



Investigation of the Attitudes of Healthcare Professionals towards Disabled Women in Terms of Gender Perceptions

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ABSTRACT

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Background: Gender inequality causes women to be exposed to discrimination in many fields. Gender discrimination against women affects disabled women more deeply. Prejudiced and negative attitudes of healthcare professionals may prevent disabled women from receiving adequate health services.

Objective: This study aimed to examine the attitudes of healthcare professionals towards women with disabilities in terms of gender perception.

Methods: The sample of this descriptive, cross-sectional study consisted of 234 healthcare professionals. Research data were collected using the Descriptive Information Form, Gender Role Attitudes Scale (GRAS), and Disabled Women Attitude Scale (ADWS).

Results: The mean age of the participants was 36.60±8.27, and the average professional working time was 172.23±94.59 months. Of them, 60.7% were women, 34.2% were nurses, 40.6% worked in secondary healthcare institutions, and 31.6% had a disabled relative. The mean total score of GRAS was 54.06±9.61, and ADWS was 62.42±13.79. GRAS and ADWS mean scores were higher in women. The mean GRAS score was higher in university graduates and those working 21 years or more. The mean ADWS score was higher in individuals who do not have a disabled relative. Additionally, there was a low positive correlation between GRAS and ADWS mean scores ($p < 0.05$).

Conclusion: The results showed that healthcare professionals had positive attitudes toward women with disabilities and egalitarian attitudes toward gender roles. Additionally, there was a positive correlation between scale scores. To minimize the negative experiences of women with disabilities, programs to increase the egalitarian attitudes of healthcare professionals can be increased.

Key Words: Disabled persons, female, gender equity, healthcare professionals

1. INTRODUCTION

Behavior patterns for women and men are determined by interpreting the innate biological differences between men and women within the culture (1). The male behavior structure is leadership, participating in the public sphere, and being rational. Behaviors determined for women are the opposite of male personality traits, and they are characteristics such as productivity, desire to protect, patience, and motherhood. In the traditional gender perception, women's lives are limited to the home, and they are expected to care for spouses and children. Within this

structure, women become dependent on men and are pushed into social worthlessness (1, 2). Gender inequality, which is related to the social status of women, is an obstacle to women's equal enjoyment of human rights in all fields (3-5).

Gender discrimination against women affects disabled women more deeply. It is known that in many societies, women face barriers and access to fewer opportunities and services. When evaluated from this point of view, being a disabled woman means having more problems (6). Disabled women are deprived of many rights, such as employment

and education. In addition, they are subjected to violence, ignored, and marginalized (6, 7). At the same time, their power is underestimated, and it is thought they will not succeed in many issues. Therefore, disabled women are exposed to more discrimination, are isolated from society, and cannot find the opportunity to realize themselves, both because they are women and because they are disabled (8).

One of the most obvious reflections of gender inequality is the health field (9). Among the reasons why disabled women cannot receive adequate health services, in addition to architectural and environmental barriers, prejudiced and discriminatory attitudes and behaviors, and the ignoring of health problems of disabled women by healthcare professionals are included (10). In some cultures, disabled women are ignored because they are both women and disabled, and it is thought that they do not need health care (11). The health of many disabled women is at serious risk due to barriers to accessing health services, economic inadequacies, and lack of knowledge. Some studies show that women with disabilities experience more health problems than women without disabilities (12, 13).

Healthcare professionals have a responsibility to provide the same quality of care concerning the human rights, dignity, autonomy, and needs of people with disabilities as well as healthy individuals. Healthcare professionals are responsible for providing quality care for people with disabilities regarding their human rights, dignity, autonomy, and needs (14). However, problems such as lack of knowledge, reluctance, misunderstandings, negative attitudes, and behaviors of health professionals negatively affect women with disabilities to receive health services (15-18). Pelleboer-Gunnink et al. (14) report that healthcare professionals stigmatize disabled individuals, experience stress, anxiety, and lack of confidence in the care of disabled individuals, and exhibit different care behaviors for cognitively

disabled individuals. Höglund et al. (16) determined that two-thirds of the midwives thought women with intellectual disabilities could not adequately manage their motherhood role. In a study, it was determined that 52% of disabled individuals had problems accessing health services, 57% found communication with healthcare professionals adequate, and less than half of them (45.3%) described the behavior of healthcare professionals towards them as caringly (19).

All healthcare professionals have important responsibilities in reducing and preventing the health problems experienced by women with disabilities due to double discrimination. For this reason, healthcare professionals need to know the socio-cultural characteristics of the society they serve, be aware of potential inequalities, and be aware of their roles and responsibilities (9). In this respect, determining the attitudes of healthcare professionals towards women with disabilities may contribute to developing strategies to improve health services for these vulnerable groups. This study aimed to examine the attitudes of healthcare professionals towards disabled women in terms of gender perceptions. In this context, the following questions were sought to be answered in the study.

