ATTITUDE OF HEALTHCARE PROFESSIONALS TOWARDS PEOPLE WITH DISABILITIES: AN EXPLORATORY STUDY

BY

FARHANA FAKHIRA ISMAIL

A thesis submitted in fulfilment of the requirement for the degree of Master in Pharmaceutical Sciences (Pharmacy Practice)

Kulliyyah of Pharmacy International Islamic University Malaysia

OCTOBER 2018

ABSTRACT

Attitude of healthcare professionals gives big influence towards self-esteem of people with disabilities (PWD). The greatest challenges faced by PWD were not being treated with respect, not equipped with suitable equipment, and denied health services. This study aimed to identify general attitude of healthcare professionals towards PWD and to explore this attitudes from the perspective of PWD. A mixed method approach was conducted involving 350 healthcare professionals from Hospital Tengku Ampuan Afzan (HTAA) and 10 physically disabled people who used or still receiving treatment in HTAA in a cross-sectional survey and face-to-face in-depth interviews, respectively. A Scale of Attitudes toward Disabled Persons (SADP) was distributed to respondents and data were analyzed using IBM SPSS Statistics version 20. On the other hand, data from face-to-face in-depth interviews were analyzed using thematic analysis. The quantitative findings revealed physicians have the most favorable attitude followed by optometrists. Meanwhile the least favorable attitude were shown by medical assistant followed by nurses. From the perception of PWD, majority of the participants were satisfied with positive attitude shown by healthcare professionals though negative attitude was claimed to exist in some situations. With respect to gender, from quantitative findings, males were significantly having more favorable attitudes compared to female (p=0.002). Meanwhile, from in-depth interviews, the participants mentioned that there was no difference in attitude shown with regard to gender. Besides, in terms of age and working experience, quantitative findings revealed weak negative correlation between age and working experience in relation with attitude towards PWD. However, from the qualitative findings, the participants mentioned about older healthcare professionals are advance in terms of their knowledge and experience. Six themes were emerged from saturated data namely: Being as PWD, sensitivity and care, challenges encountered, support towards PWD, health professionals' attitude towards PWD, hospital's facilities and services provided for PWD, and implications towards PWD. Majority of the participants expressed to feel demotivated and having low self-esteem after having their impairment. Support from close family members and friends are really significant to boost their self-esteem and motivation. Problems encountered in healthcare setting should be overcome in order to ensure PWD are able to adherence to appointment and rehabilitation sessions.

