KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF HEALTH SCIENCES

FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES

EXAMINING THE ATTITUDE OF NURSES TOWARDS PERSONS LIVING WITH DISABILITIES (PLWDS) SEEKING HEALTH CARE: A STUDY AT HOLY FAMILY HOSPITAL, BEREKUM

SUBMITTED BY:

BAFFOE OWUSUAA PORTIA - 8833724

BEYUO HANNAH - 8853324

[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM]

AFFILIATED TO KNUST, KUMASI

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

EXAMINING THE ATTITUDE OF NURSES TOWARDS PERSONS LIVING WITH DISABILITIES (PLWDS) SEEKING HEALTH CARE: A STUDY AT HOLY FAMILY HOSPITAL, BEREKUM

BAFFOE OWUSUAA PORTIA - 8833724

BEYUO HANNAH - 8853324

2025

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in Registered General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

BAFFOE OWUSUAA PORTIA		25/07/2025
8833724	SIGNATURE	DATE
BEYUO HANNAH		25/07/2025
8853324	SIGNATURE	DATE
CERTIFIED BY:		
EMMANUEL ALI		25/07/2025
(SUPERVISOR)	SIGNATURE	DATE
MONICA NKRUMAH	.....	.....
(PRINCIPAL)	SIGNATURE	DATE

ABSTRACT

This study was conducted to assess the barriers hindering the implementation of evidence-based practice (EBP) in nursing care at Holy Family Hospital, Berekum. A descriptive cross-sectional design was employed, targeting a sample size of 50 nurses selected using a purposive sampling technique. Data were collected using structured questionnaires and analyzed using descriptive statistics presented in tables, bar graphs, and pie charts.

The findings revealed that most respondents (56.0%) were aged 20–29 years, with females comprising the majority (66.0%). A significant number held diplomas (60.0%) and had 1–5 years of working experience (48.0%). The study identified several key barriers to the implementation of EBP, including lack of time, limited access to updated research materials, inadequate training, and lack of institutional support.

The study concluded that although nurses are aware of EBP, structural and individual barriers significantly impede its practical application. It is recommended that hospital management improve access to continuing education, provide time allowances for research engagement, and integrate EBP protocols into daily clinical routines. Further studies should explore institutional readiness and resource availability for EBP implementation. Limitations of the

study include a small sample size and confinement to a single facility, which may affect the generalizability of the findings.

TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

ABBREVIATION

EBP Evidence-Based Practice

OPD Out-Patient Department

WHO World Health Organization

MOH Ministry of Health

GHS Ghana Health Service

SPSS Statistical Package for the Social Sciences

ACKNOWLEDGEMENT

We would like to first and foremost take this opportunity to express our profound gratitude to God Almighty, for His care, strength and guidance throughout this script.

Again, we would like to acknowledge our supervisor for his time, guidance, encouragement, corrections and explanations which went a long way to make this project an authentic one.

Finally, we would also like to recognize the efforts of the respondents towards this work.

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Persons living with disabilities (PLWDs) constitute a significant portion of the global population, with over one billion individuals experiencing some form of disability (Evans et al., 2023). Despite international efforts to promote inclusivity and equitable healthcare access, PLWDs often encounter systemic barriers, including negative attitudes from healthcare providers, which impede their access to quality care (Smeltzer et al., 2021). Studies across various countries have highlighted a spectrum of attitudes among nurses towards PLWDs. For instance, a study by VanPuymbrouck et al. (2020) revealed that a significant proportion of healthcare professionals harbored implicit biases favoring individuals without disabilities (Oliva Ruiz et al., 2020). Similarly, research conducted in Spain indicated that nursing and physiotherapy students exhibited less favorable attitudes towards individuals with mental disabilities compared to those with physical disabilities (Marks & Sisirak, 2022).

Globally, studies have highlighted the prevalence of negative attitudes among nurses towards PLWDs. Desroches et al. (2022) found that nurses' attitudes towards adults with intellectual disabilities were significantly less positive compared to those without such disabilities . The study emphasized that nurses' beliefs about the quality of life of adults with intellectual disabilities predicted their attitudes, suggesting the need for interventions targeting these beliefs (Desroches et al., 2022).

These attitudes are often shaped by factors such as lack of exposure to PLWDs, inadequate training, cultural beliefs, and personal experiences. Moreover, the type of disability—whether physical, sensory, intellectual, or psychosocial—can influence nurses' perceptions and interactions with patients. For example, nurses may feel more comfortable caring for individuals with physical disabilities than those with intellectual or psychosocial disabilities due to communication challenges and behavioral differences (Oliva Ruiz et al., 2020).

