose of the study, the choice of participation, and confidentiality rights.

2-2. Research Tools

1) Disability Factor Assessment Tool: DFS

Disability Factor Scales (DFS) were used to measure cognitive attitude towards those with disability. The DFS consists of 24 questions which has 7 attitudinal factors and it has six-point scales. The lower the score, the more positive the response is. In this study, the same six-point scales was applied. Each of the items offers 6 possible choices which are 1) Strongly agree, 2) Agree, 3) Somewhat agree, 4) Somewhat disagree, 5) Disagree, and 6) Strongly Disagree. The explanation of seven analytically derived attitudinal subscales are as follows.

① Generalized Rejection: A pervasive negative attitude that conveys derogatory approach to disabled persons with consequent advocacy of segregation in education system and social settings. It is closely related to discrimination against disabled.

② Distressed Identification: It is an attitude that identifies disability and vulnerability, and also serves as anxiety factors about one's own vulnerability to disability.

Distressed Identification: It is an attitude that identifies disability as sin, and it also classifies disability as its own weakness

③ Inferred Emotional Consequences: It is an attitude that focuses that people with disabilities have psychologically distorted characteristics.

④ Imputed Functional Limitation: It is an attitude that believes when it comes to the ability of a person with disabilities, the physical part of the disability will affect the overall capacities of the individual.

⑤ Authoritarian Virtuousness: It is composed of thoughts and feelings that stand on the side of the disabled and defend the disabled. Especially, it is an attitude that as a healthy person, one should be considerate and patient towards the disabled.

⑥ Rejection of Intimacy: Rejection of close, familial relationships with the disabled. This includes questions involving the direct feelings of the respondent, whether to marry a disabled person or adopt a child with a disability.

⑦ Interaction Strain: It is an attitude that feels anxiety, tension, or embarrassed feelings when having contacts with a disabled person. It includes emotions that avoid social contact with people with disabilities and dislike people with disabilities for no apparent reason.

2-3. Analysis Method

The collected data were analyzed using SPSS / PC WIN 12.0. The descriptive statistics were used for the general features and DFS averages and reliability coefficients were calculated using Cronbach Alpha to verify the reliability of seven attitudinal subscales. Differences in attitudes toward the disabled by class standing were analyzed by ANOVA and t-test, and the post-test was used by the scheffé test.

3. Research Results

1. General characteristics of subjects

Among the total of 256 students, there were 146 occupational therapy students and 110 “general students” of other majors. In the occupational therapy department there were 35 freshmen, 32 sophomores, 43 juniors, and 36 seniors. From other departments, there were 51 freshmen, 22 sophomore, 14 juniors, and 23 seniors. The general characteristics of the study subjects are as follows (Table 1).

Table 1. General Characteristics of Subject

Group	1grade	2 grade	3 grade	4 grade
Occupational therapy students	35(13.7%)	32(12.5%)	43(16.8%)	36(14.1%)
general students	51(19.9%)	22(8.6%)	14(5.5%)	23(9.0%)

3-2. DFS Score difference by Departments

As a result of analyzing the DFS according to each department, the average score of occupational therapy students was found to be 63.69 and the average score of “general students” was 65.50 in total DFS scores. In the probability of significance $p < .05$, it showed that occupational therapy department students were more positive than students from other departments.

Table 2 Difference in total score of DFS by departments.

Group	M	SD	t	P
Occupation Therapy Students	63.99	8.71	-.509*	.000
General Students	65.50	7.48		

3-3. Average and standard deviation of DFS attitudinal subscales by departments

.In the analysis result of the difference in the DFS attitudinal subscales according to the departments, it was found that the students in the occupational therapy department scored for Generalized Rejection ($t = 2.133$), Imputed Functional Limitation ($t = 2.145$) and Interaction Strain ($t=2.346$). The occupational therapy students were more positive and favorable than “general students” and the scores showed a significant difference.

Table 3 Average and standard deviation of DFS attitudinal subscales by departments

Variables	Occupation Therapy Students M (SD)	General Students M(SD)	t	p
① Generalized Rejection	10.97(1.62)	10.13(2.09)	-3.621*	.000
② Distressed Identification	5.76(2.04)	5.60(1.93)	-0.066	.500
③ Inferred Emotional Consequences	13.88(2.51)	12.68(2.85)	-3.567*	.000
④ Imputed Functional Limitation	12.21(2.57)	13.00(2.91)	2.268	.204
⑤ Authoritarian Virtuousness	6.63(1.16)	6.99(1.32)	2.272	.204
⑥ Rejection of Intimacy	6.00(0.94)	5.92(0.98)	-0.225	.820
⑦ Interaction Strain	12.28(2.33)	13.43(2.45)	3.815*	.000

3-4. Difference of occupational therapy students’ DFS attitudinal subscales by class standing

** According to the result of the DFS analysis on occupational therapy students by class standings, they showed significant differences in the sections of distressed identification (F=2.50,p<.05),and inferred emotional consequences (F=2.59 <.05). The freshmen class showed a more positive perception of the disabled than the senior class. **

