

## Adult's Attitudes towards Disability in the Greek Community



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**ABSTRACT:** Social environment consists of a vital place where all human beings can run their lives and participate in a multidimensional way in the daily activities of life. In that environment, people express their thoughts, feelings and behavior, developing in order to communicate and share their lives with the others. All these expressions consist attitudes that influence the way they co-exist with everyone in the society. Each member of the society possesses unique abilities and special needs and contribute in an important grade in the promotion of social living. Studying attitudes of individuals towards disability is useful as a key factor in integrating these individuals into society. The present study involved 150 people who completed the Attitudes towards Persons with Disabilities (ATDP-Form B) scale. The results showed that overall a moderately positive attitude towards people with disabilities develops, without any differences between the groups in terms of gender, year of birth, educational level, and contact with a friend or relative with a disability. Interpretations of the results are commented based on existing research.

**KEYWORDS:** disability, adults, attitudes, inclusion, social environment

### I. INTRODUCTION

The participation of all individuals, regardless of their needs and abilities, in community activities and in areas of daily life is an inalienable right of human existence. Many people who experience a state of illness and deficiency perceive the complex nature of illness and disability as a result of social construction (Newell, 2006) and there is denoted that they receive stigmatized behaviors. Labelling referred to terms of identity and disability include consequences of economic, political, cultural and social nature (Tarlo, Fyson & Roberts, 2022). Therefore, it happens that some people are excluded from human action due to the difficulty of responding in a functional and independent way to the demands of everyday life. This different attitude creates feelings of anxiety in individuals and shapes attitudes that influence perceptions and choices, so that negative attitudes generalize the universal exclusion of individuals with disabilities from community actions while positive attitudes lead to the search of opportunities that create the conditions for inclusion of all individuals in society as a whole (Patrick, 1987).

Research in attitudes towards people with disabilities can lead to experience a satisfying level of quality of life related to health for everyone independently. Health is interpreted as a biological and psychosocial situation, which affects everyday living (Gritti, 2017). The procedure of promoting health is related to the improvement of knowledge and skill of everyone, practitioners or non practitioners in a global level (Smith, Tang & Nutbeam, 2006).

The study of attitudes towards people with disabilities allows the evaluation of cognitive interpretation, emotional mood and practical readiness towards issues and phenomena of everyday life. The word "attitude" comes from the Italian word "Attitudine", which means "posture or fitness" but its original adaptation comes from the Latin word "Aptus" which means "fit or posture" (Sharma, Yadav & Sharma, 2021). The authors themselves briefly define the concept of attitude as an evaluation of a person's thoughts, beliefs and feelings towards a phenomenon or situation, which can be memory structures of a creative, stable and accessible nature. Also, the concept of attitude is defined as a psychological state, which predisposes a person to act and is an important driving force, based on beliefs that are evaluative responses to these attitudes (Wilczenski, 1991).

A person is characterized as disabled based on their external appearance that composes a stigmatized or stereotypical view of society in general (Sharma, Yadav, & Sharma, 2021). The same authors state that people with disabilities are all people who are unable to perform their tasks regularly in daily practice and such a feature is attributed to people with disabilities, regardless of

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the form of disability they present, without knowing their disability. A disability can take the form of cognitive, physical, aesthetic, developmental and emotional disability or sometimes it can be a combination of all these difficulties.

In particular, a positive attitude refers to the belief that those with disabilities can be productive members of the community, make decisions for their own benefit, and lead a normal life. On an emotional level, it indicates a sensitivity towards the positive characteristics of individuals and a liking for those individuals. At the behavioral level, it implies the creation of appropriate conditions that contribute to the support of individuals and the encouragement to exercise their creative ability, satisfying the sense of self-sufficiency and contribution to the community (Tervo & Palmer, 2004).

### II. PREVIOUS RESEARCH

People with disabilities are subject to stigma and discrimination in their daily lives, which leads to mental illness (Sharma, Yadav & Sharma, 2021). The study of negative attitudes towards disability is useful, as it recognizes and determines the consequences of negative attitudes within society and in the social interaction of all individuals - members of a society, regardless of the presence or absence of disability (Tervo & Palmer, 2004). Furthermore, the study of positive attitudes also helps to confirm variables that contribute to this development and are an incentive for further investigation and improvement of these variables, in order to improve the components that favor the acceptance of people with disabilities.

