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## **THE ATTITUDE OF SECURITY GUARDS TOWARDS PEOPLE WITH DISABILITIES IN THE MEDITERRANEAN REGION IN TURKEY: A CROSS-SECTIONAL STUDY**

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**ABSTRACT**

Negative social attitudes towards disabled people in society make it difficult for disabled people to integrate into society. The acceptance and integration of disabled people into society is limited by the negative attitudes encountered outside the home.

The aim of this study is to determine the attitude of security guards' towards people with disabilities in Turkey. Data were collected from 469 security guards working in the private or public sector using a questionnaire including the Attitudes Towards Persons with Disabilities Inventory (APDI). The mean (standard deviation) of the APDI is 180.3 (19.1). Positive attitudes are held by more than 98.0% of the research group, both overall and by subcomponents. Security guards with higher level of education and with a higher income have a significantly more positive attitude towards people with disabilities than the others. The acquaintance with a person with disability is a significant predictor for the competency-independent living subscale (B:2.3,  $p=0.008$ ). In conclusion, understanding and recognizing people with disabilities in a realistic way, together with their competencies and limitations, is the key to developing positive attitudes. In addition, the employment of people with a high level of education in security jobs with an appropriate level of pay can be useful in strategies to develop positive attitudes towards people with disabilities.

**Keywords:** Disability, attitudes towards disability; security guards; cross-sectional study; Mediteranean Region; Turkey

**ÖZ****TÜRKİYE'DE AKDENİZ BÖLGESİ'NDE GÜVENLİK GÖREVLİLERİNİN ENGELLİ BİREYLERE YÖNELİK TUTUMU: KESİTSEL BİR ÇALIŞMA**

Toplumda engellilere yönelik olumsuz toplumsal tutumlar, engellilerin toplumla bütünleşmesini zorlaştırmaktadır. Engellilerin topluma kabulü ve entegrasyonu, ev dışında karşılaşılan olumsuz tutumlar tarafından sınırlandırılmaktadır. Bu çalışmanın amacı, Türkiye'deki güvenlik görevlilerinin engelli bireylere yönelik tutumlarını belirlemektir. Veriler, özel veya kamu sektöründe çalışan 469 güvenlik görevlisinden, Engelli Bireylere Yönelik Tutumlar Envanteri'ni (EYTÖ) içeren bir anket kullanılarak toplanmıştır. APDI'nin ortalaması (standart sapma) 180.3'tür (19.1). Olumlu tutumlar, hem genel olarak hem de alt bileşenler bazında araştırma grubunun %98,0'inden

fazlası tarafından benimsenmektedir. Eğitim ve gelir düzeyi daha yüksek olan güvenlik görevlilerinin engelli bireylere yönelik olumlu tutumları diğerlerine göre anlamlı derecede daha yüksektir. Engelli bir bireyle tanışıklık, yetkinlik-bağımsız yaşam alt ölçeği için anlamlı bir yordayıcıdır (B:2.3, p=0.008). Sonuç olarak, engelli bireyleri yetkinlikleri ve sınırlılıklarıyla birlikte gerçekçi bir şekilde sunmak, olumlu tutumlar geliştirmenin anahtarıdır. Ayrıca, yüksek eğitim düzeyine sahip bireylerin uygun ücretlerle güvenceli işlerde istihdam edilmesi, engelli bireylere yönelik olumlu tutum geliştirme stratejilerinde faydalı olabilir.

**Anahtar Kelimeler:** *Engellilik, engelliliğe yönelik tutumlar; güvenlik görevlileri; kesitsel çalışma; Akdeniz Bölgesi; Türkiye*

## INTRODUCTION

The phenomenon of disability can be explained by medical and social models. In the medical model, disability is considered as an impairment and the idea that the impairment should be treated by medical methods (Shakespeare, 2006). In the social model, which also takes into account the negative situations experienced by disabled people in their social lives and the social and cultural environment that actually creates the disability, which is ignored in the medical model, disability is not the exact equivalent of the physical and health-related problems experienced by people, but is accepted as a social phenomenon. From this perspective, "disability" refers to the interaction of personal factors, such as negative attitudes or inadequate social support, and environmental factors (e.g. accessibility issues) (World Health Organization (WHO), 2016).

An estimated 1.3 billion people – about 16% of the global population – currently experience significant disability. This number is increasing due in part to population ageing and an increase in the prevalence of noncommunicable diseases (WHO, 2023). According to the latest data, the number of people with disabilities in Turkey is 4,876,000 and the proportion of the population with at least one disability is 6.9% (T.C. Aile ve Sosyal Hizmetler Bakanlığı, Engelli ve Yaşlı Hizmetleri Genel Müdürlüğü (2021). It is argued that the negative experiences of people with disabilities due to social exclusion and social pressure, and the solution requires a focus on social change (Barnes, 1991; Haegele & Hodge, 2016).

The oldest definition of attitude is "the sum total of a person's tendencies and feelings, prejudices or biases, preconceived notions, ideas, fears, threats and beliefs about any particular subject" (Thurstone, 1928). More recently, attitude has been defined as "a psychological disposition expressed by evaluating a particular entity favourably or unfavourably to some degree" (Eagly & Chaiken, 2007).

An individual's attitude can have a strong influence on behaviour and affect how they behave in different situations (Cherry, 2023). Attitudes are often the result of experience or upbringing. Lack of disability-specific knowledge, misconceptions about disability can lead to the development of negative attitudes, which in turn can lead to problems in communicating with people with disabilities in society. It has been reported that the most important source of stress in the lives of people with disabilities is negative social attitudes (Voh, 1993). Studies investigating attitudes towards people with disabilities, report that negative attitudes towards people with disabilities are more common than expected (Hunt & Hunt, 2000; Tervo & Palmer, 2004).

Although important steps have been taken in recent years both in the world and in our country to ensure the participation of people with disabilities in all areas of life, people with disabilities still have problems with acceptance in society, are made to feel under pressure in society and are excluded from the processes in life (Masson, 2013). In the social model of disability, negative attitudes of individuals towards disabled people are one of the dynamics that constitute the social exclusion that disabled people suffer from. Negative social attitudes towards disabled people make it very difficult for disabled people to integrate into society (Brandes & Crowson, 2009). Researching these social attitudes at certain intervals and determining their level is the first step in reducing prejudice and discrimination against people with disabilities (Marks, 1997), and it constitutes a very important place for building a more inclusive social structure and social policies to be implemented (Schwartz & Armony Sivan, 2001).

The measurement of attitudes towards people with disabilities is quite old and has the difficulties of measuring attitudes. An attitude expressed in the answer to the scale question developed for measurement may not have any relationship with actual behaviour (Machery, 2022).

Security guards are people who provide security in the public or private sector in the context of the general working principles established by law (Republic of Turkey Ministry of Interior, Regulation on the Implementation of the Law on Private Security

Services, Official Gazette Date: 07.10.2004 Official Gazette No: 25606). They are responsible for ensuring the security of the area where they work and the designated duty station, and can also provide counseling services to people if necessary. The number of people with private security certificates in Turkey is 1 million 556 thousand 250 and 283 thousand of them are actively working in security services (The Republic of Turkey Ministry of Interior, 2022). Today, security guards are the people who most frequently encounter with individuals in almost every public and private institution, in shopping centers that have become social living spaces, at the first entrance, in information units, and who should have effective communication skills. Therefore, it is important for these individuals to communicate with people with disabilities and develop positive attitudes towards them. In the international and national literature, it has been observed that attitudes towards people with disabilities have been measured in various professional groups such as health workers, dentists, students, etc. (Küçükşen et al., 2017; Kürkçüoğlu et al., 2021; Unal & Yıldız, 2017; Şahin & Güldenoğlu, 2013; Şahin ve Cengiz, 2017), but there is no study evaluating the attitudes of security guards towards people with disabilities. PubMed and Google Scholar databases were scanned using the keywords security guards, disability, attitude including the dates 2000-2021, and no studies on attitudes towards disabilities in security guards were found.

