

ATTITUDE OF HEALTHCARE PROFESSIONALS TOWARDS PEOPLE WITH DISABILITIES IN HOSPITAL TENGKU AMPUAN AFZAN, PAHANG

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ABSTRACT

Attitude of healthcare professionals gives big influence towards self-esteem of people with disabilities. Not treated with respect, not equipped with suitable equipment, and denied health services are some problems encountered by people with disabilities in healthcare setting. Profession, age, gender, years of working experience, and contact with people with disabilities are factors that would affect their attitudes. Thus, this study is aimed to identify general attitude of healthcare professionals from Hospital Tengku Ampuan Afzan (HTAA), Kuantan towards people with disabilities. A descriptive, cross-sectional study was conducted among healthcare professionals from HTAA. A validated questionnaire namely Scale of Attitudes toward Disabled Persons (SADP) was used to collect data from the respondents. Descriptive statistics, independent sample t-test, one-way ANOVA, post hoc analysis and Pearson correlation were used to analyse the data using IBM SPSS Statistics for Windows, version 20. A total of 350 respondents were recruited in this study. Physician was found to have the most favorable attitude followed by optometrist. With respect to gender, male was found to hold significant ($p=0.002$) more favorable attitudes compared to female. Respondents who have close relatives or family members with disabilities developed more favorable attitude compared with those who do not have ($p= 0.32$). Besides, it was found that, when the age and years of working experience increase, respondents held less favorable attitude. Weak negative correlation was found between attitude score with both age ($r = - 0.154$) and working experience ($r = - 0.189$). Profession, gender, contact with people having disabilities, age and working experience play a role in determining their attitude.

Key words: disability, attitude, impairment, healthcare professionals, SADP.

INTRODUCTION

People with disabilities are referred to people with impairments, which may include physical, sensory, or mental (also known as intellectual impairments) (World Health organization (WHO), 2011). Due to their impairments, people with disabilities will have activity limitations and participation restrictions. Consequently, it is common that people with disabilities often face difficulties and require support from their surroundings.

According to WHO (2011), people with disabilities are at risk to experience poorer health outcomes, low achievement in education, as well as employment problem, and thus possibly lead to high poverty rate. Liaqat and Akram (2014) stated that lack of social support from society, in terms of opportunities in education and employment, make people with disabilities become emotionally and psychologically disturbed. Low self-esteem, depression, anxiety, and low life satisfaction are negative implications due to these emotional disturbances. According to Akhidenor (2007), widespread discrimination from the society, was also one of the problems faced by people with disabilities. Several disabled participants of a study done by Martin and Thompson (2007) claimed that acts of violence and unpleasant behavior had occurred mostly on the street. Meanwhile, in more recent study done by Aiden and McCarthy (2014), people with disabilities and their families received negative treatment at work, in shops, in the playground, and on the street.

Realizing the reality that people with disabilities are facing big challenges, they are anticipated to receive support from their environment to improve their quality of life. While support can be in many forms, from various groups of people such as family, friends, educators, employers, and others, it is undeniable that support from healthcare professionals is also crucial. According to Analysis of the US Medical Expenditure Panel Survey (2006) stated by Shakespeare and Kleine (2013), it was found that people with disabilities were not receiving sufficient support from healthcare professionals. In fact, they claimed that negative attitude of healthcare professionals was the most significant barrier for people with disabilities in getting access to health care services. They also asserted that people with disabilities were not treated with respect and some decisions were made without discussing with them. Besides, there were cases in which physically impaired patients were treated as cognitively impaired patients. Hence, signs and symptoms reported by them were not believed by physicians. In a study done by Krahn et al. (2015), they also concluded that people with disabilities were not receiving effective health services due to lack of professional training.

Attitude of healthcare professionals could be a big influence to how patients feel about themselves and thus, may also give an impact to their rehabilitation progress (Abdulwahab & Al-gain, 2013). The authors further mentioned that, attitude of healthcare professionals is important because when they communicate, attitudes and feelings were reflected in their interaction. Positive

attitude increases patients' motivation to recover from their diseases. In contrast, negative attitude leads to inhibition of patients' adaptation and acceptance of their disabilities. Therefore, this may indirectly, affecting their self-esteem. Krahn et al. (2015) mentioned that healthcare professionals were poorly prepared to meet the complex medical and psychosocial needs of people with disabilities. Study regarding attitude of healthcare professionals had been conducted worldwide. Abdulwahab and Al-gain (2003) stated that, traditional values, educational environment and religion are factors affecting attitude towards people with disabilities. Hence, it is relevant to conduct the study in Malaysia, as each community should study their own attitudes toward people with disabilities separately.

