NURSES’ ATTITUDES TOWARDS INTELLECTUAL DISABILITY

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ISLAND OF JERSEY

- Jersey sits in the Bay of St Malo - 19 miles from the French coast and 85 miles south of the English coast.
- Population of 97,857 (Jersey Census 2011).
- Approximately 2000 people in Jersey have an intellectual disability (ID).
AIM OF THE RESEARCH

Firstly, this study set out to investigate nurses’ attitudes towards individuals with intellectual disabilities and establish if mental health nurses held more positive attitudes towards individuals with intellectual disabilities than generic nurses.

Secondly, this study sought to determine if more recent contact with individuals with intellectual disability had any influence on nurses attitudes; here the research incorporated ‘the contact hypothesis’ philosophy.

*Generic Nurse is used in this study; Adult Branch - UK & General Nurse - Ireland*
“Significant and distressing failures in services across both health and social care, leading to situations in which people with a learning disability experienced prolonged suffering and inappropriate care” (Parliamentary & Health Service Ombudsman 2009, p.3)

“A National Health Service that continues to fail people with a learning disability, doctors whose practices appear to show no regard to the Equality Act or Mental Capacity Act, and nurses who fail to provide even basic care to people with a learning disability” (Mencap 2012, p.2)
ATTITUDES

• Cognitive
  What a person believes what the attitude object is like, (what we think).

• Affective
  What a person feels about the attitude object, how unfavourably or favourably it’s evaluated, (how we feel).

• Behavioural
  How a person responds, or intends to respond to the attitude object, (how we act).
ATTITUDINAL MEASURE

• Persistent difficulties - few instruments measure attitudes multidimensionally.
• The ATTID is a 67-question Likert-type questionnaire with a five factor structure that embodies the tri-partite construct of the attitude concept.
• Multidimensional underpinning measures the intricacy of the attitude concept.

• Cognitive component includes two factors: knowledge of capacity and rights and knowledge of causes of intellectual disability.
• Affective component represents the discomfort and sensitivity/tenderness factors.
• The behavioural component represents a single factor; the interaction factor.
WHY IS IT IMPORTANT

• Attitudes are the main influence on behaviour.

• Lewis and Stenfert-Kroese (2010) have indicated that inequalities in healthcare for people with an intellectual disability may be partly explained by negative attitudes of health professionals.

• No study has addressed the difference between nurses’ attitudes despite isolated studies highlighting predominantly negative findings of different nursing groups attitudes.

• Furthermore, the attitudes of nurses have not been thoroughly researched from a multidimensional attitudinal perspective.
NULL HYPOTHESIS $H_0$

- **a) $H_0$** ‘there is no difference in positive attitudes between mental health nurses’ or generic nurses’ towards people with an intellectual disability as measured on the ATTID Questionnaire’.

- **b) $H_0$** ‘there is no difference between nurses’ attitudes who have had recent contact with people with an intellectual disability as measured on the ATTID Questionnaire’.

- Post hoc testing using learning disability nurses was also undertaken to compare learning disability nurse attitudes.
METHODS

Cross-sectional survey design to test $H_0$.

Non-random purposeful sample.

Ethical approval from States of Jersey Ethical Committee & University of St Andrews Teaching and Research Ethics Committee (UTREC).

Data collection measure; ATTID Questionnaire.
DATA ANALYSIS

Validity of ATTID

- Principal component analysis was applied in this study for two primary reasons;
  A) To examine the component structure of the ATTID.
  B) To condense the dimensionality of the variables within the component structure to allow hypothesis testing.

Hypothesis Testing

- Data were tested for normality; Kolmogorov–Smirnov test ($< 0.05$).
- Non-parametric tests undertaken; Mann-Whitney U test, Kruskal-Wallis H test.
- Post-hoc nonparametric testing was applied using the Mann-Whitney U test with Bonferroni correction (Field 2012).
SAMPLE CHARACTERISTICS

• Total of 222 questionnaires were returned / 214 analysed.
• *n*-150 generic nurses, *n*-51 mental health nurses and *n*-13 learning disability nurses; 34%, 40% and 100% of the respective targeted population.
• Mean age 43.4 years with 17.5% (Male) (*n*-37) and 82.5% (Female) (*n*-175).
• Nearly 22 percent identified themselves as Jersey born, with 50.2% English, 6.3% Scottish, 0.5% Welsh, 11.6% Irish, 1.9% Portuguese, 0.5% other European and 7.2% identifying their ethnicity as outside Europe.
• More than half of generic nurses and 37% of Mental Health nurses have had no prior training about ID.
SAMPLE CHARACTERISTICS

- Forty nine percent of this sample held a Bachelor’s degree, with 56.3% of this sample representing a grade 4 nurse (band 5 UK).

- No more than 6.5% \( (n-14) \) reported knowing someone with an intellectual disability who was an immediate family member.

- Only 0.9% of respondents \( (n-2) \) reported having a friend with an intellectual disability.