Determining the attitudes of security guards towards individuals with disabilities plays a crucial role in understanding the dynamic of communication. This is particularly evident in the interaction between security guards and people with disabilities. The communication strategies using by security staff can significantly impact the overall experience and sense of security for individuals with disabilities. Effective communication strategies, such as providing clear instructions, demonstrating empathy, or creating an inclusive environment, play a key role in security guards fostering a positive and secure atmosphere for everyone. Therefore, examining the dynamics of communication in the security sector can assist in comprehending the challenges faced by security guards in their interactions with individuals with disabilities and underscore the critical role that communication plays in this context. The aim of this study is to determine the attitudes of security guards towards people with disabilities in Turkey.

## METHODS

This cross-sectional study was conducted in the Mediterranean Region of Turkey in 2021. The population of this cross-sectional study consists of security guards working in both private and public sector companies in the Mediterranean Region of Turkey, and the exact size of the population is unknown. Using the formula used to calculate the sample size in a research that will determine the average when the population size is not known; the standard deviation of the outcome variable in the population ( $\sigma$ ) was taken as 18.6 , the deviation (d) to be made according to the average was taken as 1.86, the t value was taken as 1.96 for a significance level of 0.05, and 384 people were calculated to be sufficient for the sample size.

### Participants

The research was conducted in the Mediterranean Region. There are 8 provinces in this region (Adana, Antalya, Burdur, Hatay, Isparta, İçel, Kahramanmaraş and Osmaniye). The Mediterranean region has a touristic importance, is frequented by tourists from abroad and is one of the regions that form the showcase of the country. Security guards working in private and public organizations in the provinces in the region who agreed to participate in the study were reached through convenience sampling. Data were collected in places where security guards could be reached such as shopping centers, malls, hospitals. The inclusion criteria were working as a private security guard and agreeing to participate in the study. In the research, 469 security guards were reached.

Table 1 shows the demographic characteristics of the participants. 51.2% are above the age of 35, 77.8% are male, 70.4% have a secondary or high school diploma, and 59.9% work for the public institution.

**Table 1**

*Participants' Demographic Characteristics*

| <b>Demographic characteristics</b> | <b><i>n</i></b> | <b>%</b> |
|------------------------------------|-----------------|----------|
| <b>Total</b>                       | 469             | 100.0    |
| <b>Age</b>                         |                 |          |
| ≤35                                | 229             | 48.8     |
| >35                                | 240             | 51.2     |
| <b>Sex</b>                         |                 |          |
| Female                             | 104             | 22.2     |
| Male                               | 365             | 77.8     |
| <b>Marital status</b>              |                 |          |
| Single                             | 135             | 28.8     |
| Married                            | 334             | 71.2     |
| <b>Educational level</b>           |                 |          |
| Secondary or high school           | 330             | 70.4     |
| University                         | 139             | 29.6     |
| <b>Total income (monthly)</b>      |                 |          |
| <5000 ₺                            | 376             | 80.2     |
| ≥5000 ₺                            | 93              | 19.8     |
| <b>Having a child</b>              |                 |          |
| No                                 | 139             | 29.6     |
| Yes                                | 330             | 70.4     |
| <b>Institution of employment</b>   |                 |          |
| Public                             | 281             | 59.9     |
| Private                            | 188             | 40.1     |
| <b>Weekly working time</b>         |                 |          |
| ≤ 45 hours                         | 212             | 45.2     |
| > 45 hours                         | 257             | 54.8     |

## **Instruments**

Data were collected by applying a questionnaire. The questionnaire form consisted of the demographic characteristics form prepared by the researchers, and APDI. The demographic characteristic form consisted of 12 questions, identifying characteristics such as age, sex, marital status, education level, total income (monthly), having a child, institution of employment, weekly working time, state of being disabled, presence of a disabled person at home or among relatives, and knowing a person with a disability.

In the literature, there are Multidimensional Attitudes Scale toward Persons with Disabilities (MAS) and Attitude to Ward Disabled Persons Scale (AWDP) scales that measure attitudes towards people with disabilities and have been adapted to Turkish (Findler, Vilchinsky & Werner, 2007; Yelpaze & Türküm, 2018; Yüker, Block & Campbell, 1970; Özyürek, 2006). The MAS scale has emotion, thought and behavior sub-dimensions, while the ATDP scale has no sub-dimensions. The -Attitudes towards Persons with Disabilities Inventory (APDI) was developed by The Republic of Turkey,

Prime Ministry Administration for Disabled People as a comprehensive scale to measure attitudes towards persons with disabilities in Turkey (OZIDA, 2008). This scale evaluates attitudes towards persons with disabilities in 6 different sub-dimensions such as educational environment, working life, family life, interpersonal relationships, personal characteristics, competence - living independently and can be applied to all segments of the society. In the literature, this scale has been used many times to measure attitudes towards people with disabilities in various groups (Gençtürk & Korkut, 2020; Esentaş, Vural & Işıkgöz, 2018; Apaydın & Barış, 2021; Çolak & Çetin, 2014).

**APDI.** APDI is a scale developed within the scope of the project titled "How Society Perceives Persons with Disabilities" by the Republic of Turkey Prime Ministry Administration for Disabled People (OZIDA, 2008). The scale has 43 items and six components: educational environments, interpersonal relationships, working life, family life, personal characteristics and competency-independent living. "Interpersonal relationships" measures the status of participants' attitudes towards establishing relationships with people with disabilities. The "Working life" sub-dimension evaluates the attitudes of the participants regarding the participation of disabled people in working life. "Family life" evaluates the attitudes of disabled people regarding their impact on the family. "Personnel characteristics" shows the beliefs of disabled people about the characteristics they have. "Competency-Independent Living" aims to evaluate the participants' thoughts on the competencies of disabled people and their ability to lead their lives independently. The lowest score that can be obtained from the total of the scale is 43, and the highest score is 215. As the score obtained from the total scale or components increases, the level of positive attitude of the individual towards the disabled increases. Internal consistency coefficient of the scale (Cronbach alpha) is 0.88. The developers established cut-off points for the total and sub-dimensions of the scale to distinguish between negative and positive attitudes. These cut-off values were used in this study to determine the distribution of people with negative and positive views. Since more than 99% of the group has a positive attitude, statistical analysis and evaluations were evaluated based on the scores obtained, and the cut-off point was not used.



## **Procedure**

The study was conducted between September 1 and December 31, 2021. Security guards were approached at the institutions where they work using convenience sampling and data were collected using face-to-face questionnaires administered by surveyors who had received standard survey training. The questionnaires were administered after contacting the managers of the institutions where the participants worked and obtaining permission for the study. Each questionnaire took approximately 20 minutes to complete.

## **Statistical analyses**

The data were analyzed using SPSS version 17 software (SPSS Inc., Chicago, IL, 2009). The conformity of the variables to the normal distribution was examined with the Kolmogorov–Smirnov test, skewness, and kurtosis. Descriptive statistics for the participants' characteristics were presented by frequency, percentage and APDI scores by mean (SD). Independent t-test were used to compare the mean of APDI total and components' score with participants' characteristics. Cohen's d was calculated for effect sizes and is shown in Tables 3 and 4. Cohen's d levels below 0.20 are considered weak, whereas those above 0.50 are seen to be moderate (Cohen, 1988). In this study, Cohen's d values range from 0.205 to 0.444 when there is a significant difference in the hypothesis tests and the effect size is near the median level. Multiple linear regression models were created to test the predictability of the attitudes according to the variables. Regarding the adequacy of the models; multiple explanatory coefficient (R<sup>2</sup>) values were examined and these values were presented for each model. Durbin Watson's analysis was used to decide on model fit. The model in which the Durbin Watson value was close to 2 was accepted as a well-constructed model. While creating the models, multicollinearity was examined and VIF (Variance Inflation Factors) values were checked. All the VIF values (1.0-1.1) are below 2.5 and there are no variables that cause multicollinearity problems in the models (Johnston, Jones & Manley, 2018). The two-tailed p-value less than 0.05 was considered significant.

### **Ethics Committee Approval**

This study was conducted in accordance with the principles of the Declaration of Helsinki. The study was approved by the Ethics Committee of Suleyman Demirel University (Date July 13, 2021/No 15/252).

