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Attitudes of physical education students towards people with disabilities: a pilot study

Abstract. The purpose of the study was to identify differences in attitudes of students of universities of physical education towards people with disabilities taking into account emotional, cognitive, and behavioral factors. The study involved 126 students of tourism and recreation, physical education, and physiotherapy at two physical education universities in Poland. Respondents' attitudes were measured using the Polish version of the Multidimensional Attitudes Scale Toward Persons with Disabilities (MAS). The mean score on the MAS-PL scale was 98.47 (SD ± 12.15). No statistically significant correlations were found between scores obtained on the behavioral and cognitive subscales. There was a positive correlation between individual subscales (affective, cognitive, behavioral) and between individual subscales and the total score. Sociodemographic factors (sex, age, place of residence, major subject, and year of study) did not significantly differentiate between students' attitudes towards people with disabilities. Taking into account results of other studies on this topic, it can be concluded that attitudes of physical education students who participated in the study exhibit towards people with disabilities are more negative than those exhibited by students of social sciences and humanities or medical and health sciences majors.

Keywords: attitudes, people with disabilities, university students, university of physical education, MAS-PL

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1. Introduction

Disability is an integral part of modern society. It affects the lives of disabled people themselves and those around them (Urbanowicz, 2012). One of the most important elements of a well-functioning system that supports people with disabilities is the way they are perceived and treated by the rest of society. The positive perception of people with disabilities, their rights, and their opportunities to participate as fully as possible in social life contributes to a better integration between the worlds of people with special needs and those without disabilities. The development of modern societies has changed attitudes towards people with different types of disabilities, causing a shift away from discrimination and isolation towards integration (Przybylski, 2010). Despite various measures supporting inclusion and the growing social awareness of the needs of people with disabilities, there are still good reasons why research on this complex topic should continue (Nowak, 2015). While many people with disabilities are able to function successfully in society (they work, and spend their free time actively), inappropriate attitudes towards this group of people can still be observed, especially among young people.

Attitudes towards people with disabilities can be classified according to various criteria. The simplest way is to divide them into three basic types: *positive*, implying acceptance of people with disabilities; *ambivalent*, which the authors of this study understand to mean indifferent; and *negative*, implying animosity towards people with disabilities (Chodkowska & Kazanowski, 2007).

Piotr Plichta and Magdalena Olempska-Wysocka (2014) indicated the growing problem of aggression towards people with special needs, including people with disabilities, who are often isolated or rejected by their peers and are therefore more vulnerable to physical or verbal abuse, which nowadays can be committed indirectly using modern media. A study conducted by Monika Skura (2017) showed that almost 50% of Poles admitted to having a negative perception of people with disabilities. Where does this negativity come from? According to the literature (Osik-Chudowolska, 2010; Aksamit, 2015; Nowak, 2015) there are several causes for such perceptions:

- the lack of knowledge of the causes and types of disability,
- infrequent contacts with such people,
- misconceptions about health limitations these people suffer from,
- a certain detachment from these problems
- an aversion to such people, especially those with intellectual disabilities
- distorted (negative) perceptions of people with intellectual disabilities, in the media and literature,
- common stereotypes passed on from generation to generation.

A study by Katarzyna Nowak (2015) demonstrated that negative emotional attitudes towards people with motor disabilities are relatively common among high school students. Students surveyed in the study admitted that in contacts with such people they felt pity, uncertainty, indifference, embarrassment, disgust, or a sense of gratitude for being healthy. Respondents said they would feel stressed or uneasy in company of disabled people, and if asked for help, would either not react or hesitate. According to a study by Zdzisław Kazanowski (2011), high school students were more likely than middle school students to say that people with motor disabilities should not live among other members of society, should definitely not start a family, and consider them to be secretive, dependent, and reticent. This kind of attitude can be defined as effortless tolerance, meaning acceptance of people with disabilities but without being ready to establish relationships with them.

