

ATTITUDES OF STUDENTS IN THE FIRST YEAR OF STUDY FOR THE PROFESSIONAL OCCUPATIONAL THERAPIST ABOUT PEOPLE WITH DISABILITIES

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Abstract: *Therapeutic communication and the relationship between occupational therapist and client requires a high level of interpersonal skills and one of them is empathy. Beside the specific professional knowledge, forming the attitudes towards persons with disabilities is influenced by the age and frequency of these contacts. The aim of this study is to evaluate the empathic potential and to present the attitudes towards people with disabilities of students, future occupational therapists. The assumption is that students who have opted for a health profession will show a high degree of empathy and a more positive attitude towards people with different forms of disabilities even at the beginning of their education. Sample of 42 students of the first year study group Professional Occupational Therapists, Department High Health College at Academy of Applied Studies in Belgrade participated in the research. Participation in the research was voluntary and anonymous. The research was conducted as a cross-sectional study. It was conducted in the summer semester of the 2022/23 school year with the approval of the Ethics Committee of the ASSB and with the signed consent of each respondent to participate. For the purposes of the research, apart from the questionnaire with general data on gender, previously completed high school and how they learned about the profession of occupational therapy, the Toronto Empathy Questionnaire (Spreng, 2009) and the Attitudes Towards People with Disabilities Scale - form 0 (Yuker, Block and Young, 1970) were used. Based on the obtained results, it was confirmed that the respondents have a high degree of empathy (51.00 [IQR=8.00]) and moderately positive attitudes towards people with disabilities 68.5 (IQR=11.25). Spearman's correlation coefficient ($\rho = -0.043$, $p = 0.787$) shows that a statistically significant relationship between empathy and attitudes towards people with disabilities among 1st-year occupational therapy students was not recorded. **Conclusion.** By analyzing the obtained results, it can be concluded that the generation of respondents has empathic potential that is essential for the quality of the occupational therapy process, but that through the next years of study, we should work on developing a more positive attitude towards people with disabilities.*

Keywords: "attitudes", "students", "persons with disabilities".

Introduction

The occupational therapy profession involves working with users of all ages, individuals and groups with various motor, sensory, cognitive, social, psychological, emotional or combined limitations. These functional limitations caused by illness, injury, environmental factors or a combination of these are often permanent and occupational therapy services are aimed at preventing the occurrence of a handicap situation and reducing the consequences of the resulting disability. As researchers, we were interested in whether and to what extent empathy determines candidates for choosing a profession and with what previous attitudes about people with disabilities they enter the study program of occupational therapy. Empathy is an important component of social cognition that contributes to our ability to understand and adaptively react to the emotions of others, succeed in emotional communication and promote pro-social behavior. The term "empathy" comes from Titchener's translation of the German word "Einfühlung" which means "feeling into" and denotes the ability to share another's feelings or experiences just by imagining what it would be like to be in that person's situation [1]. There is some disagreement about the exact nature of the phenomenon of empathy in the References. The interaction between perception-action and prefrontal functioning may explain different levels of empathy across species and age groups, contribute to understanding how it changes in response to explicit learning experience, similarity to prior experience and its importance, and advance the evolutionary understanding of empathy beyond genetic inheritance and of reciprocal altruism, and it can also contribute to the prediction of various empathy disorders [2]. Despite prominent understandings of empathy in developmental research and cross-species empathic ability research, as well as its breakdown into emotional, cognitive, and conditioning components, a consensus regarding a clear definition of empathy has not been reached. The affective aspect of empathic responding is thought to be related to phenomena such as emotional contagion, emotion understanding, sympathetic physiological arousal, and specific altruism. Empathy allows people to view those who are different from them more positively. Baston et al. [3] argue that eliciting positive empathy toward a member of a stigmatized group leads to improved attitudes toward the individual and the group as a whole. Empathy is an important factor in medical education, [4] it implies the doctor's ability to understand the inner feelings of the patient and the ability to demonstrate this understanding using cognitive, emotional and behavioral processes. It represents an integral part of the doctor-patient relationship and is one of the basic conditions for quality communication, which leads to better diagnostics, greater compliance, patient's satisfaction and better treatment outcomes [5]. Attitudes towards people with disabilities, stigmatization and exclusion, are expressed through the language that is used, and unfortunately, among health professionals in Serbia, the words "invalid" and "person with special needs" are still used in speech, even though the term person with disability is in official use in almost all legal documents of national and international character [6]. According to Krech, Cratchfield and Ballachoy (D.Krech, R.S. Cratchfield and L.E. Ballachoy, 1972) "attitudes are permanent systems of positive or negative evaluation", they are complex and represent the basis for relative consistency in behavior [7]. They represent permanent systems