### **FINDINGS RESULTS**

Table 2 presents the mean, standard deviation, lowest and highest totals, and component scores of the APDI as well as the distribution of negative and positive attitudes. The mean (standard deviation) of the APDI is 180.3 (19.1). Positive attitudes are held by more than 98.0% of the research group, both overall and by subcomponents.

Table 3 shows the disability status of participants. A further 2.8% of security guards are also handicapped. A further 4.1% of respondents indicated that they live with a disabled person, and 26.2% reported that they have a disabled family member. However, 12.6% of the research group had never encountered a disabled person.

Table 4 shows the comparisons of the averages of the APDI total and component scores according to the participants' demographic characteristics. Total APDI score averages of those with a university degree and total income (monthly)  $\geq 5000\text{₺}$  was found to be higher than the other groups ( $p=0.031$  and  $p=0.010$ , respectively). The Education Environment scores of male participants, university graduates and those with a total income (monthly)  $\geq 5000\text{₺}$  are higher than the others ( $p=0.046$ ,  $p=0.031$ ,  $p<0.001$ , respectively). Those with  $\geq 5000\text{₺}$  and those who are acquainted with a disabled person have higher Interpersonal relationships scores than the others ( $p=0.004$  and  $p=0.036$ , respectively). Those with a university degree and total income (monthly)  $\geq 5000\text{₺}$  have higher working life scores than the others ( $p=0.014$ ,  $p=0.012$ , respectively).

**Table 2**

*Total and subscales scores obtained from the attitudes towards persons with disabilities inventory (APDI)*

| APDI                          | Scores |      |     |     | Cut-off<br>Points | Negative attitudes |     | Positive attitudes |      |
|-------------------------------|--------|------|-----|-----|-------------------|--------------------|-----|--------------------|------|
|                               | M      | SD   | LL  | UL  |                   | n                  | %   | n                  | %    |
| <b>Total</b>                  | 180.3  | 19.1 | 125 | 215 | 129               | 6                  | 1.3 | 463                | 98.7 |
| <b>Components</b>             |        |      |     |     |                   |                    |     |                    |      |
| Education Environment         | 13.0   | 1.9  | 5   | 15  | 9                 | 1                  | 0.2 | 468                | 99.8 |
| Interpersonal Relationships   | 39.3   | 4.5  | 17  | 45  | 27                | 1                  | 0.2 | 468                | 99.8 |
| Working Life                  | 38.0   | 4.8  | 20  | 45  | 27                | 1                  | 0.2 | 468                | 99.8 |
| Family Life                   | 10.2   | 2.7  | 3   | 15  | 9                 | 2                  | 0.4 | 467                | 99.6 |
| Personal Characteristics      | 29.0   | 3.9  | 14  | 35  | 21                | 1                  | 0.2 | 468                | 99.8 |
| Competency-Independent Living | 50.9   | 6.2  | 28  | 60  | 36                | 1                  | 0.2 | 468                | 99.8 |

APDI= Attitudes towards persons with disabilities inventory, M= mean, SD= standard deviation, LL = lower limit; UL = upper limit; n= number; %= percentage

**Table 3**

*Participants' disability status*

| Characteristics or Thoughts                          | n   | %     |
|--|-----|-------|
| <b>Total</b>   | 469 | 100.0 |
| <b>State of being disabled</b>                       |     |       |
| No   | 456 | 97.2  |
| Yes  | 13  | 2.8   |
| <b>Presence of a disabled person at home</b>         |     |       |
| No   | 450 | 95.9  |
| Yes  | 19  | 4.1   |
| <b>Presence of a disabled person among relatives</b> |     |       |
| No   | 346 | 73.8  |
| Yes  | 123 | 26.2  |
| <b>Acquaintance with a disabled people</b>           |     |       |
| No   | 59  | 12.6  |
| Yes  | 410 | 87.4  |

Table 4

Comparisons of the total and component scores of the attitudes toward individuals with disabilities inventory (APDI) based on the participants' demographic characteristics

| Demographic characteristics   | APDI Total   |      | Education Environment |     | Interpersonal Relationships |     | Working Life |     | Family Life |     | Personal Characteristics |     | Competency-Independent Living |     |
|-------------------------------|--------------|------|-----------------------|-----|-----------------------------|-----|--------------|-----|-------------|-----|--------------------------|-----|-------------------------------|-----|
|                               | M            | SD   | M                     | SD  | M                           | SD  | M            | SD  | M           | SD  | M                        | SD  | M                             | SD  |
| <b>Total</b>                  | 180.3        | 19.1 | 13.0                  | 1.9 | 39.3                        | 4.5 | 38.0         | 4.8 | 10.2        | 2.7 | 29.0                     | 3.9 | 50.9                          | 6.2 |
| <b>Age</b>                    |              |      |                       |     |                             |     |              |     |             |     |                          |     |                               |     |
| ≤35                           | 180.2        | 20.8 | 13.0                  | 1.9 | 39.4                        | 4.9 | 37.8         | 5.2 | 10.1        | 2.7 | 29.0                     | 4.2 | 50.8                          | 6.6 |
| >35                           | 180.5        | 17.4 | 13.0                  | 1.8 | 39.2                        | 4.1 | 38.1         | 4.5 | 10.3        | 2.5 | 29.0                     | 3.6 | 51.0                          | 5.9 |
| <i>t</i>                      | -0.186       |      | 0.204                 |     | 0.640                       |     | -0.461       |     | -0.780      |     | -0.030                   |     | -0.392                        |     |
| <i>p</i>                      | 0.852        |      | 0.839                 |     | 0.522                       |     | 0.645        |     | 0.436       |     | 0.976                    |     | 0.695                         |     |
| <i>Cohen's d</i>              | 0.016        |      | 0.000                 |     | -0.044                      |     | 0.062        |     | 0.077       |     | 0.000                    |     | 0.032                         |     |
| <b>Sex</b>                    |              |      |                       |     |                             |     |              |     |             |     |                          |     |                               |     |
| Female                        | 180.0        | 19.9 | 12.9                  | 1.9 | 39.1                        | 4.6 | 37.8         | 5.1 | 10.2        | 2.7 | 29.1                     | 4.0 | 50.9                          | 6.5 |
| Male                          | 181.4        | 16.3 | 13.3                  | 1.7 | 40.0                        | 4.2 | 38.4         | 3.9 | 10.1        | 2.6 | 28.6                     | 3.5 | 51.0                          | 5.4 |
| <i>t</i>                      | -0.727       |      | -1.996                |     | -1.702                      |     | -1.109       |     | 0.399       |     | 1.139                    |     | -0.190                        |     |
| <i>p</i>                      | 0.468        |      | <b>0.046</b>          |     | 0.089                       |     | 0.202        |     | 0.690       |     | 0.255                    |     | 0.850                         |     |
| <i>Cohen's d</i>              | 0.022        |      | 0.222                 |     | 0.204                       |     | 0.132        |     | -0.038      |     | -0.133                   |     | 0.015                         |     |
| <b>Marital status</b>         |              |      |                       |     |                             |     |              |     |             |     |                          |     |                               |     |
| Single                        | 178.8        | 22.5 | 13.2                  | 1.8 | 39.1                        | 5.3 | 37.6         | 5.6 | 10.1        | 2.9 | 28.4                     | 4.4 | 50.3                          | 7.1 |
| Married                       | 180.9        | 17.5 | 13.0                  | 1.9 | 39.4                        | 4.2 | 38.1         | 4.5 | 10.3        | 2.5 | 29.2                     | 3.7 | 51.1                          | 5.8 |
| <i>t</i>                      | -0.990       |      | 1.083                 |     | -0.403                      |     | -0.851       |     | -0.468      |     | -1.775                   |     | -1.132                        |     |
| <i>p</i>                      | 0.324        |      | 0.280                 |     | 0.658                       |     | 0.396        |     | 0.640       |     | 0.077                    |     | 0.259                         |     |
| <i>Cohen's d</i>              | 0.104        |      | -0.108                |     | 0.063                       |     | 0.250        |     | 0.074       |     | 0.197                    |     | -0.030                        |     |
| <b>Educational level</b>      |              |      |                       |     |                             |     |              |     |             |     |                          |     |                               |     |
| Secondary/high school         | 179.1        | 18.8 | 12.9                  | 1.9 | 39.0                        | 4.6 | 37.6         | 4.8 | 10.2        | 2.6 | 28.7                     | 4.0 | 50.6                          | 6.1 |
| University                    | 183.2        | 19.6 | 13.3                  | 1.6 | 39.9                        | 4.5 | 38.8         | 4.8 | 10.2        | 2.8 | 29.5                     | 3.8 | 51.5                          | 6.5 |
| <i>t</i>                      | -2.162       |      | -2.168                |     | -1.945                      |     | -2.459       |     | 0.105       |     | -1.918                   |     | -1.450                        |     |
| <i>p</i>                      | <b>0.031</b> |      | <b>0.031</b>          |     | 0.052                       |     | <b>0.014</b> |     | 0.917       |     | <b>0.048</b>             |     | 0.148                         |     |
| <i>Cohen's d</i>              | 0.214        |      | 0.228                 |     | 0.198                       |     | 0.250        |     | 0.000       |     | 0.205                    |     | 0.143                         |     |
| <b>Total income (monthly)</b> |              |      |                       |     |                             |     |              |     |             |     |                          |     |                               |     |
| <5000 ₺                       | 179.2        | 19.4 | 12.9                  | 1.9 | 39.0                        | 4.6 | 37.7         | 4.9 | 10.2        | 2.7 | 28.7                     | 4.0 | 50.7                          | 6.3 |
| ≥5000 ₺                       | 184.9        | 17.1 | 13.7                  | 1.7 | 40.5                        | 4.1 | 39.1         | 4.3 | 10.1        | 2.6 | 30.0                     | 3.4 | 51.6                          | 5.7 |