خلاصة البحث

لدى سلوكيات المتخصصين في الرعاية الصحية تأثير كبير على احترام الذات في ذوي الاحتياجات الخاصة. لم يتم التعامل مع التحديات الكبيرة التي يواجهها ذوي الاحتياجات الخاصة باحترام، حيث لم يتم تزويدهم بمعدات مناسبة وتم حرمانهم من الخدمات الصحية. هدفت هذه الدراسة إلى تحديد السلوك العام للمتخصصين في الرعاية الصحية تجاه ذوى الاحتياجات الخاصة واستكشاف هذه السلوكيات من منظور ذوي الاحتياجات الخاصة. تم اتباع منهجية مدمجة ضمت 350 من متخصصى الرعاية الصحية من مستشفى تونغكو أمبوان أفزان (HTAA) بمسح مقطعي مستعرض و 10 من ذوى الاحتياجات الخاصة ممن كانوا أو لا يزالون يتلقون العلاج في هذا المستشفى بمقابلات شخصية وجهاً لوجه. تم توزيع استبيان قياس السلوكيات تجاه ذوي الاحتياجات الخاصة (SADP) على المستجيبين وتم تحليل البيانات باستخدام برنامج الإحصائيات IBM SPSS Statistics النسخة 20. وعلى الجانب الآخر تم تحليل بيانات المقابلات المتعمقة وجهاً لوجه باستخدام التحليل الموضوعي كشفت النتائج الكميّة أنه لدى الأطباء أفضل السلوكيات، يليهم أخصائيو البصريات. وفي الوقت نفسه أظهر المساعدون الطبيون السلوك الأقل إرضاء ومن بعدهم الممرضات. من وجهة نظر ذوى الاحتياجات الخاصة كانت غالبية المشاركين راضين عن الموقف الإيجابي الذي أظهره أخصائيو الرعاية الصحية على الرغم من وجود بعض المواقف السلبية في بعض الحالات. فيما يتعلق بالجنس، أظهرت النتائج الكمية أنه كان لدى الذكور سلوكيات أكثر إرضاء مقارنة بالإناث بشكل ملحوظ وفي الوقت نفسه ذكر المشاركون في المقابلات المتعمقة أنه لا يوجد (0.002-p)أي اختلاف في السلوكيات فيما يتعلق بنوع الجنس كشفت النتائج الكمية أيضا من حيث العمر والخبرة العملية عن وجود علاقة سلبية ضعيفة بين العمر والخبرة العملية فيما يتعلق بالسلوكيات تجاه ذوي الاحتياجات الخاصة. ومع ذلك فقد ذكر المشاركون في النتائج النوعية أن المتخصصين في الرعاية الصحية المسنين متقدمون في معرفتهم وخبراتهم أظهرت البيانات المشبعة ستة مواضيع، وهي: ذوى الاحتياجات الخاصة، والحساسية والرعاية، والتحديات المواجّهة، والدعم تجاه ذوى الاحتياجات الخاصة، وموقف المتخصصين في الرعاية الصحية تجاه ذوي الاحتياجات الخاصة، ومرافق المستشفى والخدمات المقدمة لذوى الاحتياجات الخاصة، والآثار المترتبة على ذوي الاحتياجات الخاصة. أعرب غالبية المشاركين عن شعورهم بالانحباط وقلة احترام الذات بعد تعرضهم للإعاقة. كان دعم أفراد الأسرة المقربين والأصدقاء مهما جدا للتحفيز وتعزيز احترام الذات. من الواجب التغلب على المشاكل الموجودة في الرعاية الصحية لضمان قدرة ذوي الاحتياجات الخاصة على الالتزام بالمواعيد و جلسات إعادة التأهبل.

APPROVAL PAGE

I certify that I have supervised and read this s to acceptable standards of scholarly presenta quality, as a thesis for the degree of Master Practice).	tion and is fully adequate, in scope and
	Norny Syafinaz Ab Rahman Supervisor
	Siti Mariam binti Muda Co-Supervisor
	Zaswiza Mohamad Noor Co-Supervisor
I certify that I have read this study and that standards of scholarly presentation and is fu thesis for the degree of Master in Pharmaceutic	lly adequate, in scope and quality, as a
	Nor Ilyani Mohamed Nazar Internal Examiner
	Wee Lei Hum External Examiner
This thesis was submitted to the Department of fulfilment of the requirement for the degree (Pharmacy Practice).	
	Norny Syafinaz Ab Rahman Head, Department of Pharmacy Practice

This	thesis	was	submitted	to the	Kulliyyah	of P	harmacy	and	is	accepted	as	a
fulfil	ment o	f the	requiremen	t for th	ne degree of	Maste	er of Phai	rmac	euti	ical Science	ces i	n
(Pha	rmacy I	Praction	ce).									

Juliana Md.Jaffri Dean, Kulliyyah of Pharmacy

DECLARATION

I hereby declare that this thesis is the result of my own investigations, except where

otherwise stated. I also declare that it has no	ot been previously or concurrently
submitted as a whole for any other degrees at IIUN	M or other institutions.
Farhana Fakhira binti Ismail	
Signature	Date

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

DECLARATION OF COPYRIGHT AND AFFIRMATION OF FAIR USE OF UNPUBLISHED RESEARCH

ATTITUDE OF HEALTHCARE PROFESSIONALS TOWARDS PEOPLE WITH DISABILITIES: AN EXPLORATORY STUDY

I declare that the copyright holders of this dissertation are jointly owned by the student and IIUM.

Copyright © 2018 Farhana Fakhira binti Ismail and International Islamic University Malaysia. All rights reserved.