A study by Mirosława Kanar (2021) found that surveyed respondents aged 19-32 manifested negative attitudes towards people with disabilities when responding to questions that concerned the cognitive component of attitudes. They were unable to define precisely who a person with a disability is and identify types of disabilities. They exhibited positive attitudes when responding to questions associated with the affective component. Most respondents described people with motor impairments as sensitive and brave. Traits most commonly mentioned with respect to people with mental disabilities included being “sensitive,” “shy,” and “dependent,” which can be treated as evidence of general sympathy towards people with different types of disabilities. The respondents were also significantly more willing to help people with physical disabilities than those with intellectual disabilities. This is indicative of negative attitudes in the behavioral component.

How people with disabilities function in a society largely depends on the attitudes of those who surround them. Any stereotypes and prejudices in this context constitute serious obstacles that stand in the way of their full participation in social life. How widespread such stereotypes are depends on cultural and economic conditions that influence how disability is defined and responded to (Papuda-Dolińska, 2012).

Perceptions of people with disabilities are also affected by environmental factors, one of which is their physical appearance: e.g. how evident their disability is, how they are dressed, the state of their teeth, and their hairstyle (Chodkowska & Kazanowski, 2007). Attitudes generally depend on sex, age, level of general knowledge and knowledge about the subject of an attitude, and personality traits, including the level of intelligence (Chodkowska & Kazanowski, 2007, p. 56). Other environmental factors that can influence attitudes include economic and cultural conditions, including religion (Chodkowska & Kazanowski, 2007). Direct interactions with people with disabilities are also an important factor. However, studies by Jessica McManus et al. (2010) and Jessica Keith et al. (2015) indicate that positive attitudes are more likely to result from high-quality contacts (i.e. in-

volving positive interpersonal experiences) than just from frequent contacts. Keith et al. (2015) found that a 10-week cooperative-learning program or social-contact program led to higher social participation and smaller social distance of students with disabilities.

A study by Susanne Schwab (2017, pp. 164-165) demonstrated that “students with and without special educational needs (SEN) who indicate wanting to work together show more positive attitudes, whereas the observation that simply being in the same class is related to more negative attitudes seems to indicate that the educational situation requires an active program for raising awareness and understanding of the difficulties of students with SEN.” Schwab emphasized “that collaboration between people with special needs and those without disabilities would be mutually beneficial. Only then can these individuals work together, understand each other’s needs, and make progress (develop)” (Schwab, 2017, p. 165).

The purpose of the following study was to identify differences between attitudes of physical education students of selected majors taking into account the emotional, cognitive, and behavioral component of attitudes.

2. Data and methods

2.1. Basic characteristics of the sample

The study is based on information collected from a self-selected sample of 126 respondents, all of whom were students of tourism and recreation, physical education and physiotherapy at universities of physical education in Warsaw and Poznań, Poland. More than half of the respondents were women (66%) and inhabitants of urban areas (56%) (Table 1). Their age ranged from 18 to 27 years, with the mean value of 21.5 ± 2.4 years.

2.2. Questionnaire

Students’ attitudes were measured using the Polish version of the Multidimensional Attitudes Scale Toward Persons with Disabilities (MAS). The original version of the questionnaire (in English) was developed by Liora Fidler, Noa Vilchinsky, and Shirli Werner (2010), which was translated into Polish by Iwona Radlińska et al. (2020).

The MAS-PL questionnaire consists of three subscales that correspond to attitudes in the affective subscale (AS, 16 emotions experienced), cognitive subscale (CS, 10 beliefs/thoughts), and behavioral subscale (BS, 8 behaviors). The questionnaire includes 34 statements, which respondents are asked to agree or disagree

Table 1. Characteristics of the sample ($n = 126$)

Variable		N / M (\pm SD)	%
Age		21.48 (\pm 2.38)	–
Gender	Female	83	66
	Male	43	34
Place of residence	City	70	56
	Small city	33	26
	Rural areas	23	18
Status on the labor market	Student	126	100
University major	Physical education	34	27
	Tourism and recreation	44	35
	Physiotherapy	48	38
Year of study	I	31	25
	II	31	25
	III	24	19
	IV	25	20
	V	15	12
	V	15	12

N – number of observations; M – mean; SD – standard deviation.

