Contact and Relationship to Attitudes Towards Populations with Disability in Doctor of Physical Therapy Students

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Contact and Relationship to Attitudes Towards Populations with Disability in Doctor of Physical Therapy Students

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Introduction

- Physical therapists are a key partner on the rehabilitation team within the context of disability in order to prevent, slow, or mediate effects due to functional impairments
- Persons with disability have identified maladaptive attitudes by their providers as one of the leading barriers to receiving quality health-care (insufficient knowledge, misconceptions regarding disability, assumptions, insensitivity, poor communication strategies, perceived disrespect, etc.)
- Perceived stigmas and discrimination in healthcare settings have been attributed to increased risks for low self-efficacy/ esteem, physical health problems, stress levels, psychological distress, and reduced access to regular care
- Contact has been demonstrated to be one of the most effective strategies to facilitate more positive attitudes towards disabled populations
  - However, clinical-types of contact may not have the same impact on attitudes as other interpersonal types

Gaps in previous research:

- Few studied physical therapy students’ attitudes in particular within the healthcare population
- Those that did displayed ambiguous results as to whether attitudes towards persons with disability changed over the course of PT school, and were less positive than other types of professional healthcare training programs
- Many did not operationalize quantity of contact

Question 1: Is a relationship displayed between contact and attitudes?

Question 2: Do contact and attitudes increase with year in the program?

Objectives:

1. Describe the relationship between quantity of contact and reported attitudes towards persons with disability in physical therapy students
2. To utilize valid and reliable instruments to track changes in attitudes towards disabled populations over the course of physical therapy professional training programs

Hypotheses:

1. A positive correlation will be demonstrated between reported contact and attitudes towards disabled persons
2. Contact quantity and positive attitudes will increase based on year in PT program (Y3 > Y2 > Y1)

Methods and Materials

Participants: Volunteers included N = 27 first year (Y1), N = 14 second year (Y2) and N = 14 third year (Y3) Doctor of Physical Therapy (PT) students that were largely female (80.0%), white (98.2%), and had a mean age of 26.1 years

Procedure: Participants were given hard copy (Y1 and Y2) or electronic (Y3) versions of the survey and asked to complete on a volunteer-basis. Y1 completed the survey in-class, and Y2 and Y3 completed it at home. Completion resulted in being placed in a drawing for a $100 Visa gift card.

Main survey components:

- Contact with Disabled Persons Scale (CDP)
  - 23 item, 5-point Likert-type scale ranging from “never” (1) to “very often” (5); operationalizes contact
  - Sample item: “How often have physically disabled persons discussed their lives or problems with you?”

- Interaction with Disabled Persons Scale (IDP)
  - 20 item, 6-point Likert-type scale ranging from “I disagree very much” (1) to “I agree very much” (6); operationalizes attitudes
  - Sample item: “I tend to find myself making interactions with disabled persons more rushed than with able-bodied people.”

Results

Table 1: Correlation between CDP and IDP scores in DPT students.

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Pearson Correlation</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDP vs. IDP</td>
<td>55</td>
<td>0.2744</td>
<td>.043</td>
</tr>
</tbody>
</table>

A significant correlation (p < .05) was found.

Figure 1: Mean scores from Contact with Disabled Persons Scale (CDP) and the Interaction with Disabled Person scale (IDP).

Figure 2: Itemized factor results from Interactions with Disabled Persons Scale.

Discussion

- Contact and attitudes displayed a modest, but significant, positive relationship
- Both contact and attitudes increased from beginning of program to end
  - Contact differences between groups were largely seen in Y3 students with the other two groups
  - Attitude differences between groups were discrete as reported by IDP
    - only significant between Y1 and Y3
    - Ceiling effects?
    - Clinical versus interpersonal attitudes differ
    - Knowledge/ Comfort facilitated in program versus individual differences in other factors

Significance/Future Directions

- Supports notion that contact influences attitudes towards persons with disability
- Interpersonal attitudes (as opposed to clinical) may differ; interpersonal attitudes be more relevant to address prior to entrance into professional programs
- Further research should continue to examine the relationship between contact and attitudes in professional healthcare settings to help facilitate positive client/provider relationships
- Programs need to continue to evaluate and adapt disability curriculum in multiple healthcare fields.