Attitudes toward Adults with Intellectual Disability: A Survey of Ontario Occupational and Physical Therapy Students

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ABSTRACT

Purpose: To examine attitudes of students in Ontario master's degree programmes in occupational therapy (MScOT) and physical therapy (MScPT) toward adults with intellectual disability (ID). **Methods:** A quantitative cross-sectional survey study was conducted. An electronic questionnaire was distributed to 1,255 MScOT/PT students at five Ontario universities via email, using a modified Dillman approach. Descriptive statistics were used to describe experiences, attitudes, willingness, and preparedness. **Results:** Overall response rate was 17.9%. A total of 96.0% of respondents felt "quite" or "very willing" to deliver rehabilitation to adults with ID; however, 50.7% of respondents felt "not at all prepared" or "a little prepared" to interact with this population in a clinical setting. Of those who felt unprepared, 75.4% reported it to be due to inadequate knowledge. In addition, Ontario MScOT/PT students have neutral attitudes toward adults with ID. **Conclusions:** While many MScOT/PT students are willing to deliver rehabilitation to adults with ID, a large proportion do not feel adequately prepared to interact with this population in a clinical setting. These findings could inform future research and curricular reform in the rehabilitation professions so that future clinicians are better prepared to provide support for this population.

Key Words: attitude; intellectual disability; occupational therapy; students; survey.

RÉSUMÉ

Objectif : Analyser les attitudes des étudiants des programmes de maîtrise en ergothérapie (MScOT) et en physiothérapie (MScPT) face aux adultes qui ont une déficience intellectuelle (DI). **Méthodes :** Dans le cadre d'une étude transversale quantitative, on a distribué par courriel un questionnaire électronique à 1 255 étudiants à la MScOT/PT de cinq universités de l'Ontario en suivant une stratégie Dillman modifiée. On a utilisé des statistiques descriptives pour décrire les expériences, les attitudes, la volonté et la préparation. **Résultats :** Le taux de réponse global s'est établi à 17,9 %. Au total, 96,0 % des répondants se sentaient « assez » ou « très disposés » à fournir des services de réadaptation aux adultes ayant une DI, mais 50,7 % des répondants ne se sentaient « pas préparés du tout » ou « un peu préparés » à interagir avec cette population en contexte clinique. Parmi ceux qui ne se sentaient pas préparés, 75,4 % ont déclaré que c'était attribuable à un manque de connaissances. En outre, les étudiants à la MScOT/PT de l'Ontario ont des attitudes neutres à l'égard des adultes qui ont une DI. **Conclusions :** Même si beaucoup d'étudiants à la MScOT/PT sont prêts à fournir des services de réadaptation aux adultes qui ont une DI, un pourcentage important d'entre eux ne se sent pas bien préparé pour interagir avec cette population en contexte clinique. Ces constatations pourraient éclairer des recherches futures et une réforme du cursus des professions de la réadaptation afin que les futurs cliniciens soient mieux préparés à aider cette population.

Approximately 132,000 people in Ontario are living with an intellectual disability (ID).¹ Defined as "a disability that is characterized by significant limitations both in

intellectual functioning and in adaptive behaviour,"² ID originates before the age of 18² and is associated with conditions such as Down syndrome and fetal alcohol

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Contributors: All authors designed the study; collected, analyzed, and interpreted the data; drafted or critically revised the article; and approved the final draft.

Competing Interests: None declared.

This research was completed in partial fulfillment of the requirements for an MScPT degree at the University of Toronto.

Acknowledgements: The authors acknowledge Dr. Kelly O'Brien and Andrea Ottensmeyer for their assistance with the research process, and the pilot testers for their input on the questionnaire. They also acknowledge the Faculty and Administration at the five Ontario occupational therapy and physical therapy programmes for their guidance and support throughout this research project.