What is the attitude of healthcare professionals towards gender roles?

What is the attitude of healthcare professionals towards disabled women?

Is there a correlation between the attitudes of healthcare professionals towards gender roles and their attitudes towards disabled women?

Is there a difference between the descriptive characteristics of healthcare professionals and their attitudes towards women with disabilities and their gender perceptions?

2. MATERIALS AND METHODS

2.1. Type of Research

This study, which has a quantitative research design, was conducted in a descriptive and cross-sectional type to examine the attitudes of

healthcare professionals towards women with disabilities in terms of gender perceptions.

2.2. Sample of the Research

In the study, the survey form created by the researchers with 'Google Forms' was shared online with the healthcare professionals they knew, and they were asked to share it with their working teams and other professionals they knew. In this way, the sample grew in a chain. No sample was selected for the study, and volunteer participants answered the forms. The research was completed with the participation of 234 healthcare professionals who responded to the data collection forms created online. In the post-hoc power analysis conducted by taking into account the correlation value between the GRAS and ADWS ($r=0.212$), the power of the study was determined to be 95%.

2.3. Data Collection

Research data were collected online via Google Forms between May and July 2022. The first page of the Google forms created by the researchers included information about the research and consent for voluntary participation. The questionnaire form was completed using the self-answer method. Descriptive Information Form, Gender Role Attitude Scale, and Disabled Women Attitude Scale were used in collecting the data.

Descriptive Information Form includes seven questions prepared by the researchers to determine some characteristics of the participants (age, years of work, profession, etc.).

Gender Role Attitudes Scale (GRAS) was developed by García-Cueto et al. (20), and Turkish adaptation was made by Bakioğlu and Türküm (21). The five-point Likert-type scale consists of one dimension and 15 items. In the scale, 13 items are reverse scored. A high score on the scale reflects the egalitarian attitude towards gender roles. The Cronbach's alpha coefficient of the scale is 0.88.

Disabled Woman Attitude Scale (ADWS) was developed by Yılmaz and Ören (22). The scale has a four-factor structure (Disabled Women and their

Private Life, Disabled Women and Disadvantage, Disabled Women and Social Support, Disabled Women and Gender), and is a 17-item, 5-point Likert type. The scale can be scored between 17 and 85 points. A low score on the scale indicates high negativity towards disabled women, and a high score indicates low negativity. The total Cronbach's alpha coefficient of the scale is 0.817, and sub-dimensions are between 0.639 and 0.873.

2.4. Statistical Analysis

Research data were analyzed using the SPSS v21 (Armonk, NY: IBM Corp) program. Descriptive data were presented as frequency, percentage, mean, standard deviation, median, minimum and maximum. The conformity of the data to the normal distribution was determined according to the skewness and kurtosis values (± 1.5). Independent Sample t-test and One-way ANOVA (post-hoc Tukey's HSD) were used to analyze normally distributed data. Mann-Whitney U and Kruskal Wallis H test were used to analyze non-normally distributed data. The correlation between the scale scores was evaluated by Spearman correlation analysis.

2.5. Ethical Issues in Research

This study adhered to the principles of the Declaration of Helsinki. This research was approved by the Ondokuz Mayıs University Social and Human Sciences Research Ethics Committee (Date: 25.03.2022, Decision number: 2022-193). Informed consent was included on the first page of the online form. Permission was obtained from the authors via e-mail for the scales used in the study.

3. RESULT

The mean age of the participants was 36.60 ± 8.27 , and the mean professional working time was 172.23 ± 94.59 months. Of them, 60.7% were women, 34.2% were nurses, and 40.6% worked in secondary healthcare institutions. Of the participants, 31.6% have a disabled relative. The descriptive characteristics of the participants are presented in Table 1.

In the study, the GRAS mean score was 54.06 ± 9.61

Table 1: Descriptive characteristics of participants

Characteristics		N	%
Age	18-29 years	48	20.5
	30-39 years	91	38.9
	40 years and older	95	40.6
Gender	Woman	142	60.7
	Man	92	39.3
Education status	High school	13	5.6
	University	221	94.4
Professional working year	0-5 years	32	13.7
	6-10 years	41	17.5
	11-15 years	66	28.2
	16-20 years	40	17.1
	21 years or more	55	23.5
Profession	Doctor	16	6.8
	Nurse	80	34.2
	Midwife	17	7.3
	Paramedic	47	20.1
	Health officer	23	9.8
	Other healthcare professionals*	51	21.8
Health institution	Primary health institution	75	32.1
	Secondary health institution	95	40.6
	Tertiary health institution	64	27.3
Being a family member with a disability	Yes	74	31.6
	No	160	68.4

