



What Do Medical Students Think About Disability?

Hatice ŞAHİN^{a *}

^a Ege University, School of Medicine, Izmir, Turkey

Abstract

Disabled people feel that physicians are close to them, even more than their families. Several studies have proved that some health professionals display negative attitudes towards disabled people. Courses addressing the social dimension of disability have been included in medical education curricula. The aim of this study is to demonstrate views of medical students who attend the course called "Disability and Me". Eight students attended the course. In-depth interviews were held with the students and their views on disability were determined. The interviews were transcribed and content analysis was performed. The students' attitudes towards learning and using the concept of disability, and communicating with disabled people changed for the better at the end of the course. It was determined that not to offend them, The students avoided eye contact with disabled individuals, that at first meeting they said themselves "Thank God, I am not disabled", that awareness of the students who had a disabled relative of disability was higher and that they did not want to marry a disabled person due the importance of physical appearance. Increasing the medical students' awareness of disability will contribute to their being equipped with both theoretical knowledge and human values.

Keywords: medical student, disability, awareness, medical education

I. Introduction

Uncommon human appearance or behavior in social life arouses curiosity in other members of the community and quickly causes them to make comparisons with the concept of normality (Scullion 1999a). In cases when an individual does not conform to the perception of normal, language use, the way the mind works (mental activities) and attitudes towards the disabled person change. The concept which the community compares with the concept of normality most is disability.

Some characteristics of disabled persons such as walking, speech, sight and hearing are different from those of other members of the community. When this dissimilarity is reflected in the use of language, disabled people are labelled as blind, lame, deaf, dumb, and so on. The use of the language in this way gives tips on mental activities. Mind is focused on the impairment, dissimilarity and abnormality of the disabled person. The development of the use of language and mental activities is reflected in life in various ways such as ignorance, stigmatization or compassion. As is seen, the use of language, mental activities and attitudes towards disability are an inseparable trio which reflects each other. The social model of disability including this trio (the language use, mental activities and attitudes) is different from the medical model of disability.

In the social model of disability, the individual and his/her demand to be treated as a valuable one come to the fore (Seccombe 2007a). In the language use, the focus is not on stigmatization but on the individual (visually impaired person, walking-disabled person etc.). Mental activities focus not on the impairment or abnormality but on the richness of difference. The attitude does not focus on discrimination or compassion but on the meeting of the needs and the concept of living together. Disability refers to a person's experiencing difficulties in social integration (Scullion 1999a, Barbotte et al. 2001, Kearney & Pryor 2004). An individual may have an ongoing health problem, but if the needs of that person are met with the arrangements in society, it becomes possible to live together.

*E-mail address: hatice.sahin@ege.edu.tr

Physicians set a model for the community with their attitudes and are in a decisive position in the implementation of social norms with their decisions relevant to the patient. In health care, physicians try to normalize individuals with dissimilarities through interventions such as medication administration or surgery (Tervo et al. 2002). In fact, the medicine has an important role in maintaining the concept of normality in society.

When a physician deals with a disabled individual, he/she attempts to normalize an appearance or function which is not normal or unusual. And thus, he/she tries to make society to adopt the disabled person. This effort also leads to dissimilarities in the trio: the physician's language use, mental activities and attitudes. For a physician a disabled person is a patient who receives health care (language use), needs a physician to return to normal (mental activity) and physician is a health care worker whose only concern is need for treatment (attitude). In this case, the physician ignores his/her mission of being a model for society in health care delivery with the language he/she uses and attitude he/she displays. Therefore, his/her attitude towards disabled people is considered as insensitive, mechanical and even discriminatory (Scullion 1999a,b, French & Swain 2001, Seccombe 2007a.).

Related studies have revealed that disabled persons feel that physicians are closer to them (their bodies) than their families are, but that negative attitudes are displayed also by some of these professionals (Scullion 1999a,b, Bilge et al. 2005, Seccombe 2007b).

In the last twenty years, although disability-related fields (e.g. literature, laws and implementation of laws) have adopted the social model, the fact that the medical model is still valid in the delivery of health care to disabled people leads to conflicts.

In order to resolve the conflict, courses and applications emphasizing the social dimension of disability should be added to medical curricula (Northway 1997, Joachim & Acorn 2000, Tanenhaus et al. 2000, Byron 2002, Kearney & Pryor 2004, Şahin, 2010). In the early 2000s, Ege University Faculty of Medicine added theoretical and practical courses (such as the special study module) on the social dimension of disability to the undergraduate curriculum, and these courses are still being held (Şahin, 2010).

The aim of this study is to demonstrate views displayed towards disabled people by medical students who attend the special study module called "Disability and Me".

2. Method

The special study module (SSM) "Disability and Me" is an elective course of 40 hours. This course aims to discuss the social aspects of disability with medical students and to ensure them to develop appropriate attitudes. Eight students attended the elective course held between December 2014 and February 2015. During the course, discussion sessions were held, in which theoretical presentations addressing the social dimension of disability were made, the students read books raising awareness of disability, and related films were watched.

