



Research

Pharmacy student comfort in communicating with persons with disabilities

W. Thomas Smith, PharmD, JD^{a,*}, Christine M. Catney, MA, PharmD^b,
Nathaniel M. Rickles, PharmD, PhD, BCPP^c,
Carol J. Hermansen-Kobulnicky, PhD, RPh^d, Amy E. Broeseker, RN, PharmD, PhD^e,
Cynthia Wilson Garvan, PhD^f, Carole L. Kimberlin, PhD^a

^a *Pharmaceutical Outcomes and Policy, The University of Florida, Gainesville, FL*

^b *Division of Applied Clinical Science, Department of Pharmacy Practice and Science, College of Pharmacy, The University of Iowa, Iowa City, IA*

^c *Pharmacy Practice and Administration, Northeastern University School of Pharmacy, Boston, MA*

^d *Department of Pharmacy Administration, School of Pharmacy, University of Wyoming, Laramie, WY*

^e *Department of Pharmaceutical, Social and Administrative Sciences, McWhorter School of Pharmacy, Samford University, Birmingham, AL*

^f *Health Sciences Center, The University of Florida, Gainesville, FL*

Abstract

Objective: To examine the relationship between pharmacy students' self-reported discomfort during interactions with persons with disabilities and the amount of overall and education-specific contact students have had with persons with disabilities.

Methods: First-year and final-year PharmD students at five schools completed questionnaires containing three scales. The Interaction with Disabled Persons scale assessed discomfort. The Contact with Disabled Persons scale assessed amount and types of interactions with persons with physical disabilities. A new instrument collected information about professional program educational experiences with or about persons with disabilities.

Results: Final-year students and those reporting higher levels of contact with persons with disabilities reported lower levels of discomfort. The number of reported educational experiences with persons with disabilities was small and research failed to identify specific educational practices that were associated with students' comfort levels.

Conclusions: Further work is needed to determine the types and quantity of educational experiences that best prepare pharmacy students to relate comfortably and effectively to persons with disabilities.

© 2014 Elsevier Inc. All rights reserved.

Keywords: Disability; Pharmacy education; Cultural competence; Patient communication

Introduction

The percent of the population in the United States living with disabilities continues to increase.^{1,2} The 2011 American Community Survey¹ estimates that more than 12% of

the total population currently has a disability. The Americans with Disabilities Act (ADA) has a three-part definition of disability.³ Under ADA, an individual with a disability is a person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. Physical impairments include sensory impairments such as vision or hearing deficits that cannot be corrected by surgery or mitigated by adaptive equipment such as glasses or hearing aids. For the population 65 years and over, difficulties are reported for hearing (15%), vision

* Corresponding author: W. Thomas Smith, PharmD, JD, Pharmaceutical Outcomes and Policy, The University of Florida, 1225 Center Dr. 2333A HPNP, PO Box 100496, Gainesville, FL 32610-0496.

E-mail: tsmith@cop.ufl.edu

(6.8%), cognitive functioning (9.4%), ambulation (23.6%), self-care (8.9%), and independent living ability (16.2%). Centers for Disease Control and Prevention (CDC) research indicates an increase in prevalence of developmental disabilities among children in the U.S. with nearly 14% having a developmental disability.² The challenges for health care professionals in meeting the needs of persons with disabilities, given the aging of the population, are growing. Establishing an effective patient–provider partnership will be a necessary part of meeting the needs of an expanding population of persons with disabilities.