Therefore, realizing the importance of positive attitude displayed by healthcare professionals, this study was conducted to identify general attitude of healthcare professionals towards people with disabilities in Hospital Tengku Ampuan Afzan (HTAA), Kuantan, Pahang. As mentioned by Malaysia Health System Review (2013), government hospitals are accessible for all residents due to the low-cost and comprehensive services provided. All professionals in their respective departments are available in HTAA. Hence, it is common for government hospitals like HTAA to be overcrowded with patients. This would be an advantage, as healthcare professionals in HTAA interact and deal more with patients in comparison to other district or private hospitals. Due to these reasons, HTAA would be a good study site for the research to be conducted.

Besides, this study is aimed to investigate the relationship between attitude with five influential factors which are, profession, gender, age, working experience and either the respondents have family members or close relatives who are disabled. Findings from this study could be used as reference and guidelines for future research and also would play a role as supporting evidence for previous studies regarding issues of people with disabilities in healthcare setting.

The next section of this paper will be explaining about the method used including, study setting, study subjects, sampling method and study instrument. Data analysis was also explained in the next section. All the influential factors investigated were presented in the result section. The discussion part focused on interpretation of findings and possible reasons that might lead to the findings. Limitations and recommendations for the betterment of the study were emphasized in the conclusion part.

METHODOLOGY

A descriptive, cross-sectional study was conducted among healthcare professionals from Hospital Tengku Ampuan Afzan (HTAA), Kuantan, Pahang. Convenience sampling was used in this study. 350 healthcare professionals were recruited as respondents in this study. A validated questionnaire namely Scale of Attitudes towards Disabled Persons (SADP), developed by Antonak & Livneh (1982), (See Appendix A) was self-administered by the respondents during the process of data collection. It consists of 24 items with 6 points Likert-scale, of which, respondents must choose from -3 (I disagree very much) to +3 (I agree very much). For scoring, half of the items (items 1, 3, 4, 7, 8, 9, 10, 14, 17, 18, 19, and 22) are scored negatively, therefore the sign are inversed from - to + or from + to -. After adding all the score of total 24 items, constant of 72 was added to the score to eliminate negative value. Total score can be a range from 0 to 144, of which, the higher score, indicating more favorable attitude. There is no cut off point between positive and negative attitude since the construct of attitude is not dichotomous. Comparison are made in each variable, in which higher scores shows more positive or favorable attitude and lower scores suggest more negative attitude (Abdulwahab & Al-gain, 2003; Dorji & Solomon, 2009; Tervo et al., 2002).

Those respondents who did not answer all items were excluded from the analyses. Of all 24 items, 12 items measured the respondents' overall attitudes, six items measured the respondents' attitudes toward employment and people with disabilities, three items measured the respondents' attitudes toward living arrangements of people with disabilities, and three items measured the respondents' attitudes toward people with mental disabilities and other vulnerable groups. All the influential factors which are profession, gender, contact with people having disabilities, age and working experience were asked in the demographic part.

Independent sample t-test was used to compare the total score of attitude between groups. Gender, age, working experience, and having family member or close relatives who are disabled were factors that investigated using independent sample t-test. In order to compare the attitude score between professions, one-way ANOVA and post hoc analysis were used. Pearson correlation was used to explore the relationship between age and working experience with attitude. Data was analysed using IBM SPSS Statistics for Windows, version 20.

This study was approved by MREC (Medical Research and Ethics Committee) under the National Institutes of Health Malaysia (NIH).

RESULTS

A total of 350 respondents who managed to complete the questionnaire were included in the final analyses. On average, the respondents had been working in healthcare setting for 10 ± 7 years. Mean age was 34 ± 8 years old. Most of the respondents were from nursing profession (41%), and majority of the respondents were female (82%). Almost a quarter of the respondents (24%) reported to have disabled family member or close relatives. Table 1 shows demographic characteristics of all respondents according to their profession, gender, and either having disabled family member or close relatives.