No part of this unpublished research may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without prior written permission of the copyright holder except as provided below

- 1. Any material contained in or derived from this unpublished research may be used by others in their writing with due acknowledgement.
- 2. IIUM or its library will have the right to make and transmit copies (print or electronic) for institutional and academic purposes.
- 3. The IIUM library will have the right to make, store in a retrieved system and supply copies of this unpublished research if requested by other universities and research libraries.

By signing this form, I acknowledged that I have read and understand the IIUM Intellectual Property Right and Commercialization policy.

Affirmed by Farhana Fakhira binti Ismail	
Signature	Date

ACKNOWLEDGEMENTS

Firstly, I would like to express my gratitude to my supervisor, Assistant Professor Dr.Norny Syafinaz bt. Ab Rahman for her continuous support of my master project. Special thanks dedicated to her for her patience, motivation, guidance and encouragement given throughout my study. Besides, my special thanks goes to my co supervisor, Assistant Professor Dr. Siti Mariam binti Muda who always supported me from the very beginning. Her motivation and support given towards me was indeed undeniable. Not to forget, my appreciation also goes to another co supervisor of mine, Associate Professor Dr. Zaswiza Mohamad Noor who believed in me at the first place, and consistently motivate me to finish up this study. I am grateful for their advices, supports, recommendations and constructive feedback with regard to my study.

It is my utmost pleasure to dedicate this work to my dear parents, Ahmad Tarmizi bin Saari and Norhayati binti Borhan, who granted me the gift of their unwavering belief in my ability to accomplish this goal. Continuous motivation and financial support given by them are highly appreciated. My special appreciation also goes to my husband, Muhammad Helmi bin Mad Hasim who always pushes me to reach my highest potential and keep motivating me in various aspects. This accomplishment would not have been possible without them.

I would also like to acknowledge Assistant Professor Dr. Mohd Said bin Nurumal, Associate Professor Dr. Wee Lei Hum and Assistant Professor Dr. Nor Ilyani bt Mohamed Nazar for their insightful comments during my proposal defence and my post thesis evaluation meeting (PTEM) that helped me a lot for the betterment of the study. Besides, I am gratefully to receive support given by Assistant Professor Dr.Nor Ilyani who is like my mentor and inspiration in this research journey.

I would also like to thank all healthcare professionals from Hospital Tengku Ampuan Afzan who willingly participated in this study. Besides, my gratitude also goes to 10 participants who had sincerely contributed their precious time for the interview sessions. This study would definitely not able to be completed without their cooperation. Finally, I wish to express my appreciation and thanks to my fellow research friends for their informal support towards this study.

TABLE OF CONTENTS

Abstract	ii
Abstract in Arabic	iii
Approval Page	iv
Declaration	vi
Copyright Page	vii
Acknowledgements	viii
List of Tables	xii
List of Figures	xiii
CHAPTER ONE: INTRODUCTION	
1.1 Background Of The Study	
1.2 Statement Of The Problem	
1.3 Research Focus	
1.4 Research Objectives	
1.5 Research Questions	
1.6 Significance Of The Study	6
CHAPTER TWO: LITERATURE REVIEW	8
2.1 Background	
2.2 Concept Of Self Esteem	
2.3 Disability	
2.4 Problems Related to People with Disabilities	
2.5 Assistance And Support	
2.6 Concept Of Attitude	
2.7 Attitude of Public towards People with Disabilities	
2.8 Attitude Of Healthcare Professionals towards People with	17
Disabilities	15
2.9 Conceptual Framework	
2.10 Theoretical Framework	
2.10 Theoretical Framework	20
CHAPTER THREE: RESEARCH METHODOLOGY	21
3.1 Introduction	21
3.2 Part 1 – Quantitative Study	22
3.2.1 Study Design	
3.2.2 Sampling Method	23
3.2.3 Study Subject	23
3.2.3.1 Inclusion Criteria	24
3.2.4 Study Setting	25
3.2.5 Study Instrument	
3.2.5.1 Validity	
3.2.6 Data Collection Procedure	
3.2.7 Data Analysis Procedure	
3.3 Part 2 – Qualitative Study	
3.3.1 Study Design	