|                                  |                      |              |      |                  |     |              |     |              |     |        |     |              |     |        |     |
|----------------------------------|----------------------|--------------|------|------------------|-----|--------------|-----|--------------|-----|--------|-----|--------------|-----|--------|-----|
|                                  | <i>t</i>             | -2.588       |      | -3.825           |     | -2.922       |     | -2.520       |     | 0.579  |     | -2.841       |     | -1.181 |     |
|                                  | <i>p</i>             | <b>0.010</b> |      | <b>&lt;0.001</b> |     | <b>0.004</b> |     | <b>0.012</b> |     | 0.563  |     | <b>0.002</b> |     | 0.238  |     |
|                                  | <i>Cohen's d</i>     | 0.213        |      | 0.444            |     | 0.344        |     | 0,303        |     | -0,038 |     | 0,350        |     | 0,149  |     |
| <b>Having a child</b>            |                      |              |      |                  |     |              |     |              |     |        |     |              |     |        |     |
|                                  | <b>No</b>            | 178.7        | 22.1 | 13.0             | 1.9 | 39.2         | 5.2 | 37.5         | 5.4 | 10.1   | 2.9 | 28.7         | 4.3 | 50.2   | 7.0 |
|                                  | <b>Yes</b>           | 181.0        | 17.7 | 13.0             | 1.9 | 39.4         | 5.3 | 38.1         | 4.6 | 10.2   | 2.5 | 29.1         | 3.8 | 51.2   | 5.9 |
|                                  | <i>t</i>             | -1.095       |      | 0.198            |     | -0.410       |     | -1.185       |     | -0.448 |     | -0.992       |     | -1.464 |     |
|                                  | <i>p</i>             | 0.275        |      | 0.844            |     | 0.682        |     | 0.237        |     | 0.654  |     | 0.322        |     | 0.145  |     |
|                                  | <i>Cohen's d</i>     | 0,115        |      | 0,000            |     | 0,038        |     | 0,120        |     | 0,037  |     | 0,099        |     | 0,155  |     |
| <b>Institution of employment</b> |                      |              |      |                  |     |              |     |              |     |        |     |              |     |        |     |
|                                  | <b>Public</b>        | 180.5        | 18.1 | 13.1             | 1.7 | 39.3         | 4.3 | 38.2         | 4.4 | 10.2   | 2.5 | 29.0         | 3.6 | 50.8   | 6.1 |
|                                  | <b>Private</b>       | 180.1        | 20.6 | 12.9             | 2.0 | 39.3         | 4.9 | 37.6         | 5.4 | 10.2   | 2.8 | 28.9         | 4.3 | 51.1   | 6.5 |
|                                  | <i>t</i>             | 0.220        |      | 1.077            |     | -0.159       |     | 1.130        |     | -0.213 |     | 0.329        |     | -0.563 |     |
|                                  | <i>p</i>             | 0.826        |      | 0.282            |     | 0.874        |     | 0.259        |     | 0.832  |     | 0.742        |     | 0.574  |     |
|                                  | <i>Cohen's d</i>     | -0,020       |      | -0,108           |     | 0,000        |     | -0,122       |     | 0,000  |     | -0,025       |     | 0,048  |     |
| <b>Weekly working time</b>       |                      |              |      |                  |     |              |     |              |     |        |     |              |     |        |     |
|                                  | <b>≤ 45 hours</b>    | 178.9        | 19.1 | 12.9             | 2.0 | 38.9         | 4.6 | 37.7         | 4.8 | 10.2   | 2.6 | 28.8         | 3.9 | 50.5   | 6.1 |
|                                  | <b>&gt; 45 hours</b> | 181.5        | 19.1 | 13.1             | 1.8 | 39.6         | 4.5 | 38.2         | 4.9 | 10.2   | 2.7 | 29.1         | 4.0 | 51.2   | 6.4 |
|                                  | <i>t</i>             | -1.465       |      | -1.583           |     | -1.707       |     | -1.057       |     | -0.310 |     | -1.044       |     | -1.167 |     |
|                                  | <i>p</i>             | 0.144        |      | 0.114            |     | 0.088        |     | 0.291        |     | 0.757  |     | 0.297        |     | 0.244  |     |
|                                  | <i>Cohen's d</i>     | 0,136        |      | 0,105            |     | 0,154        |     | 0,103        |     | 0,000  |     | 0,076        |     | 0,112  |     |

APDI= Attitudes towards persons with disabilities inventory, M= mean, SD= standard deviation

Table 5 present a comparison of the attitudes toward persons with disabilities inventory (APDI) scores with the participants' disability status and related thoughts. Individuals who are acquainted with a disabled individual have a significantly higher competency-independent living subscale score than those who do not ( $p=0.008$ ). Having a disability of the individual, having a disability at home or among relatives did not create a significant difference in APDI total and subscale scores.

**Table 5**

*Comparison of the means of the Attitudes Toward Persons with Disabilities Inventory (APDI) scores with participants' disability status and their related thoughts*

| Participants' disability status and | APDI Total | APDI components       |                             |              |             |                          | Competency-Independent Living |
|-------------------------------------|------------|-----------------------|-----------------------------|--------------|-------------|--------------------------|-------------------------------|
|                                     |            | Education Environment | Interpersonal Relationships | Working Life | Family Life | Personal Characteristics |                               |

