



KEYWORDS LEARNING DISABILITIES | ATTITUDE | QUESTIONNAIRE | TRAINING

Measuring general hospital staff attitudes towards people with learning disabilities

People with learning disabilities often experience barriers in accessing healthcare. This project aims to educate staff and measure attitudes before and after training

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People with learning disabilities often experience health inequalities and barriers to healthcare services as a result of poor communication and discriminatory attitudes. We developed an educational package for healthcare staff as well as an attitude questionnaire to measure the impact of this training; the questionnaire is called the Attitudes of Secondary Healthcare Personnel Toward People with Severe Learning Disabilities (ASH-LD). This article describes the process of designing and piloting the ASH-LD questionnaire, and how it will be used to measure the effect of the planned training on staff attitudes.

BACKGROUND

The Department of Health is committed to providing a fair and equitable health service that is responsive to all patients' needs (DH, 2003). In this context, the specialist needs of people with learning disabilities have been increasingly discussed (Mencap, 2004; Sowney and Barr, 2004; Elliott et al, 2003; DH, 2001), along with systemic and staff failings in the provision of equitable care (DH, 2009; Michael, 2008; Mencap, 2007).

Barriers to an equitable, person centred service for people with learning disabilities include poor communication, discriminatory attitudes and a lack of understanding and education in relation to this group (DH, 2009; Michael, 2008; Mencap, 2004).

Surveys of nurses' attitudes – although limited in number – support the view that, without education and training on learning disabilities, nurses will continue to have attitudes that are similar to those of the general public (Shanley and Guest, 1995).

Mencap's (2004) report recommended that healthcare professionals be educated in providing non-discriminatory healthcare for people with learning disabilities.

AIM

We aimed to develop a rating tool for measuring the attitudes of acute healthcare staff towards general hospital care of people with learning disabilities.

LITERATURE REVIEW

Previous studies have tried to measure attitudes to people with learning disabilities,

BOX 1. THEMES EMERGING FROM INTERVIEWS AND FOCUS GROUPS

- Healthcare staff expectations and knowledge of learning disabilities.
- Emotions associated with caring for this group.
- Understanding healthcare procedures and processes.
- Choices and rights of people with learning disabilities.
- Communication and comprehension.
- Competence of healthcare staff in dealing with this group.
- Healthcare staff attitudes towards relatives and paid carers.

but none have used tools designed to make such assessments in acute care settings:

- Antonak and Harth (1994) described a psychometric analysis of the Revised Mental Retardation Attitude Inventory (Revised-MRAI). The original MRAI scale was derived by Harth (1974) from one measuring attitudes towards racial minority groups by replacing the word "negro" with "retarded".
- Henry et al (1996) described the Community Living Attitudes Scale – Mental Retardation and reported that it had good psychometric properties.
- Modified versions of the Attitude Toward Disabled Persons Scale (Yuker et al, 1966) have been used by researchers examining healthcare professionals' attitudes towards people with learning disabilities (Slevin and Sines, 1996; Slevin, 1995).

In summary, studies have typically used adapted or amalgamated questionnaires based on items derived from other, less specific scales.

METHOD

The strategic liaison nurse (a member of the learning disability health liaison team) led the development and delivery of a county wide education package for general hospital staff to address the needs of adults with learning disabilities in acute care settings.

The resulting package is designed to

PRACTICE POINTS

- Nurses in all settings should be educated in caring for patients who have learning disabilities.
- Before this questionnaire was drawn up, there was no tool to measure staff attitudes towards this group specifically in acute care settings.
- We developed a questionnaire specific to general hospital to measure the changes in their attitudes after receiving specialist training.

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increase awareness and empathy when treating and relating to individuals in this patient group. In particular, it addressed issues relating to staff fears and anxieties when caring for this group.

Designing the education package

Before the questionnaire was drawn up, the content and aims of the training course were decided. How the course was designed is set out below.

Using focus groups and semistructured interviews, we sought the views of people with learning disabilities, their carers and clinicians in both general and learning disability services about existing acute healthcare provision for this group and how it could be improved. Seven themes emerged from these discussions (Box 1) and the education programme was built around them. Underpinning these themes were key principles of rights, inclusion, choice and independence, as highlighted in the DH (2001) report *Valuing People*. These findings were used as a basis for training courses for Hertfordshire district general hospital staff.

As well as examining key professional and legislative requirements in supporting vulnerable people in hospital, the package aims to develop participants' empathy and reflection about the lived experiences of having a learning disability and being in a general hospital setting. The training will involve people with learning disabilities and carers (both paid and unpaid), and a learning disability specialist nurse jointly facilitates the session.