Table 1: Demographic Characteristics of Respondents

Characteristic	N = 350	
	n	%
Profession		
Physician	49	14
Nurses	144	41
Medical Assistant	7	2
Radiographer	24	7
Pharmacist	56	16
Dietitian	7	2
Dentist	10	3
Optometrist	2	2
Physiotherapist	21	6
Houseman/Provisional Registered Pharmacist	15	4
Others	10	3
Gender		
Male	59	17
Female	291	83
Have disabled family member/close relative		
Yes	84	24
No	266	76

Based on Table 2, in comparison between healthcare professionals, physicians were found to have the most positive attitude towards people with disabilities, followed by optometrist. Meanwhile, it was found that medical assistants held least favorable attitude, followed by nurses.

Table 2 : Attitudes of Healthcare Professionals toward People with Disabilities, Based on Profession

Profession	N = 350 n (%)	Attitude Score (Mean ± SD)	**p-value
Physician	49 (14)	100.30 ± 14.39	<0.001*
Optometrist	7 (2)	99.67 ± 10.46	
Pharmacist	56 (16)	99.16 ± 14.28	
Others	10 (3)	98.44 ± 12.49	
HO/PRP	15 (4)	97.62 ± 10.20	
Radiographer	24 (7)	97.46 ± 10.60	
Dentist	10 (3)	96.22 ± 6.20	
Physiotherapist	21 (6)	92.75 ± 12.58	
Dietitian	7 (2)	92.76 ± 14.20	

Nurses	144(41)	85.58 ± 12.00	
Medical Assistant	7 (2)	82.75± 11.34	

* $p < 0.001$

**One way ANOVA

After post hoc analysis, finding found that physicians have a statistically significant more positive attitude compared to nurses and medical assistant, with $p < 0.001$ and 0.013 respectively. Table 3 shows comparison between gender with their attitude towards people with disabilities. It shows that male held statistically significant more positive attitude compared to female ($p < 0.05$).

Table 3 : Attitudes of Healthcare Professionals toward People with Disabilities, Based on Gender

Gender	N=350 n (%)	Attitude Score (Mean ± SD)	**p-value
Male	59(17)	97.87 ± 14.32	*0.002
Female	291 (83)	91.33 ± 13.78	

* $p < 0.01$

** Independent sample t-test

Respondents who have family members or close relatives who are disabled were found to develop more positive attitude although the difference was not statistically significant ($p = 0.32$) as shown in Table 4.

Table 4 : Attitudes of Healthcare Professionals Based on Contact

Having disabled family member /close relatives	N= 350 n (%)	Attitude Score (Mean ± SD)	**p-value
Yes	84 (24)	94.01 ± 14.57	*0.32
No	266 (76)	92.17 ± 14.02	

* $p > 0.05$

** Independent sample t-test

Pearson correlation was conducted to determine the relationship between age and working experience with attitude towards people with disabilities. The correlation coefficient showed weak negative correlation between attitude scores and either age or working experience, as shown in Table 5.

Table 5 : Correlation of Age and Working Experience with Attitude

Attitude score	Age (r-value)	Working experience (r-value)
Total score	-0.154	-0.189

*Pearson correlation

DISCUSSION

In this study physicians were found to hold the most favorable attitude. Similar finding was found by Dorji and Solomon (2009), who compared the attitude between physicians and nurses. The study reported that physicians might have greater knowledge regarding human rights and rehabilitation of people with disabilities. This is possible as physicians are usually dealing more on patients' rights, and directly involved in patients' rehabilitation. Meanwhile, nurses may have greater focus on providing basic needs of people with disabilities, such as food, shelter and clothing compared to human rights issues (Dorji & Solomon, 2009).

Previous study by Galanis et al. (2009) reported poor attitude by nursing profession. One possible reason for this most probably due to the difficult and stressful working environment in nursing profession. Early exposure with regard to handling disabled patients would be helpful to develop favorable attitude among nurses (Galanis et al., 2009).