| their related thoughts                               |                  | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i>     | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i>     | <i>SD</i> |
|--|------------------|----------|-----------|----------|-----------|--------------|-----------|----------|-----------|----------|-----------|----------|-----------|--------------|-----------|
| <b>Total</b>   |                  | 180.3    | 19.1      | 13.0     | 1.9       | 39.3         | 4.5       | 38.0     | 4.8       | 10.2     | 2.7       | 29.0     | 3.9       | 50.9         | 6.2       |
| <b>State of being disabled</b>                       |                  |          |           |          |           |              |           |          |           |          |           |          |           |              |           |
| <b>No</b>  |                  | 180.3    | 19.2      | 13.0     | 1.9       | 39.3         | 4.6       | 37.9     | 4.9       | 10.2     | 2.6       | 28.9     | 4.0       | 50.9         | 6.2       |
| <b>Yes</b>   |                  | 181.9    | 15.7      | 12.9     | 1.4       | 40.3         | 3.5       | 38.5     | 3.8       | 10.2     | 2.9       | 29.2     | 2.7       | 50.9         | 6.2       |
|  | <i>t</i>         | -0.307   |           | 0.185    |           | -0.816       |           | -0.387   |           | 0.073    |           | -0.187   |           | -0.015       |           |
|  | <i>p</i>         | 0.759    |           | 0.853    |           | 0.415        |           | 0.699    |           | 0.942    |           | 0.852    |           | 0.988        |           |
|  | <i>Cohen's d</i> | 0.034    |           | -0.060   |           | 0.245        |           | 0.137    |           | 0.000    |           | 0.088    |           | 0.000        |           |
| <b>Presence of a disabled person at home</b>         |                  |          |           |          |           |              |           |          |           |          |           |          |           |              |           |
| <b>No</b>  |                  | 188.6    | 16.5      | 13.3     | 1.6       | 41.0         | 3.6       | 39.8     | 4.2       | 11.1     | 3.0       | 30.3     | 3.4       | 53.2         | 6.2       |
| <b>Yes</b>   |                  | 180.0    | 19.2      | 13.0     | 1.9       | 39.2         | 4.6       | 37.9     | 4.9       | 10.2     | 2.6       | 28.9     | 3.9       | 50.8         | 6.2       |
|  | <i>t</i>         | 1.930    |           | 0.716    |           | 1.623        |           | 1.744    |           | 1.424    |           | 1.490    |           | 1.617        |           |
|  | <i>p</i>         | 0.054    |           | 0.474    |           | 0.105        |           | 0.082    |           | 0.155    |           | 0.137    |           | 0.106        |           |
|  | <i>Cohen's d</i> | -0.480   |           | -0.170   |           | -0.436       |           | 0.416    |           | -0.321   |           | -0.383   |           | -0.387       |           |
| <b>Presence of a disabled person among relatives</b> |                  |          |           |          |           |              |           |          |           |          |           |          |           |              |           |
| <b>No</b>  |                  | 181.2    | 18.9      | 12.9     | 2.0       | 39.3         | 4.3       | 38.6     | 4.6       | 10.5     | 2.6       | 29.0     | 3.8       | 50.8         | 6.0       |
| <b>Yes</b>   |                  | 180.0    | 19.2      | 13.1     | 1.8       | 39.3         | 4.6       | 37.7     | 4.9       | 10.1     | 2.7       | 28.9     | 4.0       | 50.9         | 6.3       |
|  | <i>t</i>         | 0.593    |           | -0.684   |           | 0.088        |           | 1.657    |           | 1.492    |           | 0.288    |           | -0.142       |           |
|  | <i>p</i>         | 0.554    |           | 0.494    |           | 0.930        |           | 0.098    |           | 0.136    |           | 0.773    |           | 0.887        |           |
|  | <i>Cohen's d</i> | -0.062   |           | 0.105    |           | 0.000        |           | -0.189   |           | -0.151   |           | -0.026   |           | 0.016        |           |
| <b>Acquaintance with a disabled people</b>           |                  |          |           |          |           |              |           |          |           |          |           |          |           |              |           |
| <b>No</b>  |                  | 175.3    | 23.4      | 12.9     | 2.1       | 38.1         | 5.5       | 37.1     | 5.8       | 10.4     | 2.6       | 27.9     | 4.8       | 48.9         | 7.2       |
| <b>Yes</b>   |                  | 181.1    | 18.3      | 13.0     | 1.8       | 39.5         | 4.4       | 38.1     | 4.7       | 10.2     | 2.7       | 29.1     | 3.8       | 51.2         | 6.0       |
|  | <i>t</i>         | -1.825   |           | -0.675   |           | -2.104       |           | -1.221   |           | 0.466    |           | -1.833   |           | -2.676       |           |
|  | <i>p</i>         | 0.072    |           | 0.500    |           | <b>0.036</b> |           | 0.226    |           | 0.644    |           | 0.071    |           | <b>0.008</b> |           |
|  | <i>Cohen's d</i> | 0.276    |           | 0.051    |           | 0.281        |           | 0.189    |           | -0.076   |           | 0.277    |           | 0.347        |           |

APDI= Attitudes towards persons with disabilities inventory, *M*= mean, *SD*= standard deviation

Table 6 shows the summary of the regression models for predicting the total APDI and subscale scores. Regression models were created with correlated variables in univariate analyzes to determine APDI total and subscale predictors. Since there was no variable associated with the family life subcomponent in the univariate analyses, a model was not created for this subcomponent.

**Table 6**

*Summary of the regression models for predicting the attitudes towards persons with disabilities inventory (APDI) and its components*

| Models and variables                             | B     | SE  | $\beta$ | 95%CI |       | p                |
|--|-------|-----|---------|-------|-------|------------------|
|  |       |     |         | LL    | UL    |                  |
| <b>Model 1-ABDI (Total)</b>                      |       |     |         |       |       |                  |
| Educational level <sup>a</sup>                   | 3.9   | 1.9 | 0.1     | 0.2   | 7.7   | <b>0.042</b>     |
| Total income (monthly) <sup>b</sup>              | 5.5   | 2.2 | 0.1     | 1.2   | 9.8   | <b>0.013</b>     |
| Constant   | 178.1 | 1.1 |         | 175.9 | 180.3 | <b>&lt;0.001</b> |
| <b>Model 2- Education Environment</b>            |       |     |         |       |       |                  |
| Sex <sup>c</sup>                                 | -0.3  | 0.2 | -0.1    | -0.7  | 0.1   | 0.133            |
| Educational level <sup>a</sup>                   | 0.3   | 0.2 | 0.1     | -0.1  | 0.7   | 0.069            |
| Total income (monthly) <sup>b</sup>              | 0.8   | 0.2 | 0.2     | 0.3   | 1.2   | <b>&lt;0.001</b> |
| Constant   | 13.0  | 0.2 |         | 12.6  | 13.4  | <b>&lt;0.001</b> |
| <b>Model 3- Interpersonal Relationships</b>      |       |     |         |       |       |                  |
| Total income (monthly) <sup>b</sup>              | 1.5   | 0.5 | 0.1     | 0.4   | 2.5   | <b>0.005</b>     |
| Acquaintance with a disabled people <sup>d</sup> | 1.2   | 0.6 | 0.1     | -0.1  | 2.5   | 0.052            |
| Constant   | 37.9  | 0.6 |         | 36.8  | 39.1  | <b>&lt;0.001</b> |
| <b>Model 4- Working Life</b>                     |       |     |         |       |       |                  |
| Educational level <sup>a</sup>                   | 1.1   | 0.5 | 0.1     | 0.2   | 2.1   | <b>0.020</b>     |
| Total income (monthly) <sup>b</sup>              | 1.3   | 0.6 | 0.1     | 0.3   | 2.4   | <b>0.016</b>     |
| Constant   | 37.4  | 0.3 |         | 36.8  | 37.9  | <b>&lt;0.001</b> |
| <b>Model 5- Personal Characteristics</b>         |       |     |         |       |       |                  |
| Educational level <sup>a</sup>                   | 0.7   | 0.4 | 0.1     | -0.1  | 1.5   | 0.065            |

|  |      |     |     |      |      |                  |
|--|------|-----|-----|------|------|------------------|
| Total income (monthly) <sup>b</sup>              | 1.2  | 0.5 | 0.1 | 0.4  | 2.1  | <b>0.006</b>     |
| Constant   | 28.5 | 0.2 |     | 28.0 | 28.9 | <b>&lt;0.001</b> |
| <b>Model 6- Competency-Independent Living</b>    |      |     |     |      |      |                  |
| Acquaintance with a disabled people <sup>d</sup> | 2.3  | 0.9 | 0.1 | 0.6  | 4.0  | <b>0.008</b>     |
| Constant   | 48.9 | 0.8 |     | 47.3 | 50.5 | <b>&lt;0.001</b> |

Note. Model 1 Adjusted R<sup>2</sup>=0.019 (p=0.005); Durbin Watson=0.86. Model 2 Adjusted R<sup>2</sup>=0.037 (p<0.001); Durbin Watson=1.73. Model 3 Adjusted R<sup>2</sup>=0.02 (p=0.002); Durbin Watson=1.23. Model 4 Adjusted R<sup>2</sup>=0.02(p=0.003); Durbin Watson=1.23. Model 5 Adjusted R<sup>2</sup>=0.02 (p=0.003); Durbin Watson=1.507. Model 6 Adjusted R<sup>2</sup>=0.01(p=0.008); Durbin Watson=0.58  
 B= Unstandardized regression coefficient; SE= Standard error; β= Standardized regression coefficient; 95%CI= 95%

of Confidence interval; LL = lower limit; UL = upper limit.