Physiotherapy Canada 2014; 66(2);133–140; doi:10.3138/ptc.2012-63

Box 1 Definitions of the three components of “attitudes” (adapted from Findler and colleagues)¹²

Affective component	The emotional underpinnings of an attitude
Cognitive component	One's ideas, thoughts, perceptions, beliefs, opinions, or mental conceptualization of the referent
Behavioural component	One's intent to behave in a certain manner toward the referent, or one's actual behavioural response

spectrum disorder.^{3,4} Improved survival rates of people with ID, achieved through improved neonatal care, nutrition, and socio-economic conditions,⁵ have led to an increased need for primary and specialist health services, including rehabilitation. Rehabilitation services such as occupational therapy (OT) and physical therapy (PT) play an important role in addressing ID-specific impairments; moreover, as the growing population of adults with ID faces the same age-related health concerns experienced by the general population, increasing demands may be placed on these services.⁶

Since the 1970s, the delivery of care for adults with ID has shifted from an institution-based model to a community-based approach.⁷ Although this process has led to dramatic improvements in their quality of life, health disparities between the general population and adults with ID persist because of the prevalence of adverse health conditions associated with ID, insufficient attention to ID-specific care needs, inequitable access to health care, and a lack of preventive care and health promotion initiatives for adults with ID.⁶ A plausible contributing factor in the persistence of these health disparities is that health professional trainees' attitudes toward adults with ID can have a bearing on the quality and availability of rehabilitation services for this population.

Although it is intuitive to suppose that health care practitioner (HCP) attitudes influence the care they provide, there is insufficient research to support this claim. We were not able to find any studies that specifically investigated how HCPs' attitudes toward people with ID affect their access to health services. Importantly, however, a survey of people with physical and mental disabilities conducted for the National Health Service in the United Kingdom found that they consider inappropriate staff attitudes and behaviours to be the most significant barrier to effectively accessing health care.⁸ Accordingly, researchers have reported on factors that appear to influence HCPs' attitudes. For instance, studies have found that positive attitudes toward people with disability are strongly associated with prior relationships with people with disability;^{9,10} however, these studies did not investigate attitudes toward people with ID specifically, and investigated the concept of attitudes as a general construct, with little attention to its subcomponents. According to Olson and Zanna,¹¹ attitudes are composed of three distinct components: the affective, the cognitive, and the behavioural (see Box 1).

Notably, prior knowledge and experience with people with ID have been found to be associated with the affective and behavioural components of HCPs' attitudes. For example, general practitioners with prior knowledge and experience expressed a greater degree of comfort in dealing with this population (affective component),⁹ while dentistry students with previous exposure to this population reported a greater intent to work with people with ID (behavioural component).¹³ Thus, it is plausible that prior knowledge and experience may be an important contributor to occupational therapists' and physical therapists' attitudes toward people with ID. Only one study has investigated physical therapists' attitudes toward adults with ID; while the findings suggested that the majority of participants held positive attitudes toward adults with ID,¹⁴ the concept under study was social integration rather than participants' attitudes as defined by Olson and Zanna.¹¹

The behavioural component of attitudes—that is, the intent to behave in a certain way¹¹—was explicitly explored in a survey of dental students.¹³ Results from this study suggest that respondents' willingness to treat people with ID upon graduation was influenced by the nature and extent of their exposure to this population.¹³ Moreover, varying levels and forms of exposure to people with ID during pre-licensure training appeared to have an impact on the affective component of dental students' attitudes toward this population—in particular, their level of confidence or feelings of preparedness to provide the requisite care for individuals with ID in the future.

Due to the nature of physical and mental impairments associated with ID,⁶ OT and PT students are likely to play an important role in providing services for the aging population of people with ID in their future practice. At present, little is known about the attitudes and the extent to which OT and PT students feel prepared and willing to interact with adults with ID in a clinical setting. The purpose of our study, therefore, was to examine the attitudes of students in Ontario master's degree programmes in occupational therapy (MScOT) and physical therapy (MScPT) toward adults with ID, to describe their previous experiences, and to determine their feelings of willingness and preparedness to work with this population. Our study addresses gaps in our understanding of rehabilitation students' attitudes toward adults with ID and can potentially inform education policies and practices to better prepare students to provide support for adults with ID throughout their lifespan.