of positive or negative evaluation, feelings, and "tendencies to take action for or against various objects." At the same time, they include cognitive, emotional and conative aspects. Prejudices contain all the characteristics of an attitude, but with a strong emotional component. They can be conformist, linked to tradition, or a part of the personality structure, when they are the most difficult to remove and suppress. Factors that act in the socialization process of each person also affect the foundation of attitudes and prejudices and can be classified as general or universal factors, factors that directly affect behavior and specific conditions in which a person is, for a longer or shorter time. Negative attitudes of persons without disabilities can inhibit the social integration of persons with disabilities and their empowerment, as well as the development of a positive self and self-acceptance, regardless of the type and degree of impairment. Variations in attitudes towards different categories of persons with disabilities are influenced by cultural values accepted in a certain socio-economic environment, age and frequency of contact with persons with disabilities [8]. Three main problems have been identified that can contribute to solving the difficulties of health professionals and their approach to people with disabilities: lack of specific knowledge about people with disabilities; discomfort in working with disabled people and wrong perceptions about disability. People with disabilities cited negative attitudes and behavior of health workers as the biggest obstacles to accessing health services [8 - 10]. Researches on empathy and changes in empathic potential during schooling among occupational therapy students are rare. [11] Until now, there has been no research in Serbia that dealt with the assessment of empathy or examining the attitudes of occupational therapy students towards people with disabilities. As teachers of courses that have exercises in clinical departments for occupational therapy, we were interested in how much empathy affects the decision to choose a profession for candidates with non-medical high school graduates. In our work so far, we observed noticeable differences between students in communication, contact and approach to patients and clients. We were interested in whether these differences are related to previously completed secondary school and experience already gained in contacts and work with sick, injured and people with disabilities, as well as with what empathic potential our students enter studies. During the second and third year of study, students are in direct and constant contact with patients during practice, they also develop communication and observation skills, so our decision was to include only 1st-year students in the research in order to assess the attitudes with which they enter studies for occupational therapy. The aim of this study is to evaluate the empathic potential and to present the attitudes towards people with disabilities of students, future occupational therapists. The assumption is that students who have opted for a health profession will show a high degree of empathy and a more positive attitude towards people with different forms of disabilities even at the beginning of their education.

Material and methods

The research was conducted in the summer semester of the 2022/23 school year in the second semester at the first lecture of the Fundamentals of rehabilitation course in the Department High Health College, with the prior approval of the ASSB Ethics

Committee. Respondents were given a consent form for participation in the research to sign at the next lecture thus guaranteeing their anonymity. The research was conducted as a cross-sectional study. A special questionnaire was created for the purposes of the research. The first part of the questionnaire contains information about the voluntariness and anonymity of participation, the purpose of the research and the use of the obtained data. General data on respondents in the questionnaire refer to gender, previously completed high school and how they learned about the profession of occupational therapy and are shown in Table 1.

The second part of the questionnaire is Toronto Empathy Questionnaire (TEQ) by Spreng and colleagues from 2009. It consists of 16 questions, each of which is rated on a five-point scale from "never" to "often" [12]. It was developed by reviewing other available empathy instruments, determining what they had in common, and deriving a single factor that became the basis for the TEQ. The TEQ conceptualizes empathy as a primarily emotional process, and questions cover a wide range of attributes related to theoretical aspects of empathy and measure its emotional, cognitive, and behavioral components. The questionnaire contains a list of 16 statements, 8 formulated positively and 8 negatively, and the respondents are asked to indicate how often they feel, think or behave according to the statements on a scale from 0 (never) to 4 (always). It was shown that the questionnaire has high internal consistency, construct validity and test-retest reliability and is positively correlated with measures of social decoding, other measures of empathy, and negatively correlated with measures of autism symptomatology.

The third part of the questionnaire is Attitudes Towards Disabled Persons Scale - ATDP form O, an instrument that measures attitudes towards disability, developed in 1960 and designed for use among the general population [13]. Three forms of the questionnaire are available. Form O is the original 20 item form, and Forms A and B, each with 30 items, are improved versions of Form O. The ATDP is the most widely used tool with reliable content and construct validity.