<sup>a</sup> 0= secondary/high school, 1= university. <sup>b</sup> 0=<5000 ₺, 1=≥5000 ₺. <sup>c</sup> 0= female, 1= male. <sup>d</sup> 0=no, 1= yes.



Educational level is a significant predictor for both total APDI (B:3.9,  $p=0.042$ ) and working life subcomponent (B:1.1,  $p=0.020$ ). Increasing the level of education increases the positive attitude towards people with disabilities in general life and business life. Total income (monthly) status of security guards is a significant predictor for APDI total score (B:5.5,  $p=0.013$ ). In addition, such as educational environment (B:0.8,  $p<0.001$ ), interpersonal relationships (B:1.5,  $p=0.005$ ), working life (B:1.3,  $p=0.016$ ), personal characteristics (B:1.2,  $p=0.006$ ) It is also a significant predictor for sub-dimensions. The increase in monthly income increases the positive attitude both in total and in these sub-components. Acquaintance with a disabled individual is a significant predictor for the competency-independent living subscale (B:2.3,  $p=0.008$ ). Security guards who know a person with a disability have a more positive view of their abilities and their ability to lead their lives independently.

## DISCUSSION

Security guards are likely to encounter people with disabilities in the public or private institutions they work. Consequently, they must adhere to an ethical obligation to provide professional service to all individuals and to respect the inherent dignity and rights of all individuals. In order to become a private security guard in our country, a person must receive a 120 hour training from an institution authorised to issue certificates. This training must include the curriculum determined by the legislation. Furthermore individual must pass the relevant exams. The main subjects of the training are private security law and personal rights, basic first aid, security systems and devices, security measures, crime scene protection, fire safety and natural disaster response style, crowd management, explosives, effective communication, personal protection, drugs, knowledge, weapon knowledge and shooting (Ministry of Interior of the Republic of Turkey, 2004).

Personal and professional views on disability may influence the responses of security guards. When the APDI total and sub-components were evaluated according to their cut-off points, it was revealed that the security officers had a positive attitude of over 98%. Six people in the total attitude and one or two people in the sub-dimensions have a negative attitude. In other words, a large part (almost all) of the group has a positive attitude. As the security guards are made up of individuals who have undergone a certain training and are experienced in human relations, this result is an expected and

pleasing situation. Since the number of individuals with negative attitudes is low, the factors affecting the attitude were evaluated over raw scores without using the cut-off point for the total and sub-dimensions of the scale. In the national study where the scale was developed, the total score average (standard deviation) was reported as 167.9 (18.6). In our study, the mean APDI total score (SD) in security guards was higher (180.3 (19.1)) than reported in the national study. Average score (SD) of all APDI components (educational level, interpersonal relationship, working life, family life, personal characteristics, competency-independent living) (13.0 (1.9), 39.3 (4.5), 38.0 (4.8), 10.2 (2.7) respectively), 29.0 (3.6) and 50.9 (6.2)) were also higher than reported in the national study (12.2(2.0), 36.7(4.8), 35.2(4.7), 9.5(2.7), 26.9(4.2) and 47.5(6.3) respectively) (The Republic of Turkey, Prime Ministry Administration for Disabled People Publications, 2008). This result shows that the attitudes of the security guards, who constitute the research group of our study, towards the disabled in all these sub-dimensions are better in a positive way. In the national study, data were collected from non-disabled individuals over the age of 18 throughout the country. In our study, however, the difference emerged because data was collected in a special group such as security guards.

The amount of education was discovered to be a strong predictor of both general attitudes and attitudes toward working life. In general, increasing one's educational level correlates to more favorable attitudes toward persons with impairments. The "working life" sub-dimension of the scale evaluates the attitudes of the participants towards the participation of disabled people in working life. As security guards' education levels rise, their views regarding the working lives of handicapped persons improve. As a result, as people's education levels rise, so do their views regarding disabilities positively. In a study conducted at a university in Turkey, the attitudes of students were measured before and after a 60-hour training on special education and inclusion, and it was observed that attitudes towards the disabled changed positively after the training (Şahin & Güldenoğlu, 2013). In a study measuring the attitudes of the staff of a university towards people with disabilities in the workplace, it was determined that attitudes towards people with disabilities increased positively as the level of education increase (Şahin & Cengiz, 2017). In a study conducted in Zambia, it was reported that there was less stigmatization of people with disabilities as a result of more than one year of training provided to the community (Hearst et al., 2022). A systemic

review of disability awareness interventions for children and youth found that such interventions positively improve both knowledge and awareness of peers with disabilities in children (Lindsay & Edwards, 2013). In a study conducted in Arab-Bedouin families with children with intellectual disabilities, it was determined that the level of education of the parents changed in direct proportion to the sense of coherence and in inverse proportion to the burden of care (Al-Krenawi, Graham & Gharaibeh, 2011). Significant differences in attitudes according to education level are compatible with the literature. This finding demonstrates the significance of education. Although there is no direct instruction on disability during the course, it increases awareness of essential ideals and preconceptions regarding people's equality and rights.

Increasing positive attitudes towards people with disabilities is directly related to higher levels of education. Studies show that individuals with higher levels of education develop more positive attitudes towards people with disabilities (Gallego-Ortega & Rodríguez-Fuentes, 2021; Li, Wu & Ong, 2014). In the literature, it is emphasized that in addition to increasing the level of education, direct interaction with people with disabilities plays an important role in reducing negative attitudes towards people with disabilities (Murch et al., 2018; Wilson & Scior, 2015). In this context, awareness programs carried out in educational institutions and throughout the society contribute to the development of more positive and inclusive attitudes towards people with disabilities (Sinha et al., 2024).

The income level of security guards is another effective predictor of attitudes towards the disabled. As the income level increases, the general attitude towards the disabled population becomes more positive. In addition, the positive attitude towards the education of disabled people also increases. As the monthly income increases, positive attitudes towards establishing relationships with disabled people and their participation in working life increase. Similarly, positive attitudes towards the characteristics of disabled people increase. In the study in which the attitude scale we used in our research was developed, it was observed that the positive attitude of the society towards the disabled increased as the income level increased (The Republic of Turkey, Prime Ministry Administration for Disabled People Publications, 2008). A study conducted at a university in Turkey among students enrolled in the Faculties of Health Sciences, revealed that the attitudes of individuals whose income exceeded their expenses towards people with disabilities were more positive than those of

individuals whose income equalled their expenses and whose income was less than their expenses (Çakırer Çalbayram, Aker, Akkuş, Durmuş & Tutaret al., 2018). A study examining the determinants of disability attitudes, it was found that attitudes towards people with disabilities increased positively as socioeconomic level increased (Caner, 2019). In line with the literature, the results of our study show that an increase in income level in the society leads to a positive development of attitudes towards the disabled. In the context of Maslow's Theory, when life satisfaction is evaluated from the perspective of human development, as the income level of individuals increases, they can meet their physiological needs and security needs, so the individual can move to the level of realizing stages such as communicating with other individuals and belonging (Kula & Çakar, 2015). Individuals who reach this level are likely to experience a positive impact on their communication with other individuals.

In our study, knowing a person with disabilities led to more positive attitudes towards the competencies of people with disabilities and their ability to live their lives independently. In an experimental study conducted in university students, it was observed that the attitudes towards the disabled were positively different in the group who were given information about the treatments and types of disabilities of the disabled and who were provided to spend time with the disabled compared to the others (Sezer, 2012). It has been reported that a person who is in contact with people with disabilities in daily life has more positive attitudes towards people with disabilities (Caner, 2019; Gençtürk & Korkut, 2020; Çolak & Çetin, 2014). Negative attitudes towards people with disabilities stem from erroneous information about disability, information stemming from widespread sociocultural conditioning, and fear of social exclusion (Lee and Rodda, 1994). There are various methods to change negative attitudes towards people with disabilities. In the attitude change literature, there are two methods that are effective in changing attitudes and behaviors (Ibrahim and Herr, 1982). The first one is the cognitive approach. In other words, it is to obtain information about the stimulus. The other is the affective approach, that is, trying to understand and feel the real situational conditions of the stimulus through role play. It is also reported that for effective attitude change, in addition to providing accurate information about disability, it is necessary to create rewarding contacts between people with and without disabilities. In order to develop positive attitudes towards people with

disabilities, studies and projects that provide rewarding contacts between people with and without disabilities should be carried out.