METHODS

Study design

We administered a quantitative cross-sectional online survey to registered Ontario MScOT and MScPT students in the 2011–2012 academic year to describe previous experience with, feelings of willingness and preparedness

Figure 1 Recruitment process.

to work with, and attitudes toward adults with ID. Ethics approval to conduct this study was obtained in January 2012 from the Health Sciences Research Ethics Board at the University of Toronto.

Participants and recruitment

The participant pool for our study included all first and second year MScOT and MScPT students enrolled in the 2011–2012 academic year at the five Ontario universities that house these programmes.

To recruit potential participants, we sent an email asking for administrative consent for distribution; one administrative representative from each university was to act as the gateway of communication with participants. All emails and survey links were sent through the administrative representative to maintain anonymity. Participants provided informed consent before being given access to the questionnaire.

Procedure

We developed an 18-item questionnaire and piloted it with 10 recent graduates of the MScPT programme at one of the participating universities. Feedback from pilot testing was used to adjust the questionnaire before data collection.

The final version of the questionnaire consisted of five subsections addressing participant demographics, previous experience with people with ID, attitudes toward people with ID, feelings of willingness to deliver rehabil-

itation to adults with ID, and feelings of preparedness to interact with adults with ID in a clinical setting (see Appendix online). The demographic data collected included student age, sex, school, programme, and year of study. Two items in the questionnaire examined respondents' experiences: one item asked whether they had experience with people with ID (yes/no), and the second asked them to describe the type of experience. The majority of items (34) examined respondents' attitudes toward people with ID. These 34 items were selected from a modified version of the Multidimensional Attitudes Scale toward Persons with Disabilities (MAS), a self-report questionnaire designed to assess the three components of attitudes (affect, cognition, behaviour) toward people with disabilities.^{11,12} The MAS uses a 5-point Likert scale for degree of likeliness, where 1 = not at all, and 5 = very much. The validity and reliability of the MAS were established among Jewish Israeli participants, a group representative of Western societies.¹² We modified the MAS vignette to specifically address ID rather than physical disability; we also added items that more specifically targeted the behavioural and affective components of attitudes, namely respondents' feelings of willingness and preparedness to work with adults with ID. Follow-up questions probed the reasons for participants' responses.

Figure 1 describes the process used in administering the questionnaire. To maximize response rates, we followed, where possible, the web survey implementation

Table 1 Characteristics of Survey Respondents

Characteristics	No. (%) of respondents*
Sex	
Male	21 (9.3)
Female	204 (90.7)
Age, y	
20–24	155 (68.9)
25–29	63 (28.0)
30–34	3 (1.3)
35–39	2 (0.9)
≥40	2 (0.9)
Mean (SD) age, y	24.6 (5.075)
Master's programme	
Occupational Therapy	120 (53.3)
Physical Therapy	105 (46.6)
Year of graduation	
2012 (18–24 months into programme)	123 (54.7)
2013 (6–24 months into programme)	102 (45.3)
University	
University A	63 (28.0)
University B	34 (15.1)
University C	20 (8.9)
University D	96 (42.7)
University E	12 (5.3)

* Unless otherwise specified.

Table 2 Experience of Occupational Therapy and Physical Therapy Students with People with Intellectual Disability (ID)

Participant experience with ID	No. (%) of respondents
Previous experience with ID	
Yes	193 (85.7)
No	32 (14.2)
Situation of the previous experience	
Immediate family member with an ID	11 (5.7*)
Extended family outside of immediate with an ID	34 (17.6*)
Neighbour with an ID	10 (5.2*)
Friend with an ID	29 (15.0*)
Volunteer/paid position	140 (72.5*)
Interacted with a person with an ID pre-Master's	90 (46.6*)
Interacted with a person with an ID during Master's	103 (53.3*)
Other experience with ID	9 (4.7*)

* $n = 193$.

guidelines developed by Dillman; however, we were not able to personalize all contacts, and we could not communicate with respondents except by email.¹⁵ The questionnaire was formatted and distributed to students using SurveyMonkey.