3.3.2 Sampling Method	29
3.3.3 Study Subject	
3.3.3.1 Inclusion And Exclusion Criteria	30
3.3.4 Study Setting	31
3.3.5 Study Instrument	
3.3.6 Data Collection Procedure	
3.3.7 Data Analysis Procedure	
3.3.8 Validity	
3.3.8.1 Credibility	
3.3.8.1.1 Member Check	
3.3.8.1.2 Peer Debriefting/Peer Review	
3.3.8.1.3 Prolonged Engagement	
3.3.8.1.4 Triangulation	
3.3.8.2 Transferability	
3.3.8.2.1 Thick Description	
3.3.8.3 Dependability	
3.3.8.3.1 Inquiry Audit	
3.3.8.4 Conformability	
3.3.8.4.1 Audit trail	
3.4 Ethical Approval	
3.7 Edited Approva	
CHAPTER FOUR: RESULT	40
4.1 PART 1 - Quantitative Analysis	
4.1.1 Demographic Characteristics of the Respondents	
4.1.2 Attitude of Healthcare Professionals towards People With	
Disabilities	41
4.2 Part 2 – Qualitative Analysis	
4.2.1 Theme 1 – Being as People with Disabilities	
4.2.1.1 Self-Esteem	
4.2.1.2 Motivation	
4.2.2 Theme 2 - Sensitivity and care	
4.2.2.1 Heartaches.	
4.2.2.2 Disappointment	
4.2.2.3 Hopeless	
4.2.2.4 Dependency	
4.2.3 Theme 3 – Challenges Faced by People with Disabilities	
4.2.3.1 Emotional Disturbances	
4.2.3.2 Employment	
4.2.3.3 Rely on Other People	
4.2.3.4 Inaccessible to Healthcare	
4.2.3.5 Restriction to Achieve Goals	
4.2.4 Theme 4 – Support towards People with Disabilities	
4.2.4.1 Community Support	
4.2.4.2 Family Support	
4.2.4.3 Employers' Support	
4.2.3.4 Colleagues' Support	
4.2.4.5 Friends' Support	
4.2.4.6 Financial Support.	
4.2.4.7 Support From Other People with Disabilities	61

4.2.5 Theme 5 – Health Professionals' Attitude Towards People	60
With Disabilities	62
Disabilities	64
4.2.7 Theme 7 – Implication of Attitude and Services towards	07
People with Disabilities	67
4.3 Thematic Analysis	
4.4 Chapter Summary	
1. To hapter Summary	70
CHAPTER FIVE: DISCUSSION AND CONCLUSION	78
5.1 Attitude of Healthcare Professionals towards People with	
Disabilities	78
5.1.1 Profession	78
5.1.2 Gender	82
5.1.3 Contact	83
5.1.4 Age and Working Experience	83
5.1.5 Other SADP Analysis	86
5.1.6 Facilities and Services Provided by the Hospital	87
5.2 Self-Esteem and Motivation of Physically Disabled People	91
5.3 Support from Healthcare Setting Affects Self-Esteem and	
Motivation	97
5.4 Study Limitation	102
5.5 Conclusion	103
REFERENCES	106
APPENDIX I: THE SCALE OF ATTITUDES TOWARD DISABLED	110
PERSON (SADP) QUESTIONAIRE	113
APPENDIX II : INTERVIEW GUIDE	117
APPENDIA II: INTERVIEW GUIDE	11/
APPENDIX III: APPROVAL LETTER FROM MEDICAL RESEARCH	
ETHICS COMMITTEE (MREC)	119
ETHICS COMMITTEE (MREC)	117
APPENDIX IV : APPROVAL LETTER FROM HOSPITAL TENGKU	
AMPUAN AFZAN (HTAA)	120
AMI CAN AFZAN (HIAA)	120
APPENDIX V : APPROVAL LETTER FROM JABATAN KEBAJIKAN	
MASYARAKAT (JKM)	122
(V)	
APPENDIX VI : EXAMPLE OF INTERVIEW TRANSCRIPT	123
· · · · · · · · · · · · · · · · · · ·	
APPENDIX VII: PROOF OF PUBLICATION	40-