- In total, 59% of generic nurses and 52% of Mental health nurses’ didn't undertake an ID placement.
### PRINCIPAL COMPONENT ANALYSIS: REVISED STRUCTURE

<table>
<thead>
<tr>
<th>Component</th>
<th>Original Component Structure</th>
<th>Revised Component Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component 1</td>
<td>Discomfort ($\alpha=0.89$)</td>
<td>Knowledge of Rights ($\alpha=0.91$)</td>
</tr>
<tr>
<td>Component 2</td>
<td>Knowledge of Capacity &amp; Rights ($\alpha=0.89$)</td>
<td>Interaction ($\alpha=0.88$)</td>
</tr>
<tr>
<td>Component 3</td>
<td>Interaction ($\alpha=0.88$)</td>
<td>Discomfort ($\alpha=0.91$)</td>
</tr>
<tr>
<td>Component 4</td>
<td>Sensitivity/Tenderness ($\alpha=0.76$)</td>
<td>Knowledge of Capacity ($\alpha=0.92$)</td>
</tr>
<tr>
<td>Component 5</td>
<td>Knowledge of Causes ($\alpha=0.59$)</td>
<td>Knowledge of Causes ($\alpha=0.73$)</td>
</tr>
</tbody>
</table>

Detailed component structure available on request from m.mcmahon@heath.gov.je
SUGGESTIVE TRIPARTITE MODEL

1. Knowledge of Causes
2. Knowledge of Rights
3. Knowledge of Capacity
4. Discomfort
5. Interaction
Mental health nurses more positive than generic nurses on;

- Component 1: Knowledge of rights, $p = 0.002$
- Component 2: Interaction, $p = 0.003$
- Component 3: Discomfort, $p = 0.000$

No difference between generic and mental health nurses on;

- Component 4: Knowledge of capacity, $p = 0.066$
- Component 5: Knowledge of causes, $p = 0.440$

Mann-Whitney U test
b) NULL HYPOTHESIS $H_0$

- Component one, *knowledge of rights* and component three *discomfort* were significantly affected by contact;
  
  ✓ Component 1: *Knowledge of rights, p = 0.007*
  ✓ Component 3: *Discomfort, p = 0.016*

- No significant differences were identified on the other three components;
  
  ✓ Component 2: *Interaction, p = 0.072*
  ✓ Component 4: *Knowledge of Capacity, p = 0.592*
  ✓ Component 5: *Knowledge of rights, p = 0.456*

Kruskal-Wallis H test
## OVERALL SCORING ON THE REVISED ATTID QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Global ATTID Score</th>
<th>M Mean</th>
<th>SD Standard Deviation</th>
<th>% Positive attitude</th>
<th>% Neutral attitude</th>
<th>% Negative attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Nurse</td>
<td>2.13</td>
<td>0.86</td>
<td>72.03%</td>
<td>17.22%</td>
<td>10.53%</td>
</tr>
<tr>
<td>Mental Health Nurse</td>
<td>1.85</td>
<td>0.81</td>
<td>77.41%</td>
<td>14.28%</td>
<td>8.28%</td>
</tr>
<tr>
<td>Learning Disability Nurse</td>
<td>1.63</td>
<td>0.85</td>
<td>82.35%</td>
<td>7.92%</td>
<td>9.72%</td>
</tr>
</tbody>
</table>
FINDINGS

• Results indicate that mental health nurses’ have more positive attitudes than generic nurses’ across the knowledge of rights, interaction and discomfort components.

• Learning disability nurses’ have significantly more positive attitudes towards the discomfort factor.

• There is no difference between any nurse attitudes towards the knowledge of causes and the knowledge of capacity of intellectual disability component and each nursing group’s knowledge in this area is poor.
FINDINGS

• More recent contact with individuals with an intellectual disability is correlated with more positive attitudes on the affective and cognitive (rights) model of attitudes.

• Nurses in this study have poor knowledge of the causes of intellectual disability.

• More recent contact significantly affects how nurses feel and think about individuals with an intellectual disability and this is potentially a very valuable indicator for informing future interventions.
IMPLICATIONS FOR POLICY AND SERVICES

• Nurses, including learning disability nurses are deficient in knowledge as to the causes of intellectual disability – this demands meaningful attention.

• Nurse education programmes should include mandatory practice education experience for individuals with an intellectual disability – this is not currently mandatory.

• Nurses who have had more recent contact report more positive thoughts and feelings to individuals with intellectual disabilities. This study extends the contact hypothesis showing that for more positive thoughts and feelings to occur, contact needs to be regular.
IMPLICATIONS FOR PRACTICE

- All nurses, irrespective of discipline, must be obliged to undertake an undergraduate intellectual disability placement prior to registration.
- Each acute and mental health service must receive regular training as to the specific needs of this heterogeneous client group.
- Education and training must be consistent with the overall policy and local authority strategy.
- Learning disability nurses must undergo regular, continual, professional development — qualification must not be seen as an endpoint.
CONCLUSION

• Overall the data collected has yielded a coherent and consistent picture of nurses’ attitudes that complements and extends existing research.

• This study has facilitated the development of a learning disability study that is themed on the tripartite model of attitudes ‘How we think, act and feel’.

• Further attitudinal comparisons of nursing groups’ needs to be undertaken to advance current knowledge.
ACKNOWLEDGEMENT

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REFERENCES