Data management and analysis

The data was transferred from SurveyMonkey and analyzed using the Statistical Package for the Social Sciences, version 18.0 for Windows (SPSS Inc., Chicago, IL). We manually verified eight random participant responses to ensure accuracy and quality of data before conducting our analysis. During the data cleaning pro-

Table 3 Self-Reported Occupational Therapy and Physical Therapy Students' Attitudes Toward People with Intellectual Disability Using the Multidimensional Attitudes Scale (MAS)

MAS Sub-score	Mean (SD)	Median
Affect Total	2.21 (0.49)	2.19
Cognitive Total	3.53 (0.63)	3.50
Behaviour Total	2.71 (0.58)	2.75

cess we found 11 responses for MAS items that were missing from respondents who had responded to all other MAS items. In these cases, we assigned the most common response in place of the missing data.

We calculated descriptive statistics for all study variables (demographics, experience with people with ID, feelings of willingness and preparedness to work with adults with ID, and attitude as measured by the MAS) using frequencies, percentages, means, and medians where appropriate (see Tables 1–3).

We examined differences in MAS subsection (affect, behaviour, cognition) scores according to levels of experience, willingness, and preparedness. The four possible responses for the willingness and preparedness variables were collapsed into two categories, leading to a single low-level and a single high-level category for each variable. We used the Mann–Whitney U test to compare MAS subsection scores across different levels of experience, feelings of willingness, and feelings of preparedness. Since previous research has shown an association between attitudes toward people with disability and enrollment as a PT or OT student, we used the Mann–Whitney U test to investigate whether there was a difference between the two student groups according to attitudes, willingness, preparedness, and experiences. Significance was set at $p < 0.05$.

RESULTS

All five of the eligible Ontario universities consented to participate in the study; 1,255 Ontario MScPT and MScOT students received invitations to complete the questionnaire. A total of 225 students consented to participate in the online questionnaire, for a final response rate of 17.9%.

Respondent characteristics

The majority of respondents were female (90.7%), and the most common age group was 20–24 years (68.4%). There was almost equal representation of MScPT (46.7%) and MScOT (53.3%) students. Characteristics of study respondents are summarized in Table 1. Because we found no statistically significant differences between OT and PT students, the data for the two groups were combined and analyzed as one. Most respondents (85.8%) had previous experience with people with ID; the various experiences are summarized in Table 2.

Attitudes

Respondents generally reported neutral attitudes toward people with ID through the MAS (see Table 3). The majority of responses for the affect (mean 2.21 [SD 0.49]), behaviour (2.71 [SD 0.58]), and cognition (3.53 [SD 0.63]) sub-scales were all in the neutral territory of the 5-point Likert scale.

Willingness

Most respondents (64.9%, $n = 146$) reported feeling “very willing” to deliver rehabilitation to adults with ID, and a large number (31.1%, $n = 70$) reported feeling “quite willing,” totalling a very large proportion (96%) in the higher willingness categories. The remaining respondents (4%, $n = 9$) reported feeling “a little willing”; no one was “not at all willing” to deliver rehabilitation to this population. The respondents in the high willingness categories were guided to a question asking them what contributed to their willingness level, whereas those who reported lower willingness levels were guided to a different set of questions that asked for the reasons behind their lower willingness response. Of respondents who reported a high level of willingness (“very” or “quite willing”), nearly half (48.6%, $n = 105$) reported that “adequate positive experience” contributed to their willingness; almost one-quarter (24.5%, $n = 53$) claimed that their high level of willingness was due to “adequate education or knowledge.” Of the small number of respondents (4%) who reported lower levels of willingness, the most common explanation was “inadequate knowledge” (78%, $n = 7$); only one respondent claimed to have had a negative experience that contributed to a reduced willingness to deliver rehabilitation to adults with ID.

