

재활정책

발표일시 및 장소 : 10 월 19 일(토) 14:40-14:50 Room D(5F)

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Development of a scale to assess attitude of healthcare professionals toward persons with disability

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Objective

Adverse attitudes toward persons with disabilities can serve as barriers to medical use of persons with disabilities. In this study, we aimed to develop and validate a scale for health care professionals: the Attitude toward Persons with Disability in Health Care. We also investigated whether a difference in attitude between those who participated in an education module for understanding and improving awareness of disability and those who did not exists.

Design

Development of the Attitude toward Persons with Disability in Health Care involved two distinct stages between April 2018 and September 2018. The original draft for the Attitude toward Persons with Disability in Health Care was constructed from the literature review and through the nominal group process. Afterwards, further examination and revision took place within two rounds of Delphi survey. The second stage assessed the psychometric properties of the Attitude toward Persons with Disability in Health Care through online survey of health-care professionals.

Participants and Setting

16 experts (six specialists on welfare for persons with disability, four human rights activists working for persons with disability, and six health-care professionals) participated in Delphi survey. An online survey was conducted to 993 health-care professionals (Table 1) in three tertiary hospitals.

Results

A 28 preliminary questionnaire were initially developed after a 2-round Delphi survey. Through psychometric property analysis based on the online survey data, final 20-item scale of Attitude toward Persons with Disabilities in Health Care was developed (Table 2). The items were categorized as follows: behaviors in clinical situation, knowledge and skills, emotional response, and responsibility of health-care professionals. Cronbach's alpha coefficient of the scale was 0.890, which indicates a very good internal consistency. The newly developed tool showed acceptable model fit. The reliability of each domain ranged from 0.856 to 0.892. Health-care professionals who participated in the education module within the past 2 years (n=149) had more positive attitude toward persons with disabilities than those who did not (Table 3).

Conclusions

The newly developed scale had adequate reliability and validity. The scale could be used for education or training programs to improve the attitudes toward persons with disabilities of health care professionals especially in rehabilitation setting.

Keywords: Health-care professionals, Health care, Instruments, Attitude, Persons with disabilities, Psychometric study, Delphi survey

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Table 1. Characteristics of the health-care professionals surveyed (n=993)

	Group 1 (n=492)	Group 2 (n=501)	Total (n=993)
Age, mean (SD)	36.0 (8.8)	36.1 (8.6)	36.0 (8.7)
Female, n (%)*	328 (72.2)	342 (73.4)	670 (72.8)
Male, n (%)*	126 (27.8)	124 (26.6)	250 (27.2)
Occupation			
Doctor, n (%)	121 (24.6)	131 (26.1)	252 (25.4)
Nurse, n (%)	260 (52.8)	260 (51.9)	520 (52.4)
Other health-care providers, n (%)	111 (22.6)	110 (22.0)	221 (22.2)
Years working in the hospital where the HCPs are currently employed, mean (SD)	8.9 (8.5)	8.9 (8.2)	8.9 (8.4)
Years since the HCPs obtained their license, mean (SD)	11.4 (9.1)	11.5 (8.6)	11.4 (8.9)

The participants were randomly assigned to group 1 and group 2. Exploratory factor analysis was performed in group 1; confirmatory factor analysis, in group 2.

* 73 health-care professionals did not provide data regarding sex.

Table 2. Items of the Attitude toward Persons with Disabilities in Health Care (APDHC) scale, item–subdomain reliabilities, and structural coefficients. 5: Strongly agree 4: Somewhat agree 3: Neutral 2: Somewhat disagree 1: Strongly disagree