## **Conclusion**

Creating a positive perspective towards people with disabilities and increasing the positivity in attitudes towards them is important for the equalization of disabled individuals with the society they live in. In our study, most of the security guards had positive attitudes towards the disabled. In order to make attitudes towards people with disabilities positive and to increase positive attitudes, disabled people should be integrated into the society. Being acquainted with a person with disabilities is one of the predictors of developing positive attitudes. Especially understanding the competencies of people with disabilities is important in terms of supporting their independent lives. People with disabilities should be intertwined with the society for their full participation in social life and social development. A realistic understanding of individuals with disabilities together with their competencies and limitations plays a key role here. All kinds of physical barriers that prevent integration with society should be eliminated, as well as the negative attitudes of individuals should be prevented. Because these attitudes constitute a bigger obstacle in the lives of disabled people than physical barriers.

In addition to increasing the educational level of the society, providing sufficient income to meet the physiological and security needs of individuals at the stages of self-realization will help to improve positive attitudes towards people with disabilities. More research and projects are needed to better understand the attitudes of other individuals in society towards people with disabilities and to develop positive attitudes.

## **Recommendations**

- Integration Programs: Programs should be developed and implemented that facilitate the integration of persons with disabilities into various aspects of society. This includes participation in the workplace, community activities and social events.
- Education and Awareness Campaigns: Ongoing education and awareness campaigns should be organized to inform the public about the abilities and contributions of persons with disabilities. These campaigns should also address and correct misconceptions and stereotypes.

- Training for Security Personnel: Security personnel and other service providers should receive specialized training on how to interact effectively and respectfully with persons with disabilities.
- Community Engagement: Encourage community engagement initiatives that bring people with and without disabilities together in meaningful ways. This can help build relationships and reduce prejudice.
- Research and Evaluation: More research should be conducted to continually evaluate the effectiveness of integration programs and policies. Findings should be used to make evidence-based improvements.

These recommendations will make it easier to create a more inclusive and supportive environment for people with disabilities, ensuring their equal participation and integration in all aspects of society.

### Limitations

While valuable, our study has limitations. The cross-sectional design hinders establishing causal relationships. Longitudinal studies could provide temporal insights. The use of convenience sampling, which is a non-probability sampling method, may limit generalizability; probability sampling methods can be used in future research. Self-report questionnaires introduce response bias; incorporating objective measures could enhance understanding. Despite these limitations, our study is noteworthy as it provides information on attitudes towards people with disabilities in a specific group such as security guards, who are in our lives almost everywhere.

### REFERENCES

- Al-Krenawi, A., Graham, J. R., & Al Gharaibeh, F. (2011). The impact of intellectual disability, caregiver burden, family functioning, marital quality, and sense of coherence. *Disability & Society*, 26(2), 139-150. <https://doi.org/10.1080/09687599.2011.543861>
- Apaydın, R., & Barış, İ. (2021). Toplumda Engelli Bireylere Yönelik Tutumun Sağlık Çalışanları Bağlamında Değerlendirilmesi. *Ufkun Ötesi Bilim Dergisi*, 21(1), 22-39. Retrieved from <https://dergipark.org.tr/tr/pub/uobild/issue/63431/835893>

Barnes, C. (1991). *Disabled people in Britain and discrimination*. London: Hurst and Co.

Brandes, J. A., & Crowson, H. M. (2009). Predicting dispositions toward inclusion of students with disabilities: The role of conservative ideology and discomfort with disability. *Social Psychology of Education*, 12, 271-289. <https://doi.org/10.1007/s11218-008-9077-8>

Caner, S., M. (2019). Dindar bireylerin engellilere karşı tutum ve davranışları üzerine bir araştırma. Bursa Uludağ Üniversitesi, Sosyal Bilimler Enstitüsü, Felsefe ve Din Bilimleri Ana Bilim Dalı, Din Psikolojisi Bilim Dalı, Yüksek Lisans Tezi , Bursa. Retrived from <https://tez.yok.gov.tr/UlusalTezMerkezi/TezGoster?key=vjszP7PzV0HebcjFEvDfwFZpVb58w859Wr25bsj4gUg0ZDa7HnlqVZLUDJjetajj>

Cherry, K. (2023). *The components of attitude, definition, formation, changes*. Verywellmind (social psychology) web cite. Accesed July 25, 2024. Retrived from <https://www.verywellmind.com/attitudes-how-they-form-change-shape-behavior-2795897>.

Cohen, J. (1988). *The Analysis of Variance. In Statistical Power Analysis for the Behavioral Sciences* (Second ed.). NY: Lawrence Erlbaum Associates.

Çakırer Çalbayram, N., Aker, M. N., Akkuş, B., Durmuş, F. K. & Tutar, S. (2018). Sağlık Bilimleri Fakültesi Öğrencilerinin Engellilere Yönelik Tutumları. *Ankara Sağlık Bilimleri Dergisi*, 7(1), 30-40. Retrieved from <https://dergipark.org.tr/tr/pub/ausbid/issue/38008/438859>

Çolak, M., & Çetin, C. (2014). Öğretmenlerin Engelliliğe Yönelik Tutumları Üzerine Bir Araştırma. *Dokuz Eylül Üniversitesi İktisadi İdari Bilimler Fakültesi Dergisi*, 29(1), 191-211. Retrieved from <https://dergipark.org.tr/tr/pub/deuiibfd/issue/22719/242482>

Eagly, A. H., & Chaiken, S. (2007). The advantages of an inclusive definition of attitude. *Social Cognition*, 25(5), 582–602. <https://doi.org/10.1521/soco.2007.25.5.582>

Esentaş, M., Vural, M., & Işıkgöz, E. (2018). Engellilerde Egzersiz ve Spor Eğitimi Bölümü Öğrencilerinin Engellilere Yönelik Tutumlarının İncelenmesi (İnönü

- Üniversitesi Örneği). *CBÜ Beden Eğitimi Ve Spor Bilimleri Dergisi*, 13(1), 1-11.  
Retrieved from <https://dergipark.org.tr/tr/pub/cbubesbd/issue/38083/320090>
- Findler, L., Vilchinsky, N. & Werner, S. (2007). The multidimensional attitudes scale toward persons with disabilities (MAS): Construction and validation. *Rehabil Couns Bull*, 50, 166-176. <https://doi.org/10.1177/00343552070500030401>
- Gallego-Ortega, J.L. & Rodríguez-Fuentes, A. (2021). Teaching Attitudes towards Students with Disabilities. *Mathematics*, 9, 1637. <https://doi.org/10.3390/math9141637>
- Gençtürk, Z., & Korkut, G. (2020). Üniversite Öğrencilerinin Engelli Bireylere Yönelik Tutumlarının İncelenmesi. *Bingöl Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, (19), 105-126. <https://doi.org/10.29029/busbed.638308>
- Haegle, J. A., & Hodge, S. (2016). Disability discourse: Overview and critiques of the medical and social models. *Quest*, 68, 193-206. <https://doi.org/10.1080/00336297.2016.1143849>
- Hearst, M. O., Adelli, R., Hepperlen, R., Biggs, J., DeGracia, D., Ngulube, E., Maluskiku-Mwewa, B., Johnson, D. E., & Rabaey, P. (2022). Community-based intervention to reduce stigma for children with disabilities in Lusaka, Zambia: A pilot. *Disability and Rehabilitation*, 44(11), 2295–2304. <https://doi.org/10.1080/09638288.2020.1829105>.
- Hunt, B., & Hunt, C. S. (2000). Attitudes toward people with disabilities: A comparison of undergraduate rehabilitation and business majors. *Rehabilitation Education*, 14, 269-283.
- Ibrahim, F.A., Herr, E.L. Modification of Attitudes toward Disability: Differential effect of two Educational Modes. *Rehabilitation Counseling Bulletin*, 26, 1982:29-36.
- Johnston R, Jones K, Manley D. Confounding and collinearity in regression analysis: A cautionary tale and an alternative procedure, illustrated by studies of British voting behaviour. *Qual Quant*. 2018; 52(4): 1957-1976. <https://doi.org/10.1007/s11135-017-0584-6>
- Kula, S. & Çakar, B. (2015). Maslow İhtiyaçlar Hiyerarşisi Bağlamında Toplumda Bireylerin Güvenlik Algısı ve Yaşam Doyumu Arasındaki İlişki. *Bartın Üniversitesi*



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*İktisadi İdari Bilimler Dergisi*, 6(12), 191-210. Retrieved from <https://www.acarindex.com/dosyalar/makale/acarindex-1449663814.pdf>

Küçükşen, K., Kaya, Ş. D., Uludağ, A., Yüceler, A., Ileri, Y. Y., & Tekin, Ö. G. H. H. (2017). Sağlık Çalışanlarının Engellilere Yönelik Tutumları-Nin Örgüt Kültürü Açısından Değerlendirilmesi. *The Journal of Academic Social Science*, 5(42): 91-101.