Preparedness

A small number of respondents (4.0%, $n = 9$) reported feeling “not at all prepared” to interact with adults with ID in a clinical setting. Almost half (46.7%, $n = 105$) reported feeling “a little prepared” to interact with adults with ID in a clinical setting. In contrast, just over one-third (36.4%, $n = 82$) felt “quite prepared” and a smaller number (12.9%, $n = 29$) felt “very prepared” to interact with adults with ID in a clinical setting. Of respondents who reported low levels of preparedness, the majority (75.4%, $n = 86$) indicated inadequate education or knowledge as their reasons for not feeling prepared; the second most common response for this item (13.2%, $n = 15$) was “I don’t know.” In contrast, of respondents who reported high levels of preparedness, more than half (54.0%, $n = 60$) indicated that “adequate positive experience” contributed to their feeling prepared to interact with adults with ID in a clinical setting; the second most common response to this item (37.8%, $n = 42$) was that “adequate education or knowledge” contributed to higher levels of preparedness.

We found no important differences in MAS scores by levels of experience, feelings of willingness, or feelings of

Figure 2 Willingness versus preparedness to work with adults with intellectual disability.

preparedness. There were also no significant differences between MScOT and MScPT students in attitudes (as measured by the MAS), feelings of willingness, feelings of preparedness, or experiences.

DISCUSSION

To our knowledge, this is the first study to examine attitudes toward and feelings of preparedness and willingness to work with adults with ID among Ontario MScOT and MScPT students. Our findings indicate that the majority of respondents were “very willing” (64.9%) or “quite willing” (31.1%) to deliver rehabilitation to the described population, but nearly half felt “not at all prepared” (4.0%) or “a little prepared” (46.7%) to interact with adult clients with ID in a clinical setting (see Figure 2). Our survey also found that Ontario MScOT and MScPT students generally have neutral attitudes toward adults with ID.

Our study found no statistically significant differences in attitudes, willingness, preparedness, or experiences between OT and PT student groups, despite the differences in OT and PT scopes of practice regarding mental health.^{16,17} In contrast, a study of the influence of curricular and non-curricular activities on OT and PT students’ attitudes toward people with disabilities found that OT students reported more positive attitudes than PT students.¹⁰ However, the study focused on disabilities in general, and may not be generalizable to attitudes toward adults with ID.

A total of 96% of respondents felt “quite” or “very willing” to deliver rehabilitation to adults with ID. Similarly, a study by Wolff and colleagues¹³ found that most US dentistry students were willing to treat people with ID after graduating. In our study, the near unanimity of respondents’ willingness to treat this population may be attributed to their academic training in rehabilitation and an enhanced understanding of the range of people

with disabilities who require rehabilitation services. The high percentage of students willing to work with adults with ID among MScOT and MScPT students is an encouraging finding, but other aspects, such as preparedness, must also be considered.

While an overwhelming majority (96.0%) of respondents felt “quite” or “very willing” to deliver rehabilitation to adult clients with ID, more than half (50.7%) reported feeling “not at all” or “a little prepared” to interact with adult clients with ID. Of those who reported feeling less prepared, 75.4% felt that “inadequate knowledge” contributed to their level of preparedness. This may be due to a lack of knowledge about ID itself, or lack of knowledge regarding how to manage ID-specific conditions. Although students may also feel unprepared to work with other potential client populations, it is important to note that our study results relate to ID-specific curricular content—that is, content that likely does not constitute a large portion of pre-licensure OT and PT curricula. It follows that those in leadership roles within OT and PT pre-licensure programmes should consider reviewing curriculum content and their related pedagogical processes to address potential knowledge gaps in the area of ID among their graduates. Wolff and colleagues’ study produced comparable results regarding feelings of willingness and preparedness to treat clients with ID;¹³ the majority of the dental students in their study were willing to treat people with ID after graduating, but a high proportion lacked confidence to provide this treatment.¹³ Most stated that they did not feel prepared and did not feel that they understood the health needs of people with ID.¹³ These results appear to be consistent across other health professions throughout Canada, as well as internationally: in other studies, inadequate training or education in the area of disabilities, including ID, was a main contributor to feelings of unpreparedness.^{9,18–22} This perceived lack of preparation among future HCPs, including the respondents in our study, is of considerable concern, given that the likelihood of encountering adult clients with ID in daily practice will only increase with the expected increase in life expectancy of adults with ID.⁵ Our finding that PT and OT students feel unprepared to treat clients with ID is especially important because OT and PT scopes of practice^{16,17} include the management of common comorbidities associated with ID, including obesity, diabetes, and osteoporosis.²³ In addition, many adults with ID also have coexisting mental health issues, which fall well within the OT scope of practice.¹⁶ Finally, occupational and physical therapists are ideally positioned to address issues of health promotion and preventative care in adults with ID.