Items [Ⓢ]	Behaviors in clinical situation [Ⓢ]	Knowledge and skills [Ⓢ]	Emotional response [Ⓢ]	Responsibility of health-care professionals [Ⓢ]
I treat persons with disabilities respectfully as adults when I treat them, particularly those with low intelligence or autism. [Ⓢ]	.449 [Ⓢ]	Ⓢ	Ⓢ	Ⓢ
I assist people with visual impairments to move comfortably when they enter and leave the office. [Ⓢ]	.724 [Ⓢ]	Ⓢ	Ⓢ	Ⓢ
I provide treatment-related information to persons with disabilities using methods appropriate to their type of disability. [Ⓢ]	.599 [Ⓢ]	Ⓢ	Ⓢ	Ⓢ
I am willing to help wheelchair users if they need help in moving from their wheelchair to an examination table. [Ⓢ]	.722 [Ⓢ]	Ⓢ	Ⓢ	Ⓢ
I evaluate the conditions of persons with disabilities and listen to their requests as carefully as possible and reflect on them as I examine and treat them. [Ⓢ]	.841 [Ⓢ]	Ⓢ	Ⓢ	Ⓢ
I consider the characteristics of the disability when managing persons with disabilities. [Ⓢ]	.797 [Ⓢ]	Ⓢ	Ⓢ	Ⓢ
I reflect the gender characteristic when managing persons with disabilities. [Ⓢ]	.646 [Ⓢ]	Ⓢ	Ⓢ	Ⓢ
I make great effort to adequately accommodate persons with disabilities during treatment. [Ⓢ]	.821 [Ⓢ]	Ⓢ	Ⓢ	Ⓢ
I am aware of the basic characteristics of disabilities, including the types of disability and assistive equipment. [Ⓢ]	Ⓢ	.765 [Ⓢ]	Ⓢ	Ⓢ
I am aware of how to communicate with and provide guidance to persons with disabilities according to their type of disability. [Ⓢ]	Ⓢ	.867 [Ⓢ]	Ⓢ	Ⓢ
I am aware of the risks involved in disability and disease, and the precautions required when managing persons with disabilities. [Ⓢ]	Ⓢ	.908 [Ⓢ]	Ⓢ	Ⓢ
I can manage persons with disabilities in a calm manner even in unexpected situations. [Ⓢ]	Ⓢ	.716 [Ⓢ]	Ⓢ	Ⓢ
I feel uncomfortable when dealing with persons with disabilities. * [Ⓢ]	Ⓢ	Ⓢ	.745 [Ⓢ]	Ⓢ
I am embarrassed because I do not know how to manage persons with disabilities. * [Ⓢ]	Ⓢ	Ⓢ	.628 [Ⓢ]	Ⓢ
I feel irritated when managing persons with disabilities. * [Ⓢ]	Ⓢ	Ⓢ	.782 [Ⓢ]	Ⓢ
I feel that managing people with disabilities is burdensome. * [Ⓢ]	Ⓢ	Ⓢ	.885 [Ⓢ]	Ⓢ
It is the health-care professionals' responsibility to provide medical service (including care, nursing, treatment, and examination) to persons with disabilities. [Ⓢ]	Ⓢ	Ⓢ	Ⓢ	.746 [Ⓢ]
Health-care institutions must provide proper accommodation and equipment for persons with disabilities to enable them to enjoy the same quality of health-care service as that of persons without disabilities. [Ⓢ]	Ⓢ	Ⓢ	Ⓢ	.797 [Ⓢ]
Health-care professionals have to help persons with disabilities to understand their health issues and make decisions for themselves. [Ⓢ]	Ⓢ	Ⓢ	Ⓢ	.787 [Ⓢ]
Health-care professionals must be equipped with the knowledge and skills necessary for the clinical treatment of persons with disabilities. [Ⓢ]	Ⓢ	Ⓢ	Ⓢ	.698 [Ⓢ]
Reliabilities between subdomain score and total APDHC score [Ⓢ]	0.892 [Ⓢ]	0.877 [Ⓢ]	0.858 [Ⓢ]	0.856 [Ⓢ]

*Coding was reversed for starred items. Higher scores indicate more positive attitudes toward disability. [Ⓢ]

Table 3. Differences in the attitudes of health-care professionals according to their participation in an education module regarding persons with disabilities

Domain	Participation in an education module within 2 years (a) (n=149)	Participation in an education module, but not within 2 years (b) (n=118)	Never participated in an education module (c) (n=726)	F	p values	Post-hoc analysis*
Total score of the instrument	3.89	3.79	3.73	10.078	<0.001	a>b,c
Behaviors in clinical situation	4.03	3.91	3.92	3.139	0.044	a>b,c
Knowledge and skills	3.33	3.21	2.87	30.742	<0.001	a,b>c
Emotional response	3.63	3.51	3.54	1.344	0.261	
Responsibility of health-care professionals	4.44	4.40	4.37	1.082	0.339	

*Post-hoc analysis by Duncan test