In a study conducted in Greece (Matziou et al., 2009), the attitudes of the participants towards disability were negative, women showed more positive attitudes than men while age did not appear to be a differentiating factor. Another study found no differences concerning the gender variable while contact with a person with a disability did not affect individuals' attitudes (Furnham & Pendred, 1983), a variable that had a different effect in another study (Santiago, Lee & Roper,). Following, gender had no effect on attitude formation as did variable contact / with people with disabilities (Santiago, Lee & Roper, 2016).

Previous research has examined variables related to gender, age - year of birth, possession or not of knowledge about the concept of disability and the source of this knowledge and the type of contact with a person with a disability (family - relative or friendly environment) (Wilczenski, 1991; Grames & Leverentz, 2010; Kritsotakis et al., 2017; Arsić et al., 2021; Sivrikaya & Kardaş, 2021). The present research is an initial attempt to approach the attitude of adults in Greece towards disability, in order to form a first picture of the trend of social acceptance of people with disabilities.

### III. THE RESEARCH

#### A. Sample

The survey involved 150 people, of whom 38 (25.3%) are men and 112 (74.7%) are women. Of the total individuals in the sample, 20 (13.3%) individuals were born in the years 1950-1970, 50 (33.3%) individuals in the years 1971-1990 and 71 (47.3%) individuals in the years 1991-2003. Of the participants, 27 (18%) have a second degree, 46 (30.7%) possess a master's degree and 15 (10%) have completed a doctorate. Of all the people in the sample, 69 (46%) stated that they have a friendly relationship with a person with disability, while 80 (53.3%) people do not have a friend with a disability. Also, from the total sample, 46 (30.7%) people have a person with a disability in the family environment, while 102 (68%) people do not have a person with a disability in the family or relative environment.

TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

Demographic variables	Participants N = 150	Total (f)	Relative Frequencies (%)
Gender	Men	38	25.3
	Women	112	74.7
Year of birth	1950-1970	20	13.3
	1971-1990	50	33.3
	1991-2003	71	47.3
Education levels	Second degree	27	18
	Master degree	46	30.7
	PhD	15	10
Friend with a disability	Yes	69	46
	No	80	53.3
Family or family person with a disability	Yes	46	30.7
	No	102	68

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### **B. Instrument**

The Attitudes Toward Disabled Persons Scale (ATDP) (Form B) (Yuker, Block, & Youngg 1970) was administered for the study. This scale was created as an attempt to measure attitudes towards the general concept of disability and not as a measure of attitudes towards a group of people with a specific form of disability. With the administration of the questionnaire, descriptive surveys have been conducted that study individuals' attitudes towards disability (White & Olson, 1998).

The questionnaire was developed in three forms (Form O, Form A, Form B). Each scale includes items that are graded on a 6-point scale (from (+3) "strongly agree" to (-3) "strongly disagree"). Scores range from 0 to 180, with higher scores indicating more positive / favorable attitudes towards people with disabilities. Specifically, regarding the grading of the scale, the creators of the scale have formed some norms based on which the positive and negative attitude are defined. The standard scores were based on surveys that yielded results for means, standard deviation, and sample size for men and women, with or without disability. The highest score indicates a positive attitude and a score equal to 111 and above indicates a positive attitude for men; also, a score of 113 and above is considered to indicate a positive attitude for women. This division in scores aroused as women consistently showed higher scores than men on the scale, and as a result different standard scores have been determined. According to another study (Devkota et al., 2017), a standard score of 100 and above is defined as a starting point for a positive score and it is stated that according to the literature, there is no agreement on the limit of a positive score. Another study (Cervasio & Fatata-Hall, 2013) reported that possible scores range from 90 (lower) to 180 (higher) with a score of 120 and above indicating a more positive attitude of a person towards a person with a disability, as well as the higher the score from 120 and above the more positive the attitude is considered.