Therefore, addressing OT and PT students’ feelings of unpreparedness appears critical to the care they will provide for adults with ID. Since hands-on clinical experience with adults with ID has been shown to improve other HCPs’ knowledge and feelings of preparedness re-

garding this population,^{9,13,14} educators in MScOT and MScPT programmes should consider integrating such experiences into their curricula. One study found that the use of interactive “virtual patient” computer modules improved nursing students’ knowledge of caring for children with ID.²⁴ Other suggestions for improving preparedness include formal coursework, establishing professional networks, and providing tools and guidelines for managing the health-related issues of adults with ID.⁹ Future research could focus on the optimal timing and length of these learning strategies for enhancing students’ feelings of preparedness. As Brueilly and colleagues have suggested, early clinical exposure to specialty populations, such as patients with burns, may be an important educational strategy for improving students’ feelings of preparedness.²⁵

Another finding was that the majority (85.8%) of respondents in our study had previous experience with people with ID; however, only approximately half of respondents gained experience during their master’s degree programme. Similarly, a study of outpatient physical therapists found that only 55% of respondents had had clinical experience with people with ID during their training.¹⁴ This level of clinical experience may be too low, as current OT and PT students will increasingly come into contact with adults with ID in their future practice. A corresponding increase in training for OT and PT students could be an important step to addressing the high level of unmet health needs reported in this population.²³ Students enrolled in rehabilitation professions are evidently eager to learn and interact more with people with ID during their training, based on the very high numbers of these students who have volunteered to participate in health screening initiatives conducted by Special Olympics Ontario.²⁶ Readers should keep in mind that our research did not focus on a detailed description of the nature or extent of previous experience, and future research should address this.

In our study, mean responses on all three MAS subscales—affect, behaviour, and cognition—were neutral (see Table 3). Although this finding demonstrates that respondents did not have negative attitudes toward adults with ID, it differs from previous studies that reported positive attitudes toward people with disabilities.^{10,14,27} A recent study by Ouellette-Kuntz and colleagues found very positive attitudes toward people with ID among medical clerks¹⁹ and a sample of the general population;²⁷ however, the researchers expressed concern that items from scales such as the Multidimensional Attitude Survey on Mental Retardation date back to the 1970s, a time that does not reflect today’s more progressive philosophy toward people with ID, and may therefore be demonstrating a ceiling effect rather than true attitudes toward these different populations.²⁷ The MAS, created in 2007,¹² may be more reflective of current attitudes and thus may avoid the ceiling effect. The neutral

attitudes reported in our study may indicate a useful property of the MAS measurement tool, and future researchers should consider the MAS as an option when conducting research related to attitudes toward people with ID.