LIST OF TABLES

Table No	<u>).</u>	Page No.
4.1	Demographic Characteristics of Respondents	41
4.2	Attitudes of Healthcare Professionals toward PWD, Based on Profession	42
4.3	Significant Difference between Profession	43
4.4	Attitudes of Healthcare Professionals toward PWD, Based on Gender	44
4.5	Attitudes of Healthcare Professionals Based on Contact	44
4.6	Correlation of Age and Working Experience with Attitude	45
4.7	Demographic Characteristics of the Participants	47
4.8	Details of Interview Sessions	48
4.9	Summary of Thematic Analysis	70
5.1	Training Institutions for PWD	87

LIST OF FIGURES

Figure N	No.	Page No.
2.1	Conceptual Framework about Overall Study	19
3.1	Flowchart of Research Activities For Quantitative	21
3.2	Flowchart of Research Activities for Qualitative Phase	22
3.3	Estimated Sample Size Calculated by Raosoft Software	24
4.1	Correlation of All Themes Emerged	75

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF STUDY

People with disabilities (PWD) refer to people with impairments, which may include the physical, sensory, or mental (also known as intellectual impairments) impairments (WHO, 2011). Due to their impairments, PWD will have activity limitations, and participation restrictions. Consequently, it is common that PWD often face difficulties and requires support from their surroundings.

There are two major factors that may affect an individual's quality of life namely the environmental and personal factors (WHO, 2011). These two factors can be either helpful or harmful to a particular person. The environmental factors include product and technology, natural and built environment, systems, government policies, relationships, attitudes, and cultures. Whereas, personal factors such as motivation and self-esteem influence the way a person participates in society. One of the environmental factors that would increase the quality of life is attitude. Attitude can be defined as belief, which will lead to either positive or negative reactions. It has three components, which are affective, behavioural, and cognitive (Perry, 2008).

Due to the impairments faced by PWD, Aiden and McCarthy (2014) mentioned that PWD keep on having challenges in many areas of their lives, and many of these challenges involve the attitudes of people. It was also mentioned that the attitude involves the way we think or feel about certain people or situations. It is a product of beliefs, feelings, dispositions, and values. Life experiences, including the relationships that we build with people around us would able to shape an individual's

attitude. For example, by having family members, close relatives, or friends who are disabled would affect their attitude towards PWD.

According to WHO (2011), PWD were at risk of poor health outcomes, low achievement in education, as well as employment problem, which could possibly lead to the high poverty rate. These problems happened due to many barriers faced by them, which hinder them to work like people without disabilities. Even if they are capable of doing certain works, social perception towards their disability may give a big impact to them. To date, the employment for disabled people is still lags far behind from that of individuals without disabilities.

Realising to this reality, PWD are anticipated to receive support from their environment to improve their quality of life. The issue of disability is associated with human rights. PWD should be treated fairly by the society. Therefore, any issues on the inequalities related to PWD such as not receiving opportunities to work due to their disabilities, would also affect the human rights. Since support can be in many forms and from various groups of people, a support from healthcare professionals is also crucial, and plays an important role to boost the self-esteem of PWD.

Findings from Aiden and McCarthy (2014) reported a study done among PWD, regarding, whose attitude needed to be change. Twenty-nine percent of them would like to see a change in the general public's attitudes, almost a quarter (23 %) of PWD would like to see a change from the local authority or government staffs, followed by 23 % of them demand a change from the health and social care staff.

This findings were supported by previous studies, which asserted that PWD were not receiving sufficient support from the healthcare professionals (Krahn, Walker, & Correa-De-Araujo, 2015). According to the Disability Rights Education and Defence

Fund Report (2007), it was concluded that the PWD were facing bad treatment,

inadequate, and denied care from the healthcare professionals. This happened due to the lack of knowledge and professional training. Healthcare professionals were not equipped with sufficient skills to handle PWD. This aspect was not emphasised since PWD are considered as a minority group.