Out of 55 students from the first year of the occupational therapist study program at the High Health College, Academy of Applied Studies in Belgrade, 42 of them (76.36%) participated in the research. The sample is completely randomly balanced according to the proportion of males (50.0%) and females (50.0%). The largest percentage of respondents graduated from secondary medical school, department for physiotherapists (40.5%). 19.0% of respondents completed some of the other secondary medical school courses, 21.4% completed high school, while 19.0% of respondents completed some other secondary school. About a third of respondents (33.3%) received information about the occupational therapist profession during their secondary education. 21.4% of students heard about this profession from family members, and 16.7% from friends. 19.0% of respondents gathered information over the internet, while 4.8% of students had personal experience with occupational therapy.

Table 1 General information about the respondents

	All (N=42) n (%)
Gender:	
Male	21 (50,0%)
Female	21 (50,0%)
Previous education	
Secondary medical school - physiotherapist	17 (40,5%)
Secondary medical school –other courses	8 (19,0%)
Gymnasium	9 (21,4%)
Other	8 (19,0%)
Source of information about profession/	
During schooling	14 (33,3%)
From a family	9 (21,4%)
From a friend	7 (16,7%)
Over the internet	8 (19,0%)
From a personal experience	2 (4,8%)

Statistical analysis

The results obtained from the research were statistically processed with an adequate selection of statistical methods, depending on the type and distribution of data. From the measures of descriptive statistics, the medians, interquartile range, arithmetic mean with the associated standard deviation are shown. The Shapiro-Wilk test was used to examine the normality of the distribution, while the Krombach alpha coefficient was used as a measure of the reliability of the questionnaire. Given that the distribution of numerical variables deviates statistically significantly from normal, the differences were tested with non-parametric tests - Mann Whitney and Kruskal Wallis. The association was tested by Spearman's correlation coefficient. A significance level of $p < 0.05$ was considered statistically significant. Statistical processing and analysis was done in the computer program SPSS ver. 25.

Results

The results obtained by the Toronto Empathy Questionnaire and the Attitudes Towards Disabled Persons Scale are presented in separate tables - Table 2 and Table 3. The connection between empathy and attitudes towards persons with disabilities is shown in a Graph 1.

Table 2 Presentation of the results obtained by Toronto EmpathyQuestionnaire

	Min	Max	M	SD	Me	IQR	α	Shapiro-Wilk
TEQ Total Skor	28,00	68,00	50,86	8,57	51,00	8,00	0,70	0,002

Me = Median; IQR = Interquartile range; M = Arithmetic mean; SD = Standard deviation; α = Corombach alpha coefficient;

Table 3 Presentation of the results obtained by the Attitudes Towards Disabled Persons Scale (ATDP form 0)

	Min	Max	M	SD	Me	IQR	α	Shapiro-Wilk
Form O Total Skor	60,00	98,00	70,01	8,12	68,50	11,25	0,77	0,020

Me = Median; IQR = Interquartile range; M = Arithmetic mean; SD = Standard deviation; α = Corombach alpha coefficient;

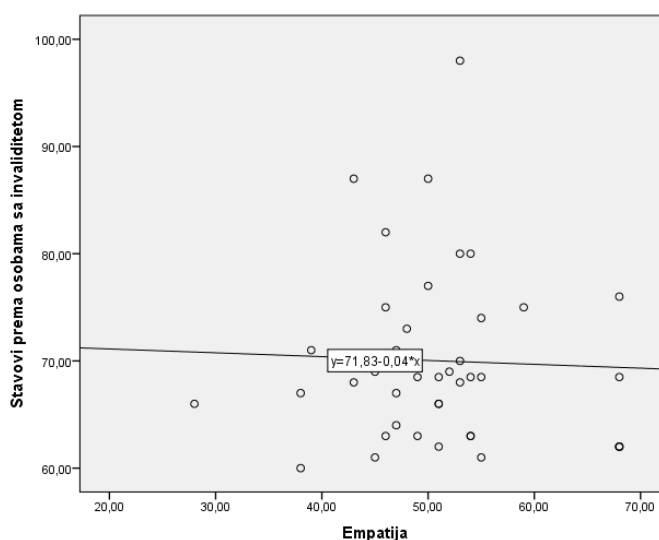
After presenting descriptive indicators, we examined whether respondents of different genders, previous education and ways of being informed about the profession of occupational therapist differ statistically significantly in their attitudes towards people with disabilities and their level of empathy. Differences were tested with non-parametric tests: Mann-Whitney and Kruskal-Wallis tests.