The ability to establish an effective provider–patient partnership depends on providers and patients who feel competent and comfortable in communicating with each other.⁴ The theoretical foundation of Intergroup Contact Theory (ICT)⁵ as well as research evidence^{6–9} indicates that the comfort of individuals in relating to persons who differ from themselves is related to the amount of positive contact a person has had with someone from the “outgroup.” The outgroup being examined in research testing the ICT has often consisted of persons from different racial or ethnic backgrounds,^{6,8} but other types of outgroups, including gay persons^{9,10} and persons with disabilities,¹¹ have also been examined. The implications of findings from these studies that increased contact results in reduced prejudice and increased comfort in communicating with persons with diverse backgrounds are particularly relevant to the design of educational experiences for future health care professionals. These professionals will inevitably be providing care to many persons who differ from themselves, including those with disabilities. One of the goals of Healthy People 2020 is to “Promote the health and well-being of people with disabilities.”¹² In addition, the Accreditation Council for Pharmacy Education (ACPE) standards require that graduates be competent to provide patient-centered care, including the ability to address cultural diversity issues and the ability to “demonstrate sensitivity and responsiveness” to culture, disabilities, and other aspects of diversity when interacting with patients and caregivers.¹³ Discovering meaningful ways of structuring pharmacy student contact with persons with disabilities and incorporating these encounters into pharmacy curricula is, thus, a worthwhile goal.

The research described here was designed to provide information on the extent to which pharmacy students experience discomfort in interacting with persons with disabilities and the relationship of discomfort levels with levels of contact with persons with disabilities both overall and as part of their educational experiences. Specific objectives were to (a) develop an instrument to measure the amount of contact pharmacy students report having with persons with disabilities as part of their educational program and (b) examine the relationship of level of discomfort in interaction with persons with disabilities and the amount of curricular and experiential exposure to persons with disabilities.

Background

The ICT has evolved from the seminal work of Gordon Allport⁵ who proposed that, for persons who have negative attitudes toward an outgroup, increased contact with members of the outgroup would, given the right conditions, result in more positive attitudes. There were four conditions identified by Allport that were considered critical to positive outcomes. They were

- (1) both groups perceive equal status in the situation;
- (2) intergroup contact is part of a goal-oriented effort, such as is seen on sports teams;
- (3) pursuit of common goals does not involve intergroup competition; and
- (4) authorities, laws, and customs support and reinforce positive intergroup contact.

Testing of the ICT has led to a vast body of empirical work, primarily in examining prejudice among different racial and ethnic groups.^{6,8,14} A meta-analysis of 515 studies testing the theory has supported the existence of a negative relationship between level of contact and degree of prejudice such that the greater the level of contact, the less the prejudice.¹⁴ Among the conditions identified as being most important in facilitating a positive change in attitude toward an outgroup is having sufficient structured opportunities to interact with members of the group and having institutional support or relationships with authority figures who support positive interactions between the groups.¹⁴

In examining the processes by which intergroup contact reduces prejudice, Pettigrew and Tropp¹⁵ conducted a meta-analysis of 51 studies that examined the mediating effects of knowledge, anxiety, and empathy (or perspective taking) on the relationship between intergroup contact and prejudicial attitudes. The [Figure](#) depicts the relationships among constructs that their research supported. Intergroup contact was found to have a direct effect in reducing prejudice. It also exerted an indirect effect such that increased intergroup contact increased knowledge of outgroups, decreased anxiety while in the presence of outgroup members, and increased empathy and ability to take the perspective of a member of the outgroup. Increased knowledge, decreased anxiety, and increased empathy all contributed to lessening of prejudicial attitudes. The meta-analysis found that the path from knowledge to prejudice indicated that it was a weaker mediator than increased empathy or decreased anxiety in explaining the relationship between positive intergroup contact and reduced prejudice. The authors also found that the path from prejudice to contact is typically stronger than the path from contact to prejudice, although both are significant. This would suggest that prejudicial attitudes play an important role in limiting one’s contact with members of an outgroup but also indicates that increased contact leads to more positive attitudes.

Other work expanding ICT posits that benefits can also be realized from positive vicarious experiences with members of

Download English Version:

<https://daneshyari.com/en/article/353034>

Download Persian Version:

<https://daneshyari.com/article/353034>

[Daneshyari.com](https://daneshyari.com)