Assessing participants' attitudes

To establish whether the education package brings about a change, we developed a questionnaire to measure participants' attitudes.

The themes in Box 1 provided frameworks for both the training session and the attitude questionnaire. Incorporating these themes ensured the questionnaire was designed to measure the attitudes that the education was developed to address.

We asked staff to fill in the questionnaire before participating in training and six weeks after completing the programme. We chose a six week period before retesting to reduce the likelihood of participants recalling their responses from the baseline questionnaire.

Hertfordshire Research Ethics Committee gave ethical approval for the study.

Stages of questionnaire development

As literature searches found no validated tools for measuring acute clinicians'

attitudes towards general hospital care for people with learning disabilities, a self report questionnaire was designed specifically for this study. Individual questions from scales identified in the literature search were adapted to this patient group in general hospital settings, and further questions were generated by the research team to form a pool of questions covering the seven themes that had been identified as important.

The first draft of the questionnaire contained 45 items with which respondents were asked to rate their degree of agreement using a five point Likert scale. This first draft was critiqued by a group of 12 healthcare staff working at an epilepsy centre, who were experienced in supporting people with learning disabilities with additional physical health needs. Items reported to be ambiguous or confusing, or those that uniformly attracted maximum scores (that is, showed a "ceiling" effect) were discarded; for example, "all patients with a severe learning disability can be expected to display behaviours that challenge".

Participants' difficulty in answering the questions without knowing the level of learning disability was discussed at length. We therefore decided to frame the questions within the boundaries of "severe learning disabilities". The research team felt the principles of the education package and associated attitude measurement, when directed towards the care of those with more severe intellectual disabilities, could be transferred to all people in this group.

The second draft, containing 22 items, was administered to 30 members of nursing staff (healthcare assistants, staff nurses and nurse

team managers) at a hospital in a neighbouring county. This was to prevent biasing the hospital staff recruited in Hertfordshire who would be undertaking the training.

Group discussions with respondents identified further anomalies and potential inconsistencies in the questionnaire, which were then amended. A request for demographic information (such as gender, age, occupation and work setting) was also included at this stage.

The final version of the Attitudes of Secondary Healthcare Personnel Toward People with Severe Learning Disabilities (ASH-LD) questionnaire contains 18 items that are short and focused, using uncomplicated, familiar wording to promote uniform understanding (Box 2 shows a section of the questionnaire). Respondents are asked to indicate their degree of agreement with each item. Half the items are positively phrased and half are negatively phrased to avoid acquiescent response sets – a form of bias where people tend to agree with statements regardless of content. Scoring is reversed for the positively phrased questions, so that a higher total score indicates a more positive attitude.

All seven themes from Box 1 are represented, thereby supporting content validity. A basic description of what is meant by the term "severe learning disability" is included for reference.

All data collected is anonymous. Participants will be asked to provide their own anonymity code so that their questionnaire scores before and after training can be matched.

QUESTIONNAIRE ADMINISTRATION

The ASH-LD will be administered to general hospital healthcare staff who attend the training day. A short script will be read out at the start of each training session to ensure consistency in its administration and to stress that responses are confidential to maximise reliability.

The education facilitator will highlight the importance of completing the questionnaire from a truthful "personal" position and not from the "expected professional" perspective. It will also be stressed that it is not designed to examine "correctness" of responses.

On completing the questionnaire, attendees will be given the opportunity to not hand it in as, by returning the questionnaire, it will be assumed that consent for participation has been given.

At the end of the course, participants will

BOX 2. ATTITUDES TO PEOPLE WITH LEARNING DISABILITIES

A section of the attitudes of secondary healthcare personnel toward people with severe learning disabilities (ASH-LD). Participants are asked on a scale of 1-5 how strongly they agree or disagree with 18 statements. They include:

- I When handed over or referred a patient with severe learning disabilities I feel more anxious than with other patients
- I Patients with severe learning disabilities are able to communicate about the care they receive
- I Patients with severe learning disabilities can't be given the same degree of confidentiality regarding their medical information as other patients
- I I am confident that I have the appropriate knowledge to care for patients with severe learning disabilities in my clinical area
- I Patients with severe learning disabilities are able to influence decisions over their healthcare

be informed that, as a way of evaluating the education, a postal questionnaire with an enclosed stamped addressed envelope will be sent to them six weeks after the training. They told participants that the same questionnaire will be used, which will reduce the possibility of responses being remembered for the sake of completing the questionnaire at a later date.

Six weeks after completing the initial questionnaire at the start of the training course, another will be sent to each participant with an explanatory covering letter and stamped addressed envelope.

