

IMPACT OF BIASES, MISCONCEPTIONS AND STEREOTYPES ON HEALTHCARE AND COMMUNITY ENGAGEMENT FOR INDIVIDUALS WITH DISABILITIES.

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PURPOSE/ABSTRACT

Accountability, altruism, compassion/caring and social responsibility are core values of physical therapy. In order to effectively relate these values to our clients with disabilities, we need a clearer understanding of the biases these individuals perceive from their healthcare providers and community. The objective of this study was to: 1) Examine the perceived biases and misconceptions that individuals with disabilities experience from their healthcare providers and community. 2) Determine if there are differences in perceptions with relation to gender or type of disability.

Introduction

According to the CDC (2021) over 25% of all Americans have a disability; making them the second largest demographic group in the US. In Kentucky, 35% of our population has a disability.

Previous work by our team has shown that individuals with acquired disability (stroke, spinal cord injury, brain injury, etc.), especially those living in rural communities, deal with many barriers to community reintegration including biases and stereotypes. A greater understanding about the biases individuals with disabilities encounter is needed to more effectively develop community interventions.

METHODS

Subjects:

70 participants completed the survey: 18 with a physical disability (PD), 15 with a spinal cord injury (SCI), 26 with an intellectual/developmental disability (IDD), and 11 with "other" disability (e.g. blindness, hearing, brain injury, etc.).

The sample population was made up of 37 males, 32 females, and 1 prefer not to respond

45 urban dwellers and 25 were from rural communities.

Analysis:

A Qualtrics survey consisting of 18 Likert scale, multiple choice, and open ended questions was distributed through community organization list serves and social media sites.

Quantitative data analysis included averages and relative frequencies was performed as a whole and within smaller groups such as gender, rurality, and type of disability.

Responses to the open ended questions were evaluated and separated into common themes and subthemes.

RESULTS

Qualitative Data: Three overarching themes emerged from the point of view of the people living with a disability:

- 1. Being perceived as less than-equality/acceptance/capability.** Assumptions of being of low intelligence, that they do not feel pain, that they are not heard due to being ignored, that they are not independent and cannot have a fulfilling life, and that everyone with a disability is the same.
- 2. Working with healthcare providers.** Respondents had clear opinions about the lack of knowledge found in their primary care providers related to their disability, particular needs they may face, and their perceptions of disability.
 - Don't be afraid of me
 - Understand how I feel about my disability (don't project)
 - Talk to me (not my mom or caretaker)
 - Individual experiences are different (we are not all the same)
 - Wheelchairs are a tool for freedom not something you are confined to
 - Don't be afraid to ask me for information (you don't know everything)
 - Listen to what I say about my body
 - Help me understand information and my choices

Good encounters typically involved: Listens to me, learns from me, communicate often with me, is nice

- 3. Facing barriers in the community- hardship/adjustment/accessibility.** Across disability types, the number one barrier in terms of community barriers was the lack of accessibility. This was important in terms of the built environment, access to employment, recreational opportunities, and transportation.

Quantitative Data

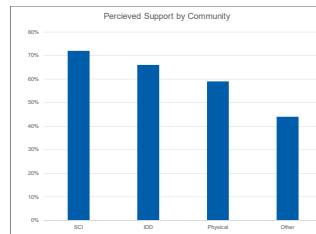


Figure 1: Displays the different perceived community support individuals with different types of disabilities and caregivers felt. Individuals with SCI felt the most support with individuals with Other disabilities felt the least amount of support.

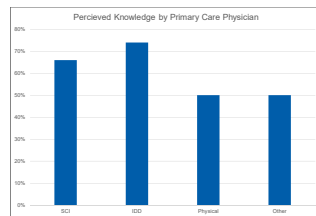
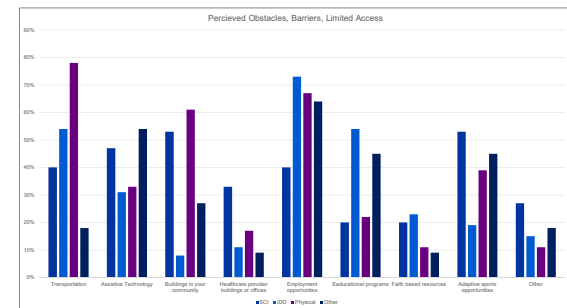
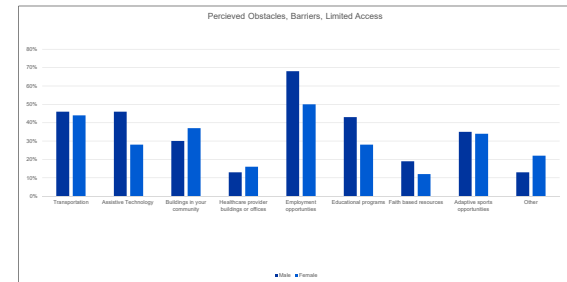


Figure 2: Displays the how individuals with different types of disabilities perceived their primary healthcare providers had the appropriate level of knowledge to treat them. Only 50% of individuals with PT or other type of disabilities felt their primary care provider had the appropriate level of knowledge.

RESULTS



Figures 3 and 4 demonstrate the barriers and obstacles individuals with disabilities and caregivers perceive. There were differences in perceived barriers based on gender (figure 3) and type of disability (figure 4).

CONCLUSION

Individuals across disability types continue to face biases, stereotypes and misconceptions that impact their access to effective healthcare and resources essential for community participation. Gender and disability type impact perception of healthcare and community biases.

CLINICAL RELEVANCE

If as healthcare professionals we hold to our core values of accountability, altruism, compassion/caring and social responsibility, we need to clearly advocate for our clients with disabilities in order to mitigate the impact of biases and misconceptions on healthcare and community participation.