Kürkçüoğlu, I., Ergan, M., Elmas Alsını, T.G., Keskin, T., Alsını, A.M., Başkurt, F. (2021). Dış Hekimliği Öğrencilerinin Engellilere Yönelik Tutumlarının Belirlenmesi. *Med J SDU*. 2021;28(3):433-40.

Lee, T. M. C., & Rodda, M. (1994). Modification of attitudes toward people with disabilities. *Canadian Journal of Rehabilitation*, 7(4), 229–238.

Li, C., Wu, Y. & Ong, Q. Enhancing Attitudes of College Students Towards People with Intellectual Disabilities Through a Coursework Intervention. *J Dev Phys Disabil* 26, 793–803 (2014). <https://doi.org/10.1007/s10882-014-9395-z>

Lindsay, S., & Edwards, A. (2013). A systematic review of disability awareness interventions for children and youth. *Disability and Rehabilitation*, 35(8), 623-646. <https://doi.org/10.3109/09638288.2012.702850>

Machery E. (2022). Anomalies in implicit attitudes research. *Wiley interdisciplinary reviews. Cognitive Science*, 13(1), e1569. <https://doi.org/10.1002/wcs.1569>

Marks, D. (1997). Models of disability. *Disability and Rehabilitation*, 19(3), 85–91. <https://doi.org/10.3109/09638289709166831>

Masson, D. (2013). Femmes et handicap. *Recherches Féministes*, 26(1), 111–129. <https://doi.org/10.7202/1016899ar>

Murch, A. J., Choudhury, T., Wilson, M., Collerton, E., Patel, M., & Scior, K. (2018). Explicit and implicit attitudes towards people with intellectual disabilities: The role of contact and participant demographics. *Journal of applied research in intellectual disabilities : JARID*, 31(5), 778–784. <https://doi.org/10.1111/jar.12429>

Özyürek M. *Engelli Bireylere Yönelik Tutum Değişimi ve Duyarlılık Eğitimleri* (in Turkish) (5. Baskı). Ankara: Kök Yayınları; 2013. p.11-33.

- Schwartz, C., & Armony-Sivan, R. (2001). Students' attitudes to the inclusion of people with disabilities in the community. *Disability & Society*, 16, 403-413. <https://doi.org/10.1080/09687590120045978>
- Sezer, F. (2012). Preventive guidance study for developing positive attitude towards disabled individuals; An Experimental Application. *Education Sciences*, 7(1), 16-26. Retrieved from <https://dergipark.org.tr/en/pub/nwsaedu/issue/19817/211976>
- Shakespeare, T. (2006). The Social Model of Disability. Davis, L.J. (Ed.), *The Disability Studies Reader* (p.197-204). New York: Routledge.
- Sinha, T., Parish, A., Lein, D. H., Jr, Wylie, E., Carver, C., & Brooks, W. S. (2024). Integration of Disability Awareness Improves Medical Students' Attitudes Toward People with Disabilities. *Medical Science Educator*, 34(3), 561-569. <https://doi.org/10.1007/s40670-024-02004-0>
- SPSS Inc. Released 2009. PASW Statistics for Windows, Version 18.0. Chicago: SPSS Inc.
- Şahin, F., & Güldenoğlu, B. (2013). Engelliler Konusunda Verilen Eğitim Programının Engellilere Yönelik Tutumlar Üzerindeki Etkisi. *Amasya Üniversitesi Eğitim Fakültesi Dergisi*, 2(1), 214-239. Retrieved from <https://dergipark.org.tr/tr/pub/amauefd/issue/1728/21182>
- Şahin, H., & Cengiz, İ. (2017). Üniversite Personelinin İşyerinde Engelliye Yönelik Tutumlarının Belirlenmesi. *Karabük Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*, 7(2), 473-481. Retrieved from <https://dergipark.org.tr/tr/pub/joiss/issue/32387/360209>
- Türkiye Cumhuriyeti (T.C.) Başbakanlık Özürlüler İdaresi Başkanlığı (OZIDA). (2008). Toplum engelliliği nasıl anlıyor? Ankara: T.C. Başbakanlık Özürlüler İdaresi Başkanlığı Yayınları. Retrieved from <https://www.aile.gov.tr/media/42389/how-society-perceives-persons-with-disabilities.pdf>
- Türkiye Cumhuriyeti (T.C.) Aile ve Sosyal Hizmetler Bakanlığı, Engelli ve Yaşlı Hizmetleri Genel Müdürlüğü (2021). Engelli ve Yaşlı İstatistikleri, Temmuz 2021. Engelli ve Yaşlı İstatistik Bülteni. Erişim tarihi: 25 Temmuz 2024. Erişim linki: [https://www.aile.gov.tr/media/88684/eyhgm\\_istatistik\\_bulteni\\_temmuz2021.pdf](https://www.aile.gov.tr/media/88684/eyhgm_istatistik_bulteni_temmuz2021.pdf)

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Türkiye Cumhuriyeti (T.C.) İçişleri Bakanlığı. Özel Güvenlik Hizmetlerine Dair Kanununun Uygulanmasına İlişkin Yönetmelik . Resmi Gazete Tarih: 07.10.2004 Sayı: 25606. Retrived from

<https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=7190&MevzuatTur=7&MevzuatTertip=5>

Tervo, R. C., Palmer, G., & Redinius, P. (2004). Health professional student attitudes towards people with disability. *Clinical Rehabilitation*, 18(8), 908–915. <https://doi.org/10.1191/0269215504cr820oa>

Thurstone, L. L. (1928). Attitudes can be measured. *American Journal of Sociology*, 33(4), 529–554. Retrived from <http://www.jstor.org/stable/2765691>

Unal, V., Yıldız, M. (2017). Üniversite Gençliğinin Engellilere Yönelik Tutumlarının İncelenmesi: Sivas Örneği. *The Journal of Academic Social Science Studies*, 57, 341-358. <https://doi.org/10.9761/JASSS7010>

Voh, J. (1993). On belonging: A place to stand, a gift to give. In Turnbull, A.P., Patterson, J. A.S., Behr, K., Murphy, D. L., Marquis, J. G. & M. J. Blue Banning (Eds.), *Cognitive coping, families and disability* (pp. 151-163). Baltimore: Brookes.

Wilson, M.C.& Scior, K. (2015). Implicit attitudes towards people with intellectual disabilities: Their relationship with explicit attitudes, social distance, emotions and contact. *PLoS ONE*, 10, e0137902.

World Health Organization (WHO). (2023). Global report on health equity for persons with disabilities. Geneva, Switzerland: WHO Press. Accessed July 25, 2024. Retrieved from: <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities>

Yelpaze, İ. & Türküm, A. S. (2018). Adaptation and Validation of Turkey Version of Multidimensional Attitudes toward Persons with Disabilities. *OPUS International Journal of Society Researches*, 8(14), 167-187. <https://doi.org/10.26466/opus.377906>

Yuker, H.E., Block, J.R., Campbell, W.J. (1970). *A scale to measure attitudes toward disabled persons*. New York: Ina Mend Institute at Human Resources Center.