We did not find an association between previous experience with people with ID and attitude as measured by the MAS, a result inconsistent with that of Stachura and Garven's study of OT and PT students conducted in the United Kingdom.¹⁰ Stachura and Garven found that work experience with clients with disabilities during the PT or OT curriculum led to more positive attitudes.¹⁰ Wolff and colleagues¹³ also noted that more time spent with people with ID resulted in more positive attitudes and a greater willingness to work with this population. These inconsistencies could be due to the self-reported nature of the measures used as well as to the different types of measures. Studies like ours describe variables, such as attitudes and willingness, that may not necessarily reflect respondents' actual behaviour toward adults with ID in the clinical environment;¹² the latter could be further explored in future research structured to investigate how HCPs' attitudes toward people with ID influence the quality and accessibility of health care. Future research should also investigate more closely how different types and durations of previous experience relate to attitudes.

LIMITATIONS

Our study has several limitations. First, respondents may have demonstrated selection bias, as the majority had previous experience with people with ID, mostly through work or volunteer experience. The sample may therefore not be representative of all PT and OT students' attitudes and feelings of willingness and preparedness across Ontario. As these professions in general tend to attract a population that is more familiar with people with disability,¹⁰ this may not be an issue; nevertheless, future research is required to confirm the representativeness of our sample. It should be stressed that even though most study participants had some type of previous experience, half still did not feel prepared to work with this population.

Second, some may argue that the lack of significant differences between OT and PT students was due to lack of statistical power. The admittedly low response rate of 17.9% nevertheless generated 225 respondents. This sample size, coupled with low standard deviations on MAS scores, makes it unlikely that our results were due to type II error (i.e., failing to reject a false null hypothesis).

Third, there may also have been a social desirability response bias, which occurs when respondents give the answer they believe the researcher desires rather than reporting how they truly feel or believe.²⁸ We hoped to ameliorate this potential bias by making the question-

naire completely anonymous to the research team. The MAS also attempts to decrease the effect of social desirability by distancing the respondent from the situation, using a vignette that has respondents decide the feelings, thoughts, and behaviours that a third person would have in the situation instead of being actively involved in the situation themselves.

Finally, the response rate was on the lower end of what may be expected for an online questionnaire.²⁹ Although people with higher levels of education tend to have higher response rates for online questionnaires,²⁹ we also respect the heavy academic workload that is required to complete these professional programmes, and timing of distribution may have been a factor for some students; however, there is likely no ideal time for all students across the province.

CONCLUSION

There are increasing numbers of adults with ID who are no longer living in institutions and are therefore dependent on community practitioners to meet their health care needs.^{6,23} The findings of this study indicate that while most (96%) OT and PT students are willing to deliver rehabilitation to adult clients with ID, more than half (50.7%) do not feel adequately prepared to do so. The majority (75.4%) of respondents who did not feel prepared reported that this was due to inadequate education or knowledge. It is realistic to assume that these students will come across adults with ID in their everyday future practice, regardless of the field they choose, and would benefit from more knowledge of and exposure to this specific population throughout the course of their master's degree programme. Future researchers may choose to explore in more depth what OT and PT students would need in their curriculum to help them feel more prepared to work with this population upon graduation. It would also be beneficial to review MScOT and MScPT curricula across the province to determine what is currently included and compare it to student reports.

KEY MESSAGES

What is already known on this topic

Attitudes toward disability in general have been explored across several health care professionals (HCPs) and HCP students, but fewer studies have focused exclusively on intellectual disability (ID). Generally, more exposure or experience with people with disabilities has been shown to elicit more positive attitudes as well as increased willingness and preparedness to work with these populations. However, the rehabilitation sector is underrepresented relative to other HCPs in these studies, and OT and PT students' feelings generally remain unstudied. This is important because students' attitudes may have implications for their future practice and interactions with adult clients with ID.

What this study adds

This is the first study to describe attitudes toward and feelings of willingness and preparedness to work with adults with ID among master's degree OT and PT students in Ontario. The study addresses a gap in the literature regarding rehabilitation students and the ID population. The majority of respondents had experience with people with ID and were willing to deliver rehabilitation to adult clients with ID, but only about half felt prepared to interact with this population in a clinical setting. This is relevant because these students will soon be clinicians and may be reluctant to work with these individuals in the community. This study may help to stimulate future research into potential curriculum gaps in Ontario MScOT and MScPT programmes.

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