Table 4 Differences in the level of empathy and attitudes towards persons with disabilities at students with different general characteristics

General information about the participants/	TEQ Total Skor		Form O Total Skor	
	Me (IQR)	p	Me (IQR)	p
Gender:		0,537 ^a		0,301 ^a
Male:	51,00 (10,50)		68,00 (6,50)	
Female:	51,00 (8,00)		69,00 (13,50)	
Previous education:		0,376 ^b		0,266 ^b
Secondary medical school – physiotherapist	52,00 (12,50)		68,50 (20,00)	
Secondary medical school - other courses	46,50 (12,00)		65,50 (6,88)	
Gymnasium	50,00 (5,00)		71,00 (10,00)	
Other	53,50 (17,25)		74,25 (23,50)	

General information about the participants/	TEQ Total Skor		Form O Total Skor	
	Me (IQR)	p	Me (IQR)	p
Information about the profession:		0,357 ^b		0,765 ^b
During schooling	50,50 (9,50)		68,50 (5,00)	
From a family	49,00 (9,50)		63,00 (9,75)	
From a friend	51,00 (5,00)		68,50 (5,00)	
Over the internet	53,50 (14,75)		71,50 (16,25)	
From a personal experience	55,50 (10,00)		74,50 (5,00)	
Other	39,00 (5,50)		71,50 (10,00)	

.^aMen Viti test; ^bKruskal Valis Test p=statistical significance. TEQ = Empathy Questionnaire; Form O= Scale of attitudes towards persons with disabilities.



$$\rho = -0,043, p = 0,787$$

Graph 1 The connection between empathy and attitudes towards people with disabilities

Discusion

Students' empathy was assessed by the Empathy Questionnaire (TEQ), whose theoretical range ranges from 0 to 64. A higher score indicates a higher degree of

empathy. All items of the scale indicate good reliability (0.70-0.79), and consequently the internal consistency of the scale is satisfactory ($\alpha = 0.70$). Bearing in mind the range of the scale, we can see that first-year occupational therapy students have a high level of empathy (51.00 [IQR=8.00]). The obtained results are consistent with the results of similar researches. A cross-sectional study conducted in Madrid on a much larger sample and using the Davis Interpersonal Reactivity Index (IRI) and the Jefferson Scale of Empathy-Health Profession Student's version (JSPE-HPS), confirmed the high level of empathy of occupational therapy students in all years of study [11]. Research on empathy as a predictor of the choice of specialization among future physicians [4], using the TEQ questionnaire, which was conducted on a sample of 363 medical students at the University of Belgrade, showed an average score of 45.23 ± 7.02 . In various international studies, it was shown that other health professions (doctors, nurses, dentists, paramedics, physiotherapists, osteopaths), have worse (lower) results in evaluating the levels of empathy compared to occupational therapists [14].

The research did not establish the existence of a statistically significant difference in the level of empathy ($p=0.537$), nor in the attitudes towards persons with disabilities ($p=0.301$), considering the gender of the respondents. This differs from the results of a number of studies. A study conducted on a sample of 400 students of all years at Okayama University Medical School using the Jefferson Scale of Empathy-Health Profession Student's version (JSPE-HPS) showed differences between genders, where females had a higher score [15]. In the research on empathy as a predictor of the choice of specialization among future physicians [4], a slightly higher empathy score and a greater affinity towards medical specializations in which the doctor-patient relationship is proactive were observed in female students. A study conducted in Poland among 199 medical students, which researched the relationship between gender, empathy and personal values as predictors of the choice of future specialization, also showed that female students had a higher score on the assessment of empathy [16].

The attitudes of first-year occupational therapy students towards persons with disabilities were measured by the Scale of Attitudes towards Persons with Disabilities (ATDP Form-O). The theoretical range of the scale ranges from 0 to 120, with higher scores indicating more favorable attitudes towards people with disabilities. The scale shows satisfactory reliability ($\alpha = 0.77$), as do all items of the scale. Item reliability ranges from 0.69 to 0.78. The Shapiro-Wilk test indicates that the distribution deviates statistically significantly from normal. The achieved result of first-year occupational therapy students on the Scale of Attitudes towards Persons with Disabilities is 68.5 (IQR=11.25), which indicates a moderately positive attitude of the respondents towards this group. In research on factors that influence students' attitudes towards people with disabilities, among the factors identified as the most influential are age, gender, level of education, self-esteem, empathy and level of contact [17,18]. In our research, statistically significant differences were not recorded when it comes to the type of previous education of the respondents in relation to empathy ($p=0.376$) and attitudes towards people with disabilities ($p=0.266$).