Source: own elaboration.

with by choosing one of five options on a Likert scale (1 – strongly disagree, 3 – neutral, 5 – strongly agree). The MAS-PL questionnaire begins with a vignette containing a brief description of a scenario of a chance meeting in a coffee shop between an able-bodied person and a wheelchair user (male/female). According to Radlińska et al. “The respondent is to imagine this situation and indicate the emotions, thoughts, and potential behavior that it can elicit in non-disabled people” (Radlińska et al., 2020, p. 615). This approach is designed to activate a projection mechanism in the respondent and encourage more honest answers. Higher scores represent more negative of attitude towards people with disabilities.

Possible score ranges:

- Global score: 34-170,
- Affective subscale: 16-80,
- Cognitive subscale: 10-50,
- Behavioral subscale: 8-40.

2.3. Statistical analysis

The statistical analysis was performed using STATISTICA v.13.0 PL. Basic descriptive statistics of the dependent variable were calculated, including measures

of position and variability. Because the responses were measured on an ordinal scale, nonparametric tests were used to verify the significance of differences. Spearman's rank correlation coefficient was used to verify the relationships between the variables. Mann-Whitney U-test was used to verify whether sex was a differentiating factor in the scores. Nonparametric analysis of variance for independent samples (Kruskal-Wallis ANOVA) was applied to verify whether the place of residence, university major, or year of study were significant factors in the scores. The level of significance in all analyses was set at $p \leq 0.05$.

3. Results

The mean overall score on the MAS-PL scale was 98.47 (SD \pm 12.15) (Table 2), with values ranging from 72 to 138 points. No significant correlations were found between the scores on the behavioral and cognitive subscale but there was a positive correlation between the affective and the cognitive scale and between the behavioral and the affective scale and between all the subscales and the total overall score.

Table 2. Relationships between subscale scores of MAS-PL and the overall score

	AS		CS		BS		global score	
	<i>rs</i>	<i>p</i>	<i>rs</i>	<i>p</i>	<i>rs</i>	<i>p</i>	<i>rs</i>	<i>p</i>
AS	–	–	0.367	<0.05*	0.177	<0.05*	0.548	<0.05*
CS	0.367	<0.05*	–	–	0.174	–	0.865	<0.05*
BS	0.177	<0.05*	0.174	–	–	–	0.571	<0.05*
global score	0.548	<0.05*	0.865	<0.05*	0.571	<0.05*	–	–

rs – Spearman's rank-order correlation; * – significant correlation at $p < 0,05$; AS – affective subscale, CS – cognitive subscale, BS – behavioral subscales.

Source: own elaboration.

Mean scores were calculated for the overall score and individual subscales depending on sociodemographic variables (sex, place of residence, university major, and year of study) (Table 3). More negative attitudes towards people with disabilities (in terms of mean scores) were observed in the case of women, residents of large cities and rural areas, students of tourism and recreation, and second and fourth-year students.

Differences between the overall score and individual subscale scores observed across sociodemographic categories were then analyzed to determine if they were statistically significant.