In case 10% of the items have not been answered (3 proposals for the scale with 20 questions (Form O) and 4 proposals for the scale with 30 questions (Form A & Form B), then the questionnaire is considered not to be valid. In all types of questionnaires, some questions are reverse scored It is a one-dimensional approach to the concept of disability. Regarding the reliability of the questionnaire, the reliability coefficient ranges from .71 to .83.

The authors of the scale took into account the fact that when a self-report tool is administered, it should be determined to what extent the individual's attitude towards the process of completing the answers affects the answers he presents. Because the persons, in their attempt to formulate a performance that leads to pleasant and commonly accepted answers, may eventually present "fake" answers to make an impression. The specific form of the questionnaire has been tested for the degree of fakeability of the answers and it has been found that the scale is an authentic psychometric mean of measuring the attitudes of people towards disability (Speakman & Hoffmann, 1979).

The ATDP - Form B scale was used for this research, because it is more recent than the original and has a higher degree of reliability (Fish, 1986) while it has been used in previous research (Shannon, Schoen & Tansey, 2009; Shiloh, Heruti & Berkovitz, 2011; De, 2015; Devkota et al., 2017). The scale consists of 30 questions and a 6-point Likert scale was used where individuals are asked to formulate answers, ranging from "I agree very much" to "I disagree very much" (Stewart , 1991; White & Olson, 1998; Findler, Vilchinsky & Werner, 2007). There is no neutral answer. It is suggested that most Likert scales include six grades as it contributes to increased measurement accuracy (Nemoto & Beglar, 2014). The sentence "people with disabilities" was added to the questions in the questionnaire, which were formulated in an appropriate way in order for the research terminology to be characterized by a certain degree of sensitivity (Perry, Conner & Shelar, 2008).

The second part of the questionnaire consists of questions referring to demographic variables and are defined based on previous research according to gender, year of birth, communication with a person with a disability (Yuker, 1994; Seccombe, 2007; De, 2015; Santiago, Lee & Roper, 2016 ; ) and level of education (White & Olson, 1998). The variable contact with people with disabilities was coded with the value yes / no (person with a family disability, friendly person with a disability) (Hall & Zweigenhaft, 2016).

### **C. Translation and adaptation of the questionnaire**

For the Greek sample, the translation and adaptation of the questionnaire was based on the methods of previous research (Polyzopoulou et al., 2014; Tsakiridou & Polyzopoulou, 2019).

### **D. Data collection process**

The scale (ATDP-B) was formatted in Google Form and delivered online via social networking applications and via email (Sharma, Yadav, & Sharma, 2021). Independent samples t - test was used to check for possible differences in the scale based on gender, the question "friend with special needs" and the question "relative with special needs". The One-Way ANOVA statistical test was used to check for possible differences in scale based on the age and educational level of the participants. It was followed percentiles procedure according to the editors of the ATDP-Form B psychometric instrument (Yuker et al. 1970). The editors concluded that where there should be emerged different norms for men and women, because their research resulted in

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statistical significant differences for men and women. This is interpreted as a more favorable attitude towards people with disabilities for women in relation to men. For that reason, they have calculated percentiles, that is numbers, recommended only, in order for each researcher to apply an assessment of the participants' grades and compute percentiles as norms.

### IV. RESULTS

The total score of the participants in the research (Table 2) was equal to 103.44 (Median = 104 and TA = 13.7), with a range from the lowest score 55.00 to the highest 140.00. Of the total sample, 34 (22.7%) individuals expressed a positive attitude towards disability based on the score obtained on the scale and 116 (77.3%) individuals expressed a score that is interpreted as a negative attitude. The overall reliability of the 30 questions on the scale was found to be equal to Cronbachs 'a = .73, a result that is consistent with the research of the creators of the scale (Yuker et al., 1970). In another study, in Greece, reliability was found to be equal to Cronbachs 'a = .71 (Kritsotakis et al., 2021).