Furthermore, research indicates a discrepancy between nurses' explicit and implicit attitudes. While nurses may express positive explicit attitudes towards PLWDs, implicit biases often persist, influencing their behavior unconsciously . These implicit biases can result in discriminatory practices, even in the absence of overt prejudice (Derbyshire & Keay, 2024).

Educational interventions have been shown to positively influence nurses' attitudes towards PLWDs. A systematic review by Smith et al. (2023) demonstrated that targeted educational programs improved nursing students' attitudes and empathy levels towards individuals with disabilities. However, the integration of disability-related content in nursing curricula remains inconsistent (Oliva Ruiz et al., 2020; Smeltzer et al., 2021).

Several factors influence nurses' attitudes towards PLWDs, including personal experiences, level of education, and exposure to individuals with disabilities. Ljubičić et al. (2023) developed a Knowledge of Basic Human Needs Scale to assess nurses' understanding of the needs of PLWDs, finding that higher education levels were associated with better knowledge

(Ljubičić et al., 2023). Moreover, the quality and frequency of contact with PLWDs significantly impact nurses' attitudes. Positive experiences and meaningful interactions can foster empathy and reduce biases (Desroches et al., 2022).

In Ghana, the 2010 Population and Housing Census reported that approximately 3% of the population lives with some form of disability . However, this figure is likely underestimated due to underreporting and societal stigma. PLWDs in Ghana face numerous challenges in accessing healthcare services, including physical inaccessibility, financial constraints, and negative attitudes from healthcare providers .

Nurses, as frontline healthcare providers, play a pivotal role in delivering care to PLWDs. Their attitudes and perceptions significantly influence the quality of care provided. Negative attitudes, whether explicit or implicit, can lead to substandard care, patient dissatisfaction, and poor health outcomes (Derbyshire & Keay, 2024).

Studies have shown that negative attitudes from healthcare providers, stemming from inadequate training, limited exposure to disability care, and cultural misconceptions, significantly impact the willingness of PLWDs to seek care, their treatment outcomes, and overall satisfaction with the health system. For instance, a study conducted in a peri-urban district of Ghana revealed that healthcare providers' perceptions and attitudes towards PLWDs influenced the delivery of comprehensive quality care (Acheampong et al., 2022).

In Ghana, limited research has been conducted on nurses' attitudes towards PLWDs. However, anecdotal evidence and reports suggest that negative attitudes and lack of knowledge among healthcare providers contribute to the challenges faced by PLWDs in accessing care. Physical barriers, such as inaccessible facilities, and communication challenges further exacerbate these issues.

The Ghana Health Service has acknowledged the need to improve healthcare services for PLWDs, emphasizing the importance of training healthcare providers and adapting facilities

to be more inclusive . However, implementation remains inconsistent, and many healthcare providers lack the necessary training and resources to adequately care for PLWDs.

Given the pivotal role nurses play in healthcare delivery, understanding their attitudes towards PLWDs is crucial for improving care quality and accessibility. This study aims to examine the attitudes of nurses at Holy Family Hospital, Berekum, towards PLWDs seeking healthcare. By identifying factors influencing these attitudes and assessing nurses' knowledge of the health needs of PLWDs, the study seeks to inform interventions and policies aimed at promoting inclusive and equitable healthcare services.

1.1 Problem statement

Despite Ghana's legislative efforts, notably the enactment of the Persons with Disability Act (Act 715) in 2006, which aims to promote and protect the rights of persons with disabilities, including access to healthcare services , individuals living with disabilities (PLWDs) continue to face significant challenges within the healthcare system. These challenges are not limited to physical barriers but extend to the attitudes and perceptions of healthcare providers, particularly nurses, who are often the first point of contact for patients (Fordjour, 2022).

Persons living with disabilities (PLWDs) face persistent challenges when accessing healthcare services globally, and these challenges are not solely limited to physical and financial barriers (Desroches et al., 2022). Among the most critical yet overlooked obstacles are the attitudes and perceptions of healthcare providers, particularly nurses, who play a frontline role in patient care delivery. While global health frameworks such as the WHO’s World Report on Disability emphasize inclusive healthcare, negative attitudes from healthcare professionals continue to compromise the quality, equity, and dignity of care offered to PLWDs (Evans et al., 2023).

In Ghana, despite the passage of the Persons with Disability Act (Act 715) and commitments to inclusive healthcare, many PLWDs continue to report experiences of stigmatization,

discrimination, and neglect within healthcare settings. Studies suggest that nurses' attitudes—shaped by inadequate training, limited exposure to disability care, and cultural misconceptions—significantly affect the willingness of PLWDs to seek care, their treatment outcomes, and overall satisfaction with the health system.