Table 4 . Difference of occupational therapy students’ DFS attitudinal subscales

	Grade	M(SD)	F	p
① Generalized Rejection	1Grade	10.85(1.76)	.374	.772
	2Grade	11.15(1.39)		
	3Grade	10.83(1.67)		
	4Grade	11.11(1.65)		
② Distressed Identification	1Grade	5.08(2.02)	2.50*	.048
	2Grade	5.56(1.74)		
	3Grade	6.04(2.15)		
	4Grade	6.27(2.03)		
③ Inferred Emotional Consequences	1Grade	13.2(2.73)	2.59*	.042
	2Grade	13.34(2.13)		
	3Grade	14.48(2.46)		
	4Grade	14.40(2.51)		
④ Imputed Functional Limitation	1Grade	12.65(2.71)	.691	.559
	2Grade	12.34(2.61)		

	3Grade	12.11(2.21)		
	4Grade	11.80(2.82)		
⑤ Authoritarian Virtuousness	1Grade	6.71(1.07)	1.16	.325
	2Grade	6.50(0.95)		
	3Grade	6.86(1.29)		
	4Grade	6.41(1.29)		
⑥. Rejection of Intimacy	1Grade	5.88(1.05)	.387	.427
	2Grade	6.12(0.75)		
	3Grade	6.04(1.02)		
	4Grade	5.94(0.94)		
⑦ Interaction Strain	1Grade	12.17(2.45)	3.06	.558
	2Grade	12.25(1.81)		
	3Grade	12.65(2.55)		
	4Grade	12.00(2.37)		

3-5. Difference of “general students” DFS attitudinal subscales by class standing

There was no significant difference in the DFS attitudinal subscales among “general students”.

4. Review

For these purposes, Attitudes toward the Disabled Persons was studied on occupational therapy students and general students. The tools used in this study is DFS. First, the total average scores of the DFS by the departments were 3.49 points for the occupational therapy department and 3.21 for the other departments which shows a significant statistical difference indicating that the occupational therapy major had a more positive attitude toward the disabled compared to the “general department students”. These results suggest that the situation where the subject responds [12] to the society’s understanding that ‘health care professionals must always have a favorable attitude toward the disabled persons’ should be considered.

According to the analysis of differences in DFS attitudinal subscales, the occupational therapy students showed significantly more positive results in Generalized Rejection ($t = 2.133$), Imputed Functional Limitations ($t = 2.145$) and Interaction Strain ($t = 2.346$). According to a study of Ryu Won-sang [13], students in university who have more experience in even simple physical contacts with the disabled have a more positive attitude in this category. This also coincides with the study of human rights for persons of disabilities,[14] and the occupational therapy students’ basic perception of the disabled as future rehabilitation professionals [15]. Therefore, even though the three items are immediate contact comparing to “general students”, it seems that occupational therapy students have more positive results considering the specificity of working with the disabled to handle rehabilitation work in the future. Analysis of the differences in DFS attitudinal subscales of occupational therapy students showed significant differences between the freshmen and seniors in terms of Distressed Identification and Inferred Emotional Consequences. The freshmen showed a more positive perception of the disabled than the seniors. This result is supported by Benham’s[16]. study that the occupational therapist has negative attitudes at the beginning of the clinical practice and that the occupational therapist who has little clinical experience has a negative attitude whereas occupational therapist with clinical lots of clinical experience. Studies of Scullion [17] have suggested the importance of education for healthcare

students to change their attitudes towards disability. However, it is important to develop a clinical practice and occupational therapy curriculum that incorporates patient-centered treatment rather than a simple physical contact or a therapist focused education about problems of disease itself[18]. Taken together, in order to cultivate a positive attitude toward the disabled for occupational therapy students, it is necessary to improve the quality of contact by raising intimacy through systematic club activities rather than mere contact, and to enhance the curriculum which can identify the ability and strengths rather than the patient-centered education and the disability itself.

The limitations of this study is the generalizations of students as they all go to the same university which will require repetitive and comparative studies by expanding the subjects.

In addition, the DFS scale used in this study was measured for general disability, not according to different types of disability. Therefore, in subsequent studies, it is necessary to measure and study with details by supplementing these limitations.

5. Conclusion

This study used the Disability Factor Scale (DFS) to measure the attitudes of occupational therapy students and other “general students” toward the disabled and to identify the factors of the positive and negative attitudes. The results of the study showed that the total scores of occupational therapy students were more positive and significant in statistics than those of students in other departments, and among the occupational therapy students, the freshmen class showed a more positive perception toward the disabled than the senior class. In summary, the attitudes of occupational therapy students toward the disabled were more positive than those of other studies. However, in the case of occupational therapy students’ grade differences, the senior students who experienced clinical practice showed a more negative attitude toward the disabled compared to freshmen students. Therefore, in order to change the attitude of occupational therapy students, it was found that it is necessary to develop a clinical practice and occupational therapy curriculum combining patient-centered treatment theory, rather than just parameters of the contact variable or therapist-focused education for the disease itself. and occupational therapy curriculum combining patient-centered treatment theory

Acknowledgement

This work was carried out with the support of Kwang-ju Women’s University Research Program. (No.KWUI18-011)

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