Table 3. MAS-PL scores and sociodemographic variables

	Global score	AS	CS	BS
possible range min-max	34-170	16-80	10-50	8-40
results min-max	72-138	22-61	21-50	9-33
M \pm SD	98.47 \pm 12.15	40.38 \pm 7.66	37.23 \pm 5.97	20.86 \pm 4.6
Gender				
Female				
results min-max	76-122	23-55	25-50	12-33
M \pm SD	99.15 \pm 10.78	40.82 \pm 6.97	37.71 \pm 5.95	20.62 \pm 4.41
Male				
results min-max	72-138	22-61	21-48	9-31
M \pm SD	97.19 \pm 14.42	39.53 \pm 8.83	36.33 \pm 5.96	21.33 \pm 4.95
Place of residence				
City				
results min-max	76-138	22-61	25-50	14-31
M \pm SD	99.53 \pm 11.93	40.57 \pm 7.87	37.77 \pm 5.8	21.19 \pm 4.26
Small city				
results min-max	72-122	23-53	21-48	9-32
M \pm SD	94.7 \pm 12.41	38.3 \pm 7.18	36 \pm 6.08	20.42 \pm 5.01
Rural areas				
results min-max	74-116	30-55	27-48	12-33
M \pm SD	100.77 \pm 11.18	42.91 \pm 6.77	37.36 \pm 6.03	20.5 \pm 4.89
University major				
Physical education				
results min-max	76-121	22-51	27-48	13-33
M \pm SD	97.15 \pm 11.74	38.79 \pm 7.17	38.06 \pm 5.8	20.29 \pm 4.69
Tourism and recreation				
results min-max	72-138	31-61	21-48	9-31
M \pm SD	100.83 \pm 12.17	42.66 \pm 7.51	35.96 \pm 5.74	22.19 \pm 4.68
Physiotherapy				
results min-max	76-122	23-53	25-50	12-32
M \pm SD	98 \pm 11.76	39.67 \pm 7.48	38.07 \pm 6.27	20.27 \pm 4.11
Year of study				
I				
results min-max	72-120	23-53	21-50	9-29
M \pm SD	96.68 \pm 11.39	40.13 \pm 6.67	36.48 \pm 6.31	20.06 \pm 4.98
II				
results min-max	81-121	22-55	25-49	15-31
M \pm SD	100.92 \pm 10.81	40.46 \pm 7.97	38.38 \pm 5.61	22.08 \pm 3.99
III				
results min-max	76-122	30-55	27-46	15-32
M \pm SD	99.27 \pm 10.98	41.33 \pm 7.39	36.83 \pm 5.67	21.11 \pm 4.06

Table 1 contin.

	Global score	AS	CS	BS
IV				
results min-max	81-138	29-61	25-48	15-33
M ± SD	101.12±14.41	42.68±8.79	37.24±6.44	21.2±4.63
V				
results min-max	74-111	28-52	31-47	12-31
±M ± SD	97.4 ±11.97	39.27±6.74	38.26±5.09	19.86±4.76

AS – affective subscale, CS – cognitive subscale, BS - behavioral subscales.

Source: own elaboration.

Table 4. Significance of differences between scores depending on sociodemographic variables

	Gender		Residence		Year of study		Major	
	Z	p	Z	p	Z	p	Z	p
AS	0.597	0.551	0.004	0.996	0.255	0.799	0.231	0.818
CS	1.335	0.182	-0.138	0.890	-1.081	0.280	0.950	0.342
BS	-0.996	0.319	0.352	0.725	-1.149	0.251	-1.950	0.051
global score	0.700	0.484	-0.049	0.961	-1.464	0.143	-0.027	0.978

AS – affective subscale, CS – cognitive subscale, BS – behavioral subscales.

Source: own elaboration.

Results of Mann-Whitney U test indicated that differences between attitudes of male and female respondents were not statistically significant (Table 4). A similar result (no statistical significance) was obtained in the case of the Kruskal-Wallis test applied to the three remaining demographic variables, i.e. place of residence, university major, and year of study.

4. Discussion

In a 2019 survey of adult Poles (over 18 years old), reported by Marzenna Giedroń (2021), people with disabilities were often perceived as marginalized, excluded and having to cope with difficulties in many situations. According to respondents, social exclusion limited their contacts with relatives and their activity in non-family relationships. Respondents were aware of problems encountered by people with disabilities as a result of limited access to public spaces. They believed that negative attitudes, prejudices, and stereotypes perpetuated divisions

between “us” and “them.” According to respondents, attitudes towards people with disabilities were affected by the state’s social policy, social norms, beliefs, the level of culture, and above all, the standard of living. The effectiveness of integration measures was believed to be determined by social attitudes toward people with disabilities.

Earlier studies of university students report different attitudes towards people with disabilities. In a comparative study involving 30 Dutch and 30 Polish students, Beata Papuda-Dolińska (2012) found that, taking into account the cognitive component (beliefs, opinions, and views), attitudes of Polish university students were positive. They recognized the rights of people with disabilities, and their ability to have families and find fulfillment in this aspect of life. They did not see disability as an obstacle to establishing closer relationships or friendships. They also believed that people with disabilities were good workers, although such opinions were probably not based on respondents’ personal experience. However, their opinions concerning the question of independence were divided, with some students believing that people with disabilities could still be perceived as dependent and expecting help from others. Negative attitudes could also be inferred from responses to statements about difficulties experienced by people with disabilities in social situations, e.g. the fact that it was easier to offend them and the belief that they felt jealous of healthy people. Papuda-Dolińska used a scale of attitudes towards people with disabilities developed by Edward Sękowski (1994). In designing his scale, Sękowski assumed that positive attitudes towards people with disabilities were correlated with a tendency to perceive similarities in behavior, abilities, preferences, and other forms of living and activity between people with and without disabilities.