According to the Analysis of the US Medical Expenditure Panel Survey (2006), disabled people claimed that some decisions were made without discussing with them, and they were not treated with respect. Besides, they claimed that the doctors did not listen to them. All actions claimed are related to attitudes. Some physically impaired patients were also treated as cognitively impaired. Thus, the physicians did not believe the medical history, signs, and symptoms reported by them.

Not only that, the attitude is also related with services provided in healthcare setting. As mentioned by Dorji and Solomon (2009), the quality of medical and rehabilitation services is influenced by the attitudes of healthcare professionals towards the PWD. Facilities needed by PWD were not well-prepared in the healthcare setting.

Thus, this study is aimed to investigate attitude of healthcare professionals towards the PWD. Other than that, this study also focused on the lived experiences of PWD, and explored their satisfaction regarding the services and attitudes displayed by healthcare professionals. In depth interview was done to ensure we are also able to discover regarding self-esteem of PWD, and how do they think support from healthcare setting affected them in terms of their self-esteem and motivation.

1.2 PROBLEM STATEMENT

As PWD are having limitations and participation restrictions, the support from various groups should be given to them. One of the support groups which is very crucial in helping PWD in terms of their self-esteem and motivation is the healthcare professionals. However, the healthcare professionals are still unable to meet the complex medical and psychosocial demands of PWD. This might be due to poor attitude exhibited by them and also due to the inadequate skills and knowledge. There are four barriers that encountered by PWD in accessing into the healthcare setting. Firstly, the high cost needed to access to healthcare services. PWD are not able to afford the high cost of healthcare setting. The second barrier is problem of transportation. Besides, the third barrier is the lack of appropriate services. For example, the examination tables are not adjustable in terms of its height and mammography equipment is only made for those who can stand properly. Thus, women with mobility difficulties are unable to undergo the breast and cervical cancer screening. As the services are closely related to attitude, people with good attitude towards PWD are likely able to provide better services for the sake of this vulnerable group. In addition to that, the fourth barrier exist in assessing healthcare setting is the physical barriers include the uneven access to buildings, small doorways, inadequate restroom facilities, poor signage, and inaccessible parking areas contributed to the problems faced by PWD. All these problems were discussed in details in this study.

1.3 RESEARCH FOCUS

This research focused on the support from the healthcare professionals. Hence, it will able to help PWD in boosting their self-esteem, thus resulted in good quality of life. Self-esteem is an important aspect because the way they value and see themselves is

very important in order to achieve their optimum potential. Negative thoughts and beliefs can lead to insecurities, hopelessness, and low motivation to achieve what they want in life. Positive attitude from healthcare professionals would be able to assist PWD in terms of their rehabilitation. The voices of healthcare professionals are normally heard by the society, thus it would serve as one of the best platforms in order to change the negative perception about this vulnerable group.

The attitudes of healthcare professionals were studied using a validated questionnaire, in order to know the general attitudes of healthcare professionals towards PWD. Besides, to investigate further about this issue, the physically disabled people were interviewed to explore in detail about their opinions and experiences in healthcare setting. The findings from both survey and interviews were integrated later in the discussion part.

1.4 RESEARCH OBJECTIVES

The study aimed to achieve the following objectives:

- 1. To identify the general attitudes of healthcare professionals from HTAA, Kuantan towards the PWD.
- 2. To explore how impairments could affect the self-esteem of physically disabled people.
- 3-.To explore the importance of support in terms of physical, services and social support from healthcare setting in boosting the self-esteem of physically disabled people.

1.5 RESEARCH QUESTIONS

- 1. What is the general attitude of healthcare professionals from HTAA, Kuantan towards PWD?
- 2. How do the impairments faced by the physically disabled people affect their self-esteem and motivation?
- 3. How does support in terms of physical, services and social from healthcare setting affect the self-esteem of physically disabled people?