The reliability of the ASH-LD questionnaire will be supported through running six week interval "test-retest" sessions – without the educational intervention – with comparable convenience samples in a hospital outside Hertfordshire. This will be used to test the correlation of the instrument at two points in time.

It is possible that a "context effect" may influence the results – the initial setting for the "test" will be quiet and controlled with a presumed high level of compliance. The "re-test" will take place in possibly an

uncontrolled setting, such as home environments or workplaces, that may contain distractions or other stresses.

Criterion validity will be assessed through comparative analysis of the questionnaire when completed by a number of specialist learning disability nurses.

DISCUSSION

The final questionnaire consists of a small number of highly focused items relating to each of the seven themes identified as important in providing acute care for people with learning disabilities.

We made considerable efforts to engage with people with learning disabilities, carers and key stakeholders in learning disability as well as general health services when developing the questionnaire and education package. Its content is relevant to all vulnerable people in hospital settings, and its transferability has been central to its gaining so much support from general hospital management teams across Hertfordshire and Bedfordshire.

The course will offer challenging education, based on the experience of these

people and services. The aim is to challenge participants by giving them a glimpse of the "lived experience" of having a learning disability and being in the frightening world of a general hospital. The course will guide staff through that experience and the ASH-LD questionnaire will measure whether this influences their attitudes towards people with severe learning disabilities.

CONCLUSION

The ASH-LD questionnaire and education package have been developed with rigour to exacting standards through the commitment of a dynamic learning disability health liaison team and research team.

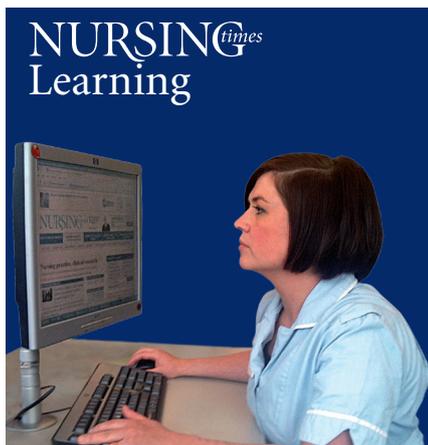
In the current radically changing health care economy, the need to continue to engage with the real experts – people with learning disabilities, and their carers and advocates – to measure quality and help foster positive attitudes has never been greater. The health liaison team will be pivotal in this engagement process and look forward to capturing attitudinal change. |

REFERENCES

Antonak RF, Harth R (1994) Psychometric analysis and revision of the Mental Retardation Attitude Inventory. *Mental Retardation*; 32: 4, 272-280.
Department of Health (2009) Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities. London: DH. tinyurl.com/valuing-now
Department of Health (2003) Department of Health Equality Framework: Priorities for Action. London: DH. tinyurl.com/equality-framework
Department of Health (2001) Valuing People: A New Strategy for Learning Disability for the 21st Century. London: DH. tinyurl.com/valuing-people
Elliott J et al (2003) The health of people with learning disabilities in the UK: evidence and implications for the NHS. *Journal of Integrated Care*; 11: 3, 9-17.

Harth R (1974) Attitudes towards minority groups as a construct in assessing attitudes toward the mentally retarded. *Education and Training of the Mentally Retarded*; 6: 142-147.
Henry D et al (1996) The community living attitudes scale, mental retardation form: development and psychometric properties. *Mental Retardation*; 34: 3, 149-158.
Mencap (2007) Death by Indifference. London: Mencap. tinyurl.com/death-mencap
Mencap (2004) Treat Me Right! Better Healthcare for People with a Learning Disability. London: Mencap. tinyurl.com/mencap-treat
Michael J (2008) Healthcare for All: Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities. London: DH. tinyurl.com/healthcare-all
Shanley E, Guest C (1995) Stigmatisation of people with

learning disabilities in general hospitals. *British Journal of Nursing*; 4: 13, 759-761.
Slevin E (1995) Student nurses' attitudes towards people with learning disabilities. *British Journal of Nursing*; 4: 13, 761-766.
Slevin E, Sines D (1996) Attitudes of nurses in a general hospital towards people with learning disabilities: influence of contact and graduate-non-graduate status, a comparative study. *Journal of Advanced Nursing*; 24: 1116-1126.
Sowney M, Barr O (2004) Equality of access to health care for people with learning disabilities. *Journal of Learning Disabilities*; 8: 247-265.
Yuker H et al (1966) The Measurement of Attitudes Towards Disabled Persons. Albersson, New York, NY: Albersson Human Resources Centre.



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