Assessing Attitudes: Nurse Educators as a Cornerstone of Change  
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Introduction
Negative attitudes of healthcare providers toward people with disability (PWD) have been identified as creating barriers to care, indicating improvements in disability education are needed (National Council on Disability, 2009). Knowledge of nurse educator attitudes toward PWD is limited, although faculty attitudes influence the development of student attitudes. To assess nurse educator attitudes, an online Qualtrics survey, using the Attitudes to Disability Scale (ADS) (Powers, Green, & The WHOQOL-DIS Group, 2010), was conducted. Disability model definition preference and demographic data were also collected.

Research Questions
What are the attitudes of nurse educator toward people with disability? How do nurse educator define disability? Is there a difference between how disability is defined and nurse educator attitudes toward people with disability? Is there a relationship between attitudes of nurse educator toward disability and their age, years as a registered nurse, and years as an educator?

Measures and Participants
Participants completed:
• Attitudes to Disability Scale (ADS), 16 item Subscales: inclusion, goals, prospects, and discrimination 5-point Likert scale 1, (strongly disagree) to 5 (strongly agree), with 3 (uncertain).
• Preference among medical, social, or biopsychosocial definition of disability • Personal, demographic, and professional experience related to disability, personal associations with PWD, years as a registered nurse, years as an educator, teaching status, age, gender, race, and marital status, knowledge of disability and disability education within their institution.

Potential participants (4,495 total) were identified as teaching in a baccalaureate nursing program within the Southern Association of Colleges and Schools (comprised of 11 southeastern states). A population size of 667 was determined using G*power, every 7th potential participants chosen from among the participant pool and contacted by email. Data was analyzed using descriptive statistics, ANOVA, and multiple regression. Consensus / dissention statistic was calculated following the algorithms of Tastle and Wierman (2007).

Results
126 surveys were completed and returned (18.5%). The average respondent was a 53 years old, married (77%), White (90%), female (91%) with a masters in nursing (51%), teaching as an assistant professor (40%) with 29 years as a nurse and 13 as a nurse educator. Ninety-six percent reported knowing someone with a disability and identified this person as a significant friend/relative (66%) or self (12%).

Table 1. Nurse educator subscale scores for ADS

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<thead>
<tr>
<th>Subscale</th>
<th>Mean*</th>
<th>S.D.</th>
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<tbody>
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<td>10.15</td>
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<td>13.21</td>
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* Based on a range of 4 - 20

Figure 1. Comparison of responses to items 3 (panel a) and 7 (panel b) of the ADS (scored on a 5-point Likert scale). Significance calculated using a Z-test and an assumed mean response of 3, n = 126. Perfect consensus (1.0) occurs when all respondents give the same response and perfect dissent (0.0) occurs when 50% of respondents choose strongly disagree and 50% of respondents choose strongly agree; all other responses grade between these endpoints.

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Results (con’t)
Nurse educators reported limited awareness of disability related educational aims, objectives, or outcomes within their institutions, yet more than half, reported responsibility for some aspect of disability teaching. Nurse educators held predominantly positive attitudes toward PWD, with a negative tendency in the area of discrimination, viewing PWD as subject to ridicule, exploitation and irritation (Table 1).

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No statistically significant relationship between an individual’s ADS score and their preferred definition of disability nor were any significant relationships among an individual’s ADS score and the educators’ age, years as a registered nurse, and years as a nurse educator detected.

Conclusions and Recommendations
The study showed that while nurse educators possess a generally positive attitude toward PWD, the study population did exhibit discrimination toward PWD. Consensus and dissention analysis of items showed a trend of population consensus for items with positive scores and dissention for those with neutral and negative scores.

None of the measured demographic factors were shown to influence individual attitudes toward PWD.

Colleges of Nursing should develop workshops to aid faculty in discovering their attitudes toward PWD. These should allow:
• Increased awareness of personal discriminatory attitude
• Use of evidence-based disability-oriented training curricula.
• Collaboration among nursing and disability studies programs faculty
• Inclusion of PWD in curriculum development

Expansion of the focus when teaching cultural competency and holistic healthcare

References