1.6 SIGNIFICANCE OF THE STUDY

There are many studies done related to PWD and attitude of healthcare professionals worldwide. However, it is important to note that different cultures, beliefs, systems, and values from different places might contribute to different findings. Thus, it is relevant to investigate about this issue in Malaysia, and the findings from this study can be compared with other studies done in different societies.

Besides, little studies were actually done to investigate the feelings and opinions from the PWD. Most of the studies done before used quantitative analysis among the healthcare professionals to know about their attitude towards the PWD. Conclusive findings would be able to be obtained as the extent of satisfaction among PWD regarding the attitude of healthcare professionals in the hospitals was explored. Besides, their satisfaction regarding services provided by the hospital could also be investigated. Thus, in reality, the attitude is not only displayed by the score in the questionnaire, but also implemented in the real situations Findings from this study are expected to benefit the PWD, their parents, close family members, society, and healthcare professionals. This study is hoped to benefit the healthcare professionals to show the positive attitude towards the PWD. Sufficient knowledge and positive

attitudes while handling PWD would help in increasing their self-esteem. Opinions obtained from in-depth interview would help to improve systems and policies in healthcare setting. However, the agreement from higher authority is needed in order to change any specific policies or systems in the hospital. This is possible to be done by providing comprehensive findings about the strengths and weakness from the current system. Hence, data from this study would be useful as the references for the higher authority. The improved systems would not only benefit the PWD, but also indirectly benefit other patients as a whole.

As the voices of healthcare professionals are always accepted and normally heard by the community, any encouragement from healthcare professionals to exhibit positive attitudes towards PWD will be able to change the community's perception. Furthermore, it is hoped that this study will benefit the society, to have better understanding about disability problem. The attitudes of public would affect the feeling of belonging and acceptance of PWD in the society. Hence, the healthcare professionals played a vital role to change the negative perception among public. With the good perception and attitude from the public, it is hoped to indirectly benefit the PWD. The acceptance from the society will help to increase their self-esteem, which lead to more positive characters and help them to cope with difficulties, and finally they are able to achieve outstanding goals in life.

Meanwhile, the parents or close family members can benefit from this study as they will better understand about the feelings and perception towards PWD. Encouragement, positivity, and motivation are the form of psychological supports that are very essential for PWD. Thus, these psychological supports are crucial to be provided by people who are live closely with the PWD.

CHAPTER TWO

LITERATURE REVIEW

2.1 BACKGROUND

In order to provide a comprehensive understanding, subtopics in this chapter is divided according to all the concepts involved. Firstly, the concept of self-esteem is introduced in the literature review part to give better overview on the potential impact of self-esteem to an individual's life. Then, the terms of disabled and PWD details are explained in the next section. Next, the problems encountered by PWD are discussed in details. This indirectly emphasised the importance of this study. After that, the scope of assistance and support are explored. There are two types of support, which are the formal and informal supports. Then, the concept of attitude is introduced as attitude is one of the factors that might increase the quality of life of an individual. As mentioned earlier, according to WHO (2011), there are two general aspects that might increase the quality of life. The environmental factor which is the attitude and the personal factors, which include the self-esteem. In the next section, the attitude of public and healthcare professionals towards PWD are discussed.

2.2 THE CONCEPT OF SELF-ESTEEM

Self-esteem can be defined as how much a person values, likes, accepts, feels, and appreciates himself/herself as an individual. Not only that, self-esteem plays a big role in our achievement in life (Liaqat & Akram, 2014). The shyness, guilt, feeling inadequate, independency, helplessness, low self-confidence, complaining, reduced

ability, tendency to downgrade others, and interpersonal problem were some of the characteristics of people with low self-esteem (Omolayo, 2009).

Besides, the antisocial behaviour, eating disturbances, depression, and intention for suicidal were among of the consequences of having low self-esteem (Orth, Trzesniewski, & Robins, 2010). People with high self-esteem would be able to face difficulties in a better way as compared to people with low self-esteem (Keller & Siegrist, 2010; Lakshmi & Anuradha, 2014).