Also, in the present study. the subjects of the sample scored higher with a score equal to 140. Respectively, in other surveys, the subjects of the sample scored scores ranging from the lowest score 75 to the highest score 143, also from 77 the lowest as 145 the highest and 75 and 143 respectively (Cervasio & Fatata-Hall, 2013). In another study, scores ranged from the lowest 65 to 144 highest (Abdi & Metcalf, 2020). A similar study showed the following results for the average score of 115.53 (with a lower score of 67.00 and a higher score of 162.00), 128.07 (with a lower score of 86.00 and a higher score of 161.00) and 116.17 (with 78.00 lowest and 158.00 highest) (White & Olson, 1998). Furthermore, a related research revealed a mean score of 79.92 (with minimum 43 and maximum 105) (Hall & Zweigenhaft, 2016).

Regarding the gender of the participants (Table 4), the average performance of men (M = 103.53, SD = 9.72) and the average performance of women (M = 103.41, SD = 14.84) presented no statistically significant differences (t = 0.055, df = 98.202, p> 0.05). Concerning the variable "friend with disabilities", the average of the people in the sample who have a friend with disabilities (M = 102.86, SD = 14.68) does not show a statistically significant difference from the average of people who stated that they do not have a friend with special needs (M = 104.01, SD = 12.94) (t = 0.0512, df = 147, p> 0.05). The average score of people with a disabled relative (M = 105.72, SD = 12.75) and the average score of people without a disabled relative (M = 102.27, SD = 14.13) do not appear to be statistically significant different (t = 1.413, df = 146, p> 0.05). In terms of date of birth, people born during the period 1950-1970 showed a higher score (M = 108.15, SD = 14.47), with a range from the lowest score of 87.00 to 138.00 the highest, compared to people born during the time period 1971-1990 (M = 102.5, SD = 16.74) and range from 55.00 for the lowest score to 140.00 for the highest, which showed a higher score than those born during the period 1991-2003 (M = 101.96, SD = 10.59), with a range from 76.00 or lower to 130.00 or higher, without these differences being statistically significant different based on the ANOVA analysis (F2,138 = 1.68, p> 0.05). The total average score for this variable is M = 103.03, with SD = 13.67. For all individuals in the sample, in terms of year of birth, the mean scores range from 55.00 the lowest score to 140.00 which is the highest score. The post test performed on the basis of LSD confirms the absence of differences. Also, the average performance of people with a second degree corresponds to an average (M = 109.15, SD = 12.83), with a range of 86.00, which is the lowest score and 132.00 which is the highest and is higher than the average performance of people with postgraduate studies (M = 102.7, SD = 15.10) and the average performance of the individuals in the sample with a doctorate (M = 100.27, SD = 15.42), with a lower limit of 67.00 and a higher grade of 127.00. In order to control the differences of the mean scores for the education level variable the analysis of variance was conducted that revealed no statistically significant differences (F2.85 = 2.370, p> 0.05). The total average score for this variable is M = 104.26, with SD = 14.73. For all individuals of the sample, up to the level of education, mean ranges from 55.00 the lowest score to 140.00 which is the highest score. The post control of the variables based on the LSD test did not show any additional statistically significant differences.

TABLE 2.ATDP (FORM B) – TOTAL MEAN SCORE

Participants N = 150	
Mean	103.44
Median	104.00
SD	13.7
Minimum	55.00
Maximum	140.00

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**TABLE 3. ATDP (FORM B) – PERCENTILES**

Form B	Percentiles	Scores
	99	138.98
	95	127.00
	90	120.00
	75	111.25
	50	104.00
	25	95.00
	10	86.00
N	150	

In the Table 3, calculations of the percentage position of the sample individuals revealed that 10% of the sample individuals show a score up to 86, 25% of the sample members reach a score of 95, 50% approach a score of up to 104, 75% of individuals score up to 111.25, 90% to 120, 95% to 127 and 99% to 138.98.