In order to contribute new results to previous studies of attitudes towards people with disabilities involving students of medical and social science, the authors of this article decided to focus on students of physical education universities. The average overall score was 98.5 points. Compared to results obtained in other studies using the same measurement instrument (MAS-PL), this score was higher than the mean overall score achieved by students of medical and health science –80.15 (Radlińska et al., 2021), or students of social sciences and humanities –82.79 (Tomczyszyn et al., 2022). This means that students of physical education universities exhibited more negative attitudes towards people with disabilities than students of other majors. This finding is consistent with previous studies by Nikhil Satchidanand et al. (2012) and Wojciech Wiliński et al. (2013), who found that medical students and health care professionals exhibited more positive attitudes towards people with disabilities than non-medical professionals. In the study conducted by Wiliński et al. (2013) physiotherapy students turned out to have more positive attitudes than students of physical education.

5. Conclusions and limitations

The results obtained in the pilot study indicate that students at universities of physical education exhibit more negative attitudes towards people with disabilities than students in social sciences and humanities or medical and health sciences majors (Radlińska et al., 2021; Tomczyszyn et al., 2022). This result may be due to relatively fewer disability-related courses at universities of physical education. What is surprising, however, is the fact that the overall score of physiotherapy students was only slightly better than that of students of other majors (tourism and recreation, and physical education). One would expect attitudes of physiotherapy students to be more positive. Another possible explanation for these relatively more negative attitudes is the fact that students of physical education universities have generally fewer contacts with people with disabilities, who rarely participate in sports and, obviously, do not choose this field of higher education. It is also worth noting that athletes with disabilities are not commonly included in the life of universities of physical education (Piłatowicz et al., 2018), which specialize in teaching able-bodied individuals; their students tend to focus on their level of fitness (Wiliński et al., 2013), which is likely to affect their perceptions of and attitudes towards people with disabilities.

Since the sample of students was not random the results of the study cannot be generalized to the entire population of students at universities of physical education.

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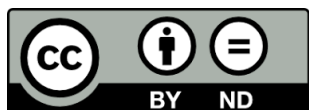
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Postawy studentów uczelni sportowych wobec osób z niepełnosprawnościami – badania pilotażowe

Streszczenie. Celem badań było określenie różnic w postawach studentów uczelni sportowych wobec osób z niepełnosprawnościami, z uwzględnieniem wymiaru emocjonalnego, poznawczego i behawioralnego. W badaniu wzięło udział 126 studentów kierunków turystyka i rekreacja, wychowanie fizyczne oraz fizjoterapia z dwóch uczelni sportowych. Do oceny postaw respondentów użyto polskiej wersji kwestionariusza Multidimensional Attitudes Scale Toward Persons with Disabilities (MAS). Nie stwierdzono istotnych statystycznie korelacji pomiędzy wynikami uzyskanymi na podskali behawioralnej i poznawczej. Odnotowano dodatnią korelację pomiędzy poszczególnymi podskalami (behawioralną, poznawczą, emocjonalną) oraz pomiędzy poszczególnymi podskalami a wynikiem całościowym. Wyniki badań pilotażowych wykazały, że czynniki socjodemograficzne (płeć, wiek, miejsce zamieszkania, kierunek i rok studiów) nie różnicowały w istotny sposób postaw studentów wobec osób z niepełnosprawnościami. Biorąc pod uwagę wyniki badań na ten temat, można stwierdzić, że postawy badanych studentów wobec osób z niepełnosprawnościami były nacechowane bardziej negatywnie niż postawy studentów kierunków społecznych i humanistycznych czy kierunków medycznych i nauk o zdrowiu.

Słowa kluczowe: postawy, osoby z niepełnosprawnościami, studenci, uczelnia sportowa, MAS-PL



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