Erol and Orth (2011) found that a high self-esteem may indirectly improve the health condition of individuals. People with high self-esteem participate more in the society, receive social support, face less pressure, thus helping them to improve their health. Similarly, a good health can help in improving the self-esteem. Healthy individuals usually have more opportunities in terms of education, employment, relationship, which in turn, lead to the improved self-esteem. In addition, the income (financial condition) may also influence the self- esteem of an individual.

According to Orth et al. (2010), the self-esteem was predicted to increase by getting married. This aforementioned statement may revolve around the effect of relationship (in terms of marriage and life satisfaction) towards the self-esteem. This relationship satisfaction can also be provided by friends and relatives.

During adolescence, the self-esteem increased moderately, and it keeps increasing slowly until early adulthood. (Erol & Orth, 2011). Negative events that occur in our life may decrease our self-esteem. For example, problems at work, school, or family problem (Lakshmi & Anuradha, 2014). A positive self-esteem is highly related with education of parents. Educated parents will know how to build positive self-esteem among their children (Liaqat & Akram, 2014).

2.3 DISABILITY

According to the International Classification of Functioning, Disability, and Health (ICF) (17), as described in WH0 (2011), disability has three criteria that enable us to describe people with those criteria as people with disabilities. Firstly, they have impairments in terms of body function or structure. Secondly, they possess limitation in performing activity, and finally, they have participation restrictions.

In terms of participation restrictions, this occurs when they encounter problems when dealing with life situations. When there is more demand from their surroundings that they fail to meet, they are considered to have more severe form of disability (Omolayo, 2009). Diseases, genetic disorders, or lack of oxygen are some of the causes which may lead to parental disabilities before birth. Conversely, in the cases of postnatal disabilities, it may occur due to accident, infection, or illness (Lakshmi & Anuradha, 2014).

2.4 PROBLEMS RELATED TO PWD

Co-morbidity is defined as a condition that exists together with a primary disease (Liaqat & Akram, 2014). However, it can also stand on its own as a specific disease. The authors further mentioned that, any kind of disabilities, depression, and anxiety are among the common co-morbidities.

Both authors further stated that among 80 % of PWD living in the developing countries, 20 % of them live in poverty. The lack of social support from society, in terms of opportunities in education and employment, make the PWD become emotionally and psychologically disturbed. Low self-esteem, depression, anxiety, and low life satisfaction are the negative implications due to these emotional disturbances.

It is an undeniable fact that the treatment inequalities and disapproval from society lead to psychological distress among people with disabilities. They are not generally accepted. For example, in Pakistan, PWD were criticised and encouragement was not given to them to lead towards independent life. They are also regarded as incompetent to perform any required tasks due to their impairments.

Under the Disability Discrimination Act, it is considered as an act of discrimination if there are no appropriate reason to not allow PWD to work or use certain services (Nosek Nosek, Hughes, Swedlund, Taylor, & Swank, 2003). According to Akhidenor (2007), the widespread discrimination from their families and Nigerian society was one of the problems faced by people with disabilities. Several disabled participants in a study done by Martin and Thompson (2007) claimed that the acts of violence and unpleasant behaviour had occurred mostly on the street. Meanwhile, in a more recent study done by Aiden and McCarthy (2014), PWD and their families received negative treatment at work, shops, playground, and also on the street. Not only that, the physical attack and name-calling were some of the cases reported by people with disabilities. They are more likely to be the victims of violent crimes and many reports were done for rape and sexual assault cases involving PWD (Krahn, Walker, & Correa-De-Araujo, 2015).

Negative attitudes from the surrounding make PWD tend to isolate themselves from the outside world and suppress their feelings. They are unable to express their thoughts and opinions. Besides, negative attitudes caused a great despair and pressure towards the disabled people (Lakshmi & Anuradha, 2014; Khalili, Binesh, & Abri, 2014). Lack of public education may be the primary factor for these negative attitudes towards the disabled people (Chan et al., 2002). The PWD are greatly affected by negative attitudes from public.