During the week right after the course, in-depth interviews were held with the students and their views about disability were compiled. During the in-depth interviews, one-hour private meetings were held with each student. The students' responses to the questions were recorded after their consents were obtained. At the meetings, the students answered the questions on (1) the use of the disability concept, (2) eye contact with disabled individuals, (3) the first thought coming to the mind when they encounter disabled individual, (4) having a disabled relative or friend in the immediate environment (5) marriage or cohabitation with disabled individuals.

The students' views audio-recorded were converted into transcripts and then the transcripts were analyzed using the content analysis. Five questions used in the interview were used in the content analysis as categories.

3. Results

The results will be presented in accordance with its category in the content analysis and examples of students' statements relating to that category will be given in the text.

The concept of disability: The students stated that they were unaware of the importance of terminology on disability before the course, and that they learned its importance during the course. They also learned that the use of terms directly related to the lack or loss of function (blind, deaf, lame etc.) hurt disabled people.

*"... I learned the concepts of handicap and disability, and the differences between them (ÖÖ)
"I did not know terminology were so important for a person (a disabled person)"*

Eye contact with a disabled person: Students reported that they usually refrained from eye contact when they met disabled people. They explained the rationality behind this behavior as not to offend them.

"When I saw a missing organ of a disabled person, I became obsessed about it. When I made eye contact with the disabled individual, I felt like I was looking at his/her impairment and thus I offended him/her." (ÇY)

"Most of us said that we avoided eye contact not to offend the disabled person, and now we learned that it was a wrong behavior and it might be misinterpreted by him/her. This was something very important, which would be used not only in establishing relationships with disabled people but also in other areas of our lives" (BO)

The first thought coming into the mind when meeting a disabled person: The students said that the first thought coming into their minds when they met a disabled person was not about the disabled person or his/her disability but about themselves. Students often stated the first thing coming to their minds as "fortunately, I'm not like him/her", "Thank God, I do not have this disorder". When they were asked whether the views they had before the course changed after the course, some of the students said that they still had the same views.

"The first thought coming to my mind is that, as a physician, I wonder what caused the disability and I offer my thanks to God; I pray for him/her. While interpreting the questions, we noticed that we interpreted events from our point of view" (BO)

Having a disabled relative or friend in the immediate environment: It was determined the awareness of the students who had a disabled relative or friend in the immediate environment was higher. It is obvious that living and learning environments where people can contact with disabled individuals contribute to their awareness.

"For some reason or other, what always comes to my mind when I think of disability is dealing with mentally disabled children, and because some of my relatives have the same problem, dealing with these children is very satisfying and I think this is something really gratifying." (FD)

Marriage or cohabitation with a disabled person: Students' views on this issue varied by gender. While the male students directly gave negative answers to this question, the female students answered the questions positively and more cautiously. Male students stated that they did not want to marry to a disabled individual because of the importance of image in social life.

"This question was moving and thus hard to answer for all of us. The reason why I gave a negative answer was the family pressure and social pressure. I thought this would lead to a problem in family life" (BO)

"I do not want to marry or date a disabled girl, because I cannot walk around holding hands with a girl in a wheelchair, and what is more, if my mom heard that I would marry a disabled girl, she would die of a heart attack" (AHS)

"I cannot say anything about this issue at the moment. I will be together when he is healthy, but if he becomes disabled after an accident or for another reason, I cannot leave him, and I think I should not" (SS)

The response given to this question by a foreign student revealed cultural differences.

"I do not want to marry a disabled woman, because she cannot give birth. In my country, a woman should give birth to children" (FS)

During the interviews, the students also expressed their views on this course. The students had positive views on the implementation of the course and recommended that the course should be given in the following years.

"...writing down all these is good, but I wonder when we meet a disabled person, how many of us would treat them humanely, affectionately and respectfully rather than treating him/her as a different personality? Thus, this course should be a lesson in medical curriculum" (FD)

"I will apply the communication skills I learned in this course when I am with them" (SG)

"This course not only equipped us with theoretical knowledge but also was very informative and will have long-lasting effects on us thanks to other activities in the course" (SG)

4. Conclusion

Other studies mostly focus on the social dimension of disability, and attitudes and awareness of medical students (Drum & Krahn 2000, Byron 2002, Tervo et al. 2002, Thistlethwaite & Ewart 2003, Saketkoo et al. 2004, Byron et al. 2005, Martin et al. 2005, Seccombe 2007a); however, this present study also attempted to indicate how a course on disability would affect students' views regarding disability. The course aimed to gain students' knowledge and awareness about disability, and to achieve this goal, different educational strategies were used during the course.

What the students acquired in the course led to changes in students' knowledge of and opinions on some issues. For example, the course led to positive changes in students in terms of learning the concept of disability, implementing what they learned and communicating with disabled people.

The question on being together with disabled people in private life (marriage or cohabitation) with disabled individuals was something new the students faced for the first time. If responses given to this question after the course are to be different from those given before the course, this subject should be internalized and experienced in life by students.

Increasing medical students' awareness of disability who are close to disabled persons as much as these people are to themselves from the very beginning of their education will contribute to their being equipped with both theoretical knowledge and human values.

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