* Laboratory, radiology, and anesthesia technician, medical secretary

Table 2: The correlation between the mean scores of Gender Role Attitudes Scale and Disabled Woman Attitude Scale

Scales	r	p
GRAS - ADWS total score	0.212	0.001
GRAS - ADWS Disabled Women and their Private Life	0.238	<0.001
GRAS - ADWS Disabled Women and Disadvantage	0.074	0.261
GRAS - ADWS Disabled Women and Social Support	0.228	0.001
GRAS - ADWS Disabled Women and Gender	0.083	0.208

r: Spearman correlation, GRAS: Gender Role Attitudes Scale, ADWS: Disabled Woman Attitude Scale

Table 3: The comparison of descriptive characteristics with scale scores averages

Characteristic	Gender Role Attitudes Scale					Disabled Woman Attitude Scale			
	N	Mean±SD	Median (min.-max.)	Test statistic	p-value	Mean±SD	Median (min.-max.)	Test statistic	p-value
Age									
18-29 years	48	52.37±11.20	53 (24-75)	F=1.233	0.293	57.79±16.25	60 (17-85)	$\chi^2=4.643$	0.098
30-39 years	91	55.05±9.66	54 (34-73)			64.22±12.34	63 (17-85)		
40 years and older	95	53.97±8.60	54 (37-73)			63.04±13.41	65 (17-85)		
Gender									
Woman	142	57.74±8.29	58 (36-75)	t=8.251	<0.001*	64.02±13.82	65 (17-85)	z=- 2.491	0.013*
Man	92	48.82±8.72	48 (24-69)			59.95±13.46	62 (17-85)		
Education status									
High school	13	45.92±9.49	47 (30-66)	t=-3.206	0.002*	64.12±68.00	66 (33-81)	z=-0.964	0.488
University	221	54.54±9.42	54 (24-75)			62.33±13.88	63 (17-85)		
Professional working year									
0-10 years	73	55.12±10.39	55 (24-75)	F=3.523	0.031*	62.64±14.34	64 (17-85)	$\chi^2=0.847$	0.655
11-20 years	106	52.29±9.19	51.5 (30-70)			62.01±12.80	62.5 (17-85)		
21 years or more	55	56.07±8.84	55 (38-73)			62.91±15.09	65 (17-85)		
Profession									
Doctor	16	54.88±9.26	56 (37-69)	F=2.795	0.063	63.50±10.75	59 (50-82)	$\chi^2=4.212$	0.122
Nurse + midwife	97	55.69±8.98	56 (38-73)			64.31±13.72	66 (17-85)		
Other healthcare professionals	121	52.65±9.99	52 (24-75)			60.77±14.10	62 (17-85)		
Health institution									
Primary health institution	75	53.68±8.95	53 (34-73)	F=1.761	0.174	62.75±12.56	63 (17-85)	$\chi^2=0.572$	0.751
Secondary health institution	95	53.11±9.98	53 (24-75)			61.95±13.89	62 (17-85)		
Tertiary health institution	64	55.94±9.67	57 (38-73)			62.75±15.18	65 (17-85)		
Being a family member with a disability									
Yes	74	54.45±9.76	54 (36-73)	t=0.413	0.680	59.93±14.23	61 (17-85)	z=-1.968	0.049*
No	160	53.89±9.56	53.5 (24-75)			63.58±13.49	64 (17-85)		
F:One-way ANOVA (post-hoc Tukey's HSD), t: Independent Samples t test, z: Mann-Whitney U, χ^2 : Kruskal Wallis-H test, *p<0.05									

(24-75) and the ADWS total score mean was 62.42 ± 13.79 (17-85). ADWS Disabled Women and their Private Life sub-dimension mean score was 24.66 ± 5.82 (6-30), ADWS Disabled Women and Disadvantages 12.91 ± 4.30 (4-20), ADWS Disabled Women and Social Support 15.24 ± 3.79 (4-20), ADWS Disabled Woman and Gender 9.61 ± 3.0 (3-15).

Considering the correlation between the scale mean scores, a low level of positive correlation was found between the GRAS and ADWS total mean scores ($r=0.212$, $p=0.001$). In addition, there was a low positive correlation between the GRAS and the ADWS Disabled Women and their Private Life ($r=0.238$, $p<0.001$), and ADWS Disabled Women and Social Support ($r=0.228$, $p=0.001$) sub-dimensions (Table 2).

Considering descriptive variables and scale scores were compared, it was found that the GRAS mean score was significantly higher in university graduates ($p=0.002$), women ($p<0.001$), and those with a working year of 21 years or more ($p=0.031$). In addition, the ADWS mean score was significantly higher in women ($p=0.013$) and individuals who do not have a disabled relative ($p=0.049$). There was no difference between other variables and scale scores ($p>0.05$) (Table 3).