A systematic review by Satchidanand et al. (2012) asserted that female was found to hold more positive attitude compared to male. Tervo et al. (2002) reported no significant difference in terms of gender. In our study, a contrary finding was found, where male have more positive attitude towards people with disabilities. However, most of the respondents were female, and out of 289 female respondents in this study, almost half of them were nurses. Since nurses contributed to the least positive attitude after medical assistant, lower score of attitude in female, could be a reflection of the nurses' attitude. Therefore, the result could not be an evidence of the real environment or situation. Future studies that used more male health professionals should be conducted to confirm the finding.

The finding from this study showed that those respondents who have family members or close relatives who are disabled seemed to develop more positive attitude. This is similar with previous study by Abdulwahab and Al-gain (2003) who found that those who have prior experiences with people with disabilities seemed to have good perception. One possible reason for this is an increased knowledge on disability issues. This is also supported by finding from Satchidanand et al. (2012) who found that previous contact and experience with people with disabilities plays a significant role in determining attitude. It was asserted that contact or previous experience was the most influential factor in determining attitude. The finding in this study found that those who have people with disabilities as their family members or close relatives, showed more favorable attitude although the difference was not statistically significant.

Also according to Abdulwahab & Al-Gain (2003), no association was found between age and working experience of healthcare professionals with attitude. Whereas in contrary, there was also finding stated that age and working experience have negative correlation with attitude (Dorji & Solomon, 2009). Dorji and Solomon (2009) asserted that younger respondents might have greater opportunities to interact with people with disabilities during their education. Similarly in our study, younger respondents showed more positive attitude compared to older respondents. Those who have less working experience also have more positive attitude. Although we found a negative correlation for these two variables, it is also important to note that the negative correlation was weak (r-value 0 to -0.3). Meanwhile, Satchidanand et al. (2012) also found that healthcare professionals hold less favorable attitude than first year students. Increasing burden of time and energy placed on healthcare professionals as they advance might be one of the reasons lead to this finding.

Another reason that contributes to the above finding, could be due to the emergence of social media among the younger generations. According to Tom and Claes (2011), internet usage among youth is very high. In the United States, younger people belonged to the group of the heaviest internet users. Shirky (2015) asserted that social media has contributed to greater access to information among the population. Therefore, it is possible that younger generations have greater awareness, because they are more accessible to online information. For instance, the Paralympic Games which is a sport event for people with disabilities, had recently received a wide media coverage, hence indirectly led to an increase in awareness among the public (Blauwet & Willick, 2012). In the same study, Blauwet and Willick (2012) highlighted the case of Oscar Pistorius, double below knee amputee, who was a world record holder and had caught the attention of the society. His case proved that athletes with disabilities are strong, capable to break negative stereotypes and able to achieve success in their life. However, future research can be conducted in order to explore more on the correlation between attitude with age and working experience.

This study is hoped to benefit healthcare professionals to develop positive attitude towards people with disabilities. Indirectly, this would be helpful to change public's perception as voices of healthcare professionals are normally heard and accepted by the society. This study would be able to support other findings in the future. Satisfaction of people with disabilities with regard to attitude and services provided in HTAA should be investigated in details. People with disabilities can be interviewed and their opinions regarding attitude of healthcare professionals in HTAA could be explored. Comprehensive findings shall then be used in order to address all the related issues to the hospital management.

Good services and favorable attitude from healthcare professionals would be able to promote social integration of people with disabilities. Making healthcare setting accessible for people with disabilities would be very helpful as it will indirectly help in patients' rehabilitation (WHO, 2011). Erol and Orth (2011) asserted that having good health can help in improving self-esteem. Healthy individuals usually have more opportunities in terms of education, employment, relationship, which in turn lead to improved self-esteem. People with high self-esteem participate more in the society, receive social support, facing less pressure and able to face difficulties in a better way compared to people with low self-esteem (Keller & Siegrist, 2010; Lakshmi & Anuradha, 2014).