**TABLE 4. ATDP (FORM B) – MEANS SCORES AND STANDARD DEVIATION OF THE SAMPLE**

		Mean	SD	Minimum	Maximum
Gender	Men	103.53	9.72		
	Women	103.41	14.84		
Year of birth	1950-1970	108.15	14.47	87.00	138.00
	1971-1990	102.5	16.74	55.00	140.00
	1991-2003	101.96	10.59	76.00	130.00
Total				55.00	140.00
Level of education	Second degree	109.15	12.83	86.00	132.00
	Master degree	102.7	15.10	55.00	140.00
	PhD	100.27	15.42	67.00	127.00
Total				55.00	140.00
Friend with a disability	Yes	102.86	14.68		
	No	104.01	12.94		
Family or family person with a disability	Yes	105.72	12.75		
	No	102.27	14.13		

## V. DISCUSSION

Research participants showed a positive attitude towards people with disabilities, which is confirmed by the research of Devkota et al. (2017), but seems to present a weaker picture according to the creators of the scale (Yuker et al., 1970). In surveys conducted in Greece (Matziou et al., 2009; Kritsotakis et al., 2017), the participants showed a lower average score, compared to that of the individuals in the present study, which corresponded to a negative attitude. This finding shows that in Greece, the attitude of people towards people with disabilities presents an improving picture and a positive trend towards these people appears. However, the emotional state seems to be restrained, which indicates that prejudices and stereotypes about disability remain entrenched behaviors that are difficult to break down, while lack of knowledge and information frames the individual's reactions to people with disabilities. The finding that fewer people in the sample expressed a positive attitude confirms the effect that prejudices and stereotypes have on the general population. The participants also expressed a positive attitude in similar surveys. (Gosse & Sheppard, 1979; Abdi & Metcalf, 2020).

According to the scores in proportion to the percentage, it is showed the increasing tendency of the individuals in the sample to express a positive attitude towards their compatriots with disability, a finding that is an encouraging factor for the social acceptance and integration of people with disabilities into society.

Also important is the finding that the attitudes of men and women in research do not differ significantly (Santiago, Lee & Roper, 2016), a finding that is in line with a small amount of researches conducted by Yuker et al. (1970) and show a positive trend. Previous researches showed undetermined results to gender differences (Matziou et al., 2007). In the sample, there is no balanced representation of the two genders, which seems to affect the absence of effect of the variable (White & Olson, 1998; Seccombe, 2006; Grames & Leverentz, 2010). Conducting a similar research with a larger sample of men participants could probably alternate the results to a significant level (Hall & Zweigenhaft, 2016). Another study (Radlińska, Kozybska, & Karakiewicz, 2021) resulted that women possess more positive attitudes towards people with disabilities in comparison to men,

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in the cognitive and behavioral area, but in the emotional area women and men expressed similar attitudes practically. Emotions experienced by people and expressed towards people with disabilities are usually generalized in content but they are also related to situations of discomfort and anxiousness (Findler, Vilchinsky & Werner, 2007).

Also, it seems that a friendly relationship and communication with a person with disabilities does not affect the attitudes of people with disabilities, although people with a friendly relationship to a person with a disability express a slightly more positive trend. It seems that communication with a person with disabilities is not essential and it is possible to lack real experience. Socializing with a person who influences in a significant way due the role he possesses, suggests more positive directions (Shannon, Schoen & Tansey, 2009, Wang et al., 2021). However, other research confirms the positive effect of communication with a person with a disability (Gosse & Sheppard, 1979). A similar finding emerges for the kind of friendship relationship with a person with a disability, where the attitudes of individuals are not significantly different, except that there is a slight variation in the attitude, in a positive direction, of individuals with a relative in the environment, that is in agreement with another study (Hall & Zweigenhaft, 2016). It is expected that the daily interaction with a person with a disability will form a positive attitude towards the disability, but this frequent interaction will lead to the emergence of stressors that affect the person's life, increased responsibilities or other situations that may affect the attitude (Perry et al., 2008). Overall, regarding the variable of communication with a person with disabilities, a assiduous control of the variable in terms of contact quality is required, otherwise the correlation ends up being negative (Wang et al., 2021). The year of birth did not appear to function differently (White & Olson, 1998), except that older individuals showed a more positive attitude towards people with disabilities. Conclusions about the relationship between disability and age attitudes are contradictory (Yuker, Block & Young, 1970). It seems that at older ages, people experience the feeling of generosity and at a later age they go through a period of reflection and flashback to the past and want to experience a sense of fullness and satisfaction from life (Dunkel & Harbke, 2017). Still, as the elderly are characterized by a strong concern for the end of life, this fact seems to justify the most favorable feelings towards disability (Fish, 1986). The desire of middle-aged and young people to experience feelings of fullness from life leads to feelings and behaviors that create the conditions for acceptance and supportive attitude towards people with disabilities, so that older people themselves feel integrated into society. through the actions they undertake. On the other hand, middle-aged people seem to be involved in many responsibilities of life, while young people are going through a period where they should be oriented towards professional and social goals, so that the attitudes they develop towards people with disabilities indicate a marginally positive mood. . These different age characteristics, personality traits and priorities of individuals are likely to justify the non-differentiating effect of age as a variable in the attitudes developed by adults. Still, the level of education did not have a significant effect on the attitudes of individuals, a finding that agrees with another study (White & Olson, 1998), where few individuals responded to the educational level, although the literature suggests that the educational level should lead to differentiation of attitudes. However, it was observed that people with a second degree develop a more positive attitude compared to people with a master's or doctorate. Once the basic studies are completed, there is little evidence on the relationship between attitudes towards people with disabilities and the educational level of adults (Yuker, Block & Young, 1970).