4. DISCUSSION

In this study, the attitudes of healthcare professionals towards disabled women were examined in terms of gender perceptions. The study results showed that healthcare professionals have positive attitudes toward disabled women and egalitarian attitudes toward gender roles. Additionally, a positive correlation was found between gender role attitudes and attitudes toward disabled women.

This study found participants to have positive attitudes towards disabled women. Unlike our study findings, a study found that healthcare professionals had low attitude scores toward women with disabilities. The same study determined that healthcare professionals have a

negative attitude with poor knowledge, skills, and preparation for providing care to persons with disabilities (15). In another study, the attitudes of healthcare professionals toward people with disabilities were also found to be low (23). In a different study, similar to our findings, it was determined that the attitudes of healthcare professionals toward disabled individuals were positive (24). Similarly, Çalbayram et al. (25) determined in their study with health sciences faculty students that their attitudes toward disabled individuals were positive. It is desirable for healthcare professionals to have a positive attitude toward disabled individuals. Changing the prejudices and negative points of view towards women with disabilities can contribute to receiving quality health care and social integration.

Our study determined that the participants' attitudes toward gender roles were egalitarian. Similarly, Çoşkun et al. (26) and Uçtu and Karahan (27) decided that health school students have an egalitarian perspective toward gender roles. Additionally, our study found a low level of positive correlation between attitudes toward gender roles and attitudes toward women with disabilities. Disabled women experience problems related to gender discrimination, such as being viewed differently in social relations, stigmatization, being exposed to discriminatory attitudes and behaviors, and exclusion (6). In this respect, an egalitarian perspective towards gender roles may positively change attitudes towards women with disabilities. The more the egalitarian attitudes towards gender roles increase, the more the experiences of disabled women will be positively affected.

In this study, it was determined that women have more egalitarian attitudes toward gender roles and more positive attitudes toward disabled women. Despite some studies showing that women employees have a more positive attitude toward disabled individuals (23, 25, 28), it has also been shown that men have more positive attitudes (15).

On the other hand, studies have found that women exhibit more egalitarian attitude toward gender roles than men (3, 26, 27, 29). People adopt specific gender characteristics from a young age through environmental influences (30). Individuals with male or female gender roles develop expectations by evaluating the individuals they encounter in this direction (27). Considering that women are more affected by gender inequality, a typical result is that they have a more egalitarian perspective.

In this study, the gender role attitudes scores of university graduates and those with a working year of 21 years or more were higher. Özden and Gölbaşı (9) determined that nurses with graduate education and those with 11 years or more years of work have a more egalitarian perspective than those with fewer working years. Another study found that participants with a working year of 1-5 have a more egalitarian attitude than those with 6-20 (3). It is thought that these differences in the study results may be due to the differences in the sample groups and study years. On the other hand, an important finding is that university graduates have more egalitarian attitudes towards gender roles. However, the fact that most of the sample in this study (94.4%) was a university graduate may have affected this result. Contrary to our findings, a study found that those with less education had more egalitarian attitudes (29).

Another result of this study is that participants who do not have a disabled relative have a more positive attitude toward disabled women. In a study, women with disabled family members stated that they did not receive social support and that society was not conscious enough about disability (31). In another study, some problems experienced by families with disabled family members were identified as the absence of anyone to take help from in the care of the disabled, incompatibilities within the family, life-limiting, and problems encountered in the treatment of the disabled individual (32). The burden of caring for the disabled person and not

being able to receive social support can be exhausting for the family. In this study, it is thought that the participants with a family member with a disability have less positive attitudes due to reasons such as caregiving burden, limitation on life, and lack of support.

5. CONCLUSION

The results of this research showed that healthcare professionals had a positive attitude toward disabled women and an egalitarian attitude toward gender roles. A positive relationship was found between attitude scores toward gender roles and attitude scores toward women with disabilities. In this context, research can be conducted to evaluate the reflection of the positive attitudes of healthcare professionals on the healthcare of disabled women. Future research could examine women with disabilities' use of healthcare and their interactions with healthcare professionals. Additionally, qualitative research can be conducted to determine the attitudes of healthcare professionals toward disabled women. One of the important findings of this study is that healthcare professionals who have relatives with disabilities have less positive attitudes toward disabled women. In this context, studies can be conducted to examine the use of healthcare services, difficulties experienced, and perspectives of healthcare professionals with disabled relatives.

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Ethical Statement: This study adhered to the principles of the Declaration of Helsinki. This research was approved by the Ondokuz Mayıs University Social and Human Sciences Research Ethics Committee (Date: 25.03.2022, Decision

number: 2022-193). Informed consent was included on the first page of the online form. Permission was obtained from the authors via e-mail for the scales used in the study.

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