At Holy Family Hospital, Berekum, a major referral facility in the Bono Region, no formal assessment has been conducted to examine nurses' attitudes toward PLWDs or how these attitudes affect the quality of care. The absence of data in this context leaves a gap in understanding how institutional and personal factors shape nurse-patient interactions involving PLWDs. This is particularly concerning as negative attitudes may go unaddressed, perpetuating healthcare disparities and undermining national and global goals for health equity.

Therefore, it becomes imperative to systematically examine the attitudes of nurses at Holy Family Hospital toward PLWDs, identify influencing factors, and evaluate their knowledge about the health needs of this population. Addressing this problem is critical to promoting inclusive healthcare practices and improving health outcomes for PLWDs in Berekum and beyond.

1.2 General objective

To examine the attitudes of nurses toward persons living with disabilities seeking health care at Holy Family Hospital, Berekum

1.3 Specific objective

1. To assess the attitudes of nurses at HFH toward PLWDs seeking healthcare.
2. To identify factors shaping the attitude nurses at HFH toward PLWDs seeking healthcare.
3. To assess nurses' knowledge regarding the health needs of PLWDs.

1.4 Operational definition of terms

Attitude of Nurses: Nurses' measurable beliefs, feelings, and behavioral intentions toward PLWDs, assessed using the *Attitudes Towards Disabled Persons (ATDP) Scale*. This includes components such as empathy, stereotyping, and willingness to accommodate PLWDs' needs, quantified through a 5-point Likert scale (e.g., "I feel comfortable communicating with PLWDs").

Cultural Beliefs: Traditional or societal norms influencing nurses' perceptions of disability (e.g., attributing disability to spiritual causes).

Disability-Sensitive Care: Healthcare delivery tailored to the unique needs of PLWDs, including accessible facilities, adaptive communication (e.g., sign language interpreters), and non-discriminatory practices.

Healthcare Seeking Behavior: PLWDs' actions to access medical services at HFH, measured by frequency of hospital visits, types of care sought (e.g., routine check-ups, emergency care), and self-reported barriers (e.g., delays in care, communication challenges).

Persons Living with Disabilities (PLWDs): For this study, PLWDs are defined as patients seeking care at Holy Family Hospital (HFH) who self-report or are clinically documented to have disabilities (e.g., mobility limitations, visual/hearing impairments, or cognitive disorders) under Ghana's *Persons with Disability Act (2006)*.

Stigma: Negative societal perceptions or discriminatory behaviors toward PLWDs, operationalized as nurses' self-reported biases (e.g., associating disability with incompetence) or PLWDs' experiences of disrespectful treatment (e.g., dismissive language).

Training Exposure: Formal education or workshops on disability care received by nurses, categorized as "none," "basic" (≤1 training session), or "advanced" (≥2 sessions).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Globally, persons living with disabilities (PLWDs) constitute a significant portion of the population, estimated at over 1 billion individuals, or approximately 15% of the world's population. In Ghana, the 2010 Population and Housing Census reported that about 3% of the population lives with some form of disability. Despite international and national efforts to promote inclusive health care, PLWDs continue to face substantial barriers when accessing health services, often stemming from negative attitudes and misconceptions held by healthcare providers, including nurses.

Nurses play a pivotal role in the healthcare delivery system, often serving as the first point of contact for patients. Their attitudes, beliefs, and knowledge significantly influence the quality of care provided to PLWDs. Positive attitudes can enhance patient satisfaction, adherence to treatment, and overall health outcomes, while negative attitudes may lead to substandard care, patient dissatisfaction, and exacerbation of health disparities.

2.1 Attitudes of Nurses Toward PLWDS Seeking Healthcare

A cross-sectional survey conducted in Saudi Arabia assessed healthcare providers' attitudes towards caring for individuals with disabilities. The findings revealed generally positive attitudes, with mean scores exceeding 89. Notably, older providers (over 35 years) exhibited the highest positivity rate at 92.57%. However, variations in attitudes based on factors such as age, sex, education, years of experience, and professional role were not statistically significant. The study concluded that while attitudes were overall positive, comprehensive training programs are essential to enhance the quality of care provided to people with disabilities (Saleh et al., 2024).

A cross-sectional study conducted in India by Kumar et al. (2024) evaluated the knowledge and attitudes of healthcare professionals, including nursing officers and doctors, regarding disability. The findings revealed that healthcare personnel generally possessed satisfactory levels of knowledge and attitudes. Nursing officers demonstrated more positive attitudes, while doctors showed greater familiarity with disability certification processes. However, the study also highlighted significant gaps in knowledge concerning legal