## **VI. CONCLUSIONS**

All people need to be aware of what it means to live with a disability, and how, by experiencing such a situation, one can achieve mental health and quality of life (Garland-Thomson, 2017). Research on the attitude domain has contributed to the production of many attitude scales (Findler, Vilchinsky & Werner, 2007). A psychometric tool like this can be used in comparative studies to explore differences and similarities that govern the attitudes of people with disabilities and people without disabilities, but also the degree of negative stereotypes towards people with disabilities (Yuker, Block, & Young, 1970). It is a scale that contributes to the manifestation of acceptance or rejection of people with disabilities (Lazar & Ernandes, 1972) and it is an appropriate one to measure attitudes towards persons with disabilities.

## **VII. IMPLICATIONS FOR FURTHER RESEARCH**

Studies related to attitudes towards disability showed that they contain a negative character (Grames & Leverentz, 2010). Contact with a person with a disability is an important factor in shaping attitudes and requires a special approach and study of this variable. It is proposed to interpret and manage this variable using qualitative study methods that facilitate the application of quantitative research methods and to determine how and to what extent the interaction with people with disabilities affects the attitudes of people with disabilities (Shannon, Schoen & Tansey, 2009). While each psychometric instrument for measuring attitudes toward disability measures different dimensions of attitudes, comparing the results of research using the ATDP scale and different scales will contribute to a comprehensive understanding of the concepts that scales measure (Yuker, Block & Young, 1970). The fact that bioethics has retroactively "discovered" disability should not discourage bioethicists from

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participating in and enhancing dialogue in this important area (Kuczewski, 2001). And this is because, for the legislative regulations and the legal approach to the issues, the philosophical assessment of the social problems should precede. It is of great importance to consider issues of normativity in disability studies, such as relationship between theories of ethics and empirical data, investigating normativity in a practical environment and study normative ethical questions (Van Der Weele, 2022). Lifelong learning educational activities are also suggested in order to limit stereotypes and prejudices and specialized education seminars comprising theory and practice (Tervo, 2004). These programs can aim to the study of the attitudes people with disabilities possess, including a direct communication with people with disabilities who have obtained their goals in life contributes to a favorable formation of attitudes towards them (Hall & Zweigenhaft, 2016). It is of great importance to study health professionals' attitudes towards people with disabilities because when they express negative attitudes and lack of sensitivity the situation is getting aggravated (Matziou et al., 2009).

### VIII. LIMITATIONS OF THE RESEARCH

This research is a descriptive study of individuals' attitudes towards disability (De, 2015). This means that although this psychometric tool has been tested for reliability and validity (White & Olson, 1998) it should be determined, by conducting research, whether the results can be generalized to respective populations and whether the attitudes expressed remain the same, through observation and exchange of views.

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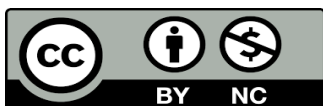
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