The results of the first-year occupational therapy students on the Scale of Attitudes towards Persons with Disabilities indicate a moderately favorable attitude of the respondents towards this group. Among respondents 25 students (59.5%) could have gained previous experience through contacts, communication and practice in working with people with disabilities during practice in secondary medical schools, mostly in courses that educate physiotherapists and nurses. Aggravating factors (pandemic conditions and closures) limited their opportunities to make these contacts, so the generation of respondents included in the sample was deprived of the experience of working with people in a hospital environment. Also, perceiving the physical and social barriers that people with disabilities encounter, as well as recognizing one's own prejudices towards this population, is not something that is taught in secondary medical school. Respondents who had previously completed gymnasium and some other (non-medical) secondary schools, of whom there were 17 (40.4%) in the sample of respondents, had no means of establishing contacts with persons with different disabilities except through personal acquaintance with a person with a disability.

These results in terms of "mediocrity" are consistent with similar results obtained from different studies. In 1986, Roush reported that "negative attitudes towards people with disabilities are common in society, but not directly expressed" [19]. Researchers generally agree that those who have had contact with people with disabilities, with appropriate professional training, can develop more positive attitudes towards people with disabilities. Paris in 1993. reported that "health workers who are constantly in contact with people with disabilities have positive attitudes towards people with physical impairments" [20]. Contact has been shown to be one of the most effective strategies for facilitating more positive attitudes towards the disabled population [9].

Using Spearman's correlation coefficient, we tested the connection between the level of empathy and attitudes towards people with disabilities. The obtained result ($\rho = -0.043$, $p = 0.787$) indicates that there is no statistically significant connection between these two variables. Although all respondents show a high level of empathy and moderately favorable attitudes towards people with disabilities, the relationship between empathy and attitudes towards people with disabilities among 1st-year occupational therapy students was not recorded.

Conclusion

By analyzing the obtained results, it can be concluded that the generation of respondents has empathic potential that is essential for the quality of the occupational therapy process, but through the next years of study, we should work on developing more positive attitudes towards people with disabilities. Considering the contents of the study program, which during the 2nd and 3rd year of study have a large number of subjects with practise in different clinical departments in health and social institutions and with clients of all ages, our expectations are that these potentials through repeated and frequent contacts will contribute the development of more positive attitudes towards people with disabilities.

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STAVOVI STUDENATA PRVE GODINE STUDIJSKOG PROGRAMA STRUKOVNI RADNI TERAPEUT O OSOBAMA SA INVALIDITETOM

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Sažetak: Terapijska komunikacija i odnos između radnog terapeuta i korisnika zahteva visok stepen interpersonalnih veština među kojima je i empatija. Na formiranje stavova prema osobama sa invaliditetom, osim specifičnog stručnog znanja utiču i uzrast i učestalost ovih kontakata. Cilj rada je procena empatskih potencijala i prikaz stavova prema osobama sa invaliditetom studenata, budućih radnih terapeuta. Pretpostavka je da će studenti koji su se opredelili za zdravstvenu profesiju pokazati i na početku školovanja visok stepen empatije i pozitivniji stav prema osobama sa različitim oblicima invaliditeta. U istraživanju je učestvovalo 42 studenta prve godine studijskog programa strukovni radni terapeut odseka Visoka zdravstvena škola, Akademije strukovnih studija Beograd. Učešće u istraživanju je bilo dobrovoljno i anonimno. Istraživanje je rađeno kao studija preseka. Sprovedeno je u letnjem semestru školske 2022/23.g. uz odobrenje Komisije za etički odbor ASSB i uz potpisanu saglasnost svakog ispitanika o učešću. Za potrebe istraživanja osim upitnika sa opštim podacima o polu, prethodno završenoj srednjoj školi i načinu na koji su saznali za profesiju radne terapije, korišćeni su Upitnik o empatiji (Toronto Empathy Questionnaire, Spreng, 2009) i Skala stavova prema osobama sa invaliditetom (Attitudes Towards Disabled Persons Scale - form 0, Yunker, Block and Young, 1970). Na osnovu dobijenih rezultata utvrđeno je da ispitanici poseduju visok stepen empatije (51,00 [IQR=8,00]) i umereno pozitivne stavove prema osobama sa invaliditetom 68,5 (IQR=11,25). Spirmanov koeficijent korelacije ($\rho = -0,043$, $p = 0,787$) pokazuje da statistički značajna veza između empatije i odnosa prema osobama sa invaliditetom kod studenata 1. godine radne terapije nije zabeležena. Analizom dobijenih rezultata može se zaključiti da generacija ispitanika raspolaže empatskim potencijalima koji su bitni za kvalitet radno terapijskog procesa, ali da kroz naredne godine studija treba raditi na razvijanju pozitivnijih stavova prema osobama sa invaliditetom.

Ključne reči: stavovi, studenti, osobe sa invaliditetom.