CONCLUSION

Profession, gender, age, working experience, and having family members or close relatives who are disabled, are the influential factors that determine their attitude towards people with disabilities. There are a few limitations in our study. Firstly, our findings cannot be generalized to represent the whole professions at other healthcare settings. The findings are only applicable to HTAA, but still, it can be used as a reference or guideline to develop future study. In addition, the number of healthcare professionals in the hospital is not balance. For instance, there are only eight dietitians in HTAA, which is very small in numbers as compared to physicians and other health professionals in HTAA. Therefore, the result for dietitian could not be generalized to represent the whole attitude of dietitian profession. Thus, for the profession with very low percentage group, for example, 2% for medical assistant, their SADP score is not conclusive, to be compared to nurses, which contributed about 41% of the whole respondents. A balance number of healthcare professionals recruited might contribute to more conclusive findings. Another limitation in this

study was language. Even though the formal language for healthcare professionals in Malaysia is English, still, there are few complicated terms or phrases, thus SADP might be a bit difficult to be understood by some of the respondents. In order to overcome this problem, usage of dual language might be helpful to ensure all respondents able to understand all the questions completely. The original English version of the questionnaire with addition of Malay translation is highly recommended to be used in the future.

It would be better to conduct future study to further explore and investigate the attitude of the healthcare professionals at their workplace with regard to issues related to disabled patient. Since attitude is highly related with services, it is highly encouraged to explore to what extent the satisfaction from people with disabilities with attitude and services provided by the hospital. Thus, in reality, the positive attitude is not only displayed by the score of the questionnaire, but also implemented in the real situations.

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Appendix 1

Instructions: The statements presented below express opinions or ideas about people with disabilities (mental, physical, visual, hearing). Many people agree and many disagree with each statement. I would like to know your opinion about them. **Circle** the appropriate number, from -3 to +3, which best corresponds with how you feel about the statement. There are no neutral answer.

- 3 = I disagree very much
- 2 = I disagree pretty much
- 1 = I disagree a little
- +3 = I agree very much
- +2 = I agree pretty much
- +1 = I agree a little

	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much
1. People with disabilities get unfair advantages	-3	-2	-1	+1	+2	+3
2. People with disabilities can increase their job skills through training	-3	-2	-1	+1	+2	+3
3. Mental retardation and mental illness are similar.	-3	-2	-1	+1	+2	+3
4. Adults with developmental disabilities are in many ways like children	-3	-2	-1	+1	+2	+3
5. People with disabilities should be encouraged to mainstream (engage in activities with non-disabled people)	-3	-2	-1	+1	+2	+3
6. I agree with the statement. "People with disabilities should be given more control in making decisions that affect their lives"	-3	-2	-1	+1	+2	+3
	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much
7. People with disabilities should live	-3	-2	-1	+1	+2	+3

with others with similar disabilities						
8. I generally feel sorry for people with disabilities.	-3	-2	-1	+1	+2	+3
9. Adults with disabilities should not engage in sexual activities	-3	-2	-1	+1	+2	+3
10. People with disabilities are not capable of making moral decisions	-3	-2	-1	+1	+2	+3
11. Most people with disabilities are willing to work.	-3	-2	-1	+1	+2	+3
12. People with disabilities can be expected to fit into competitive society	-3	-2	-1	+1	+2	+3
13. People with disabilities should be allowed to live where and how they choose	-3	-2	-1	+1	+2	+3
14. People with disabilities are more emotionally maladjusted than the general public	-3	-2	-1	+1	+2	+3
15. People with disabilities are able to adjust to life outside of an institutional setting	-3	-2	-1	+1	+2	+3
16. Laws to prevent employers from discriminating against people with disabilities should be passed	-3	-2	-1	+1	+2	+3
	I disagree very much	I disagree pretty much	I disagree a little	I agree a little	I agree pretty much	I agree very much
17. Simple and repetitive work is appropriate for people with disabilities	-3	-2	-1	+1	+2	+3
18. The presence of a disabled in a social gathering makes people uncomfortable.	-3	-2	-1	+1	+2	+3
19. Disabled children in regular classroom have an adverse effect on other children	-3	-2	-1	+1	+2	+3
20. The opportunity for gainful employment should be provided to people with disabilities	-3	-2	-1	+1	+2	+3
21. People with disabilities can have active an active social life	-3	-2	-1	+1	+2	+3
22. People with disabilities are a financial drain and give little back to the community	-3	-2	-1	+1	+2	+3
23. People with disabilities experience the same range of emotions as non-disabled people	-3	-2	-1	+1	+2	+3
24. Some people with disabilities are physically indistinguishable from the general population	-3	-2	-1	+1	+2	+3

Thank you for your time ☺