



Review article

Medical students' attitudes towards people with intellectual disabilities: A literature review



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ABSTRACT

The present paper provides a review of research on medical students' attitudes to people with intellectual disabilities. The attitudes of medical students warrant empirical attention because their future work may determine people with intellectual disabilities' access to healthcare and exposure to health inequalities. An electronic search of Embase, Ovid MEDLINE(R), PsycINFO, Scopus, and Web of Science was completed to identify papers published up to August 2013. Twenty-four studies were identified, most of which evaluated the effects of pedagogical interventions on students' attitudes. Results suggested that medical students' attitudes to people with intellectual disabilities were responsive to interventions. However, the evidence is restricted due to research limitations, including poor measurement, self-selection bias, and the absence of control groups when evaluating interventions. Thus, there is a dearth of high-quality research on this topic, and past findings should be interpreted with caution. Future research directions are provided.

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People with intellectual disabilities (ID) experience more health inequalities than persons without disabilities (Cooper, Melville, & Morrison, 2004). For example, they have a shorter life expectancy than people without ID (Emerson & Baines, 2010). Negative attitudes among healthcare staff towards the provision of healthcare to this population are a likely contributing factor in the health inequalities that they experience (Ditchman et al., 2013; Emerson & Baines, 2010). An attitude is a “psychological tendency, expressed by evaluating a particular entity with some degree of favour or disfavour” (Eagly & Chaiken, 1993, p. 1). While doctors play a key role in their healthcare, and teaching on ID often is part of medical schools’ curricula (Sinai, Strydom, & Hassiotis, 2013), few studies have investigated medical students’ attitudes to people with ID.

This is an important omission because they are tomorrow’s doctors (General Medical Council, 2009) and every student will provide healthcare to this population at some stage (Lennox & Diggins, 1999a). Indeed, in response to Mencap’s (2007) *Death by Indifference* report that aimed to change health professionals’ attitudes towards people with ID, Michael’s (2008) *Healthcare for All* recommended that teaching on ID should invariably be provided for undergraduate medical students. According to Lennox and Diggins (1999b), both the quantity and quality of medical education on this subject need to be increased to improve practitioners’ healthcare provision and management for this clinical population. Different teaching strategies have been recommended, such as the inclusion of people with ID and their family and friends in teaching (Lennox & Diggins, 1999a, 1999b).

Emphasising the need for medical students to have positive attitudes towards people with ID and feel comfortable communicating with them, Piachaud (2002) recommended the inclusion of teaching on ID, which simultaneously addresses attitudes, skills, and knowledge, early in the first year of undergraduate programmes. After surveying experts on ID, Lennox and Diggins (1999b) identified six attitudes that medical students ideally should have when they finish their undergraduate education, if they are to successfully meet the health needs of this population. They stated that medical students should: (a) believe that people with ID should receive equal treatment by health providers; (b) look beyond the disability and see the person first; (c) respect and appreciate their equal rights; (d) be open to examining their own attitudes; (e) respect carers’ information and opinions; and (f) respect the wishes and beliefs of this patient group and their families.

Thus, medical students’ attitudes to people with ID are important (Michael, 2008) and medical schools have been urged to provide better ID teaching to foster the development of positive attitudes among their students (Lennox & Diggins, 1999b; Piachaud, 2002). Despite this, the health inequalities experienced by people with ID (Emerson & Baines, 2010), and reports documenting how doctors’ negative attitudes are implicated in the premature deaths of patients with ID (Mencap, 2007), medical students’ attitudes towards this patient group have received little empirical attention. This paper aims to provide an enhanced understanding of medical students’ attitudes to people with ID by reviewing extant research on this topic. A subsidiary goal is the elucidation of future research directions that would incrementally advance the literature base.

1. Method

1.1. Search strategy

The electronic databases Embase, Ovid MEDLINE(R), PsycINFO, Scopus, and Web of Science were used to search for manuscripts that examined medical students’ attitudes to people with ID. The search was conducted within the titles and abstracts of English language journal articles published before the end of August 2013. Search terms were: (attitud* or aware* or behave* or belief* or bias* or discriminat* or emotion* or experience* or feeling* or opinion* or perception* or perspective* or prejudice* or stereotyp* or stigma* or view*) and (down* syndrome or developmental* delay* or developal* disab* or intellect* challeng* or intellect* disab* or learning disab* or mental* deficien* or mental* handicap* or mental* retard*) and (medic* adj4 clerk* or medic* adj4 intern* or medic* adj4 school* or medic* adj4 student* or medic* adj4 undergrad* or medico or md student* or student doctor* or student physician*).

1.2. Review process

The authors discussed and established clear inclusion and exclusion criteria. They agreed to only include studies that investigated medical students’ attitudes towards people with ID and/or their healthcare. Given the limited amount of research on this topic, studies that used measures of attitudes to people with disabilities (i.e., studies that did not use ID-specific measures) to assess participants’ attitudes to people with ID were included, as were studies whose participants were a combination of medical students and professionals or other students. The authors agreed to exclude the following types of articles: examinations of medical students’ views on training in ID, which did not assess participants’ attitudes towards people with ID and/or their healthcare (e.g., Burge, Ouellette-Kuntz, Isaacs, & Lunsby, 2008; Burge, Ouellette-Kuntz, McCreary, Bradley, & Lechner, 2002); studies without a focus on ID (e.g., Beausoleil, Zalneraitis, Gregorio, & Healey, 1994; Wonkam, Njamnshi, & Angwafo, 2006); and research without medical students (e.g., Boyle et al., 2010; Parchomiuk, 2013). Then, the first author reviewed the literature. Nine hundred and thirty-six items were imported into Zotero and 377 duplicates were removed, leaving 559. After reading their titles and abstracts, 507 clearly irrelevant items were deleted. The remaining 52 articles were read in full, with 28 irrelevant articles removed after this examination. This process resulted in the retention of 24 studies that examined medical students’ attitudes towards people with ID.

While the Critical Appraisal Skills Programme (CASP; 2013) checklist for evaluating qualitative work guided the review of Karl, McGuigan, Withiam-Leitch, Akl, and Symons (2013), the Cochrane Public Health Group’s (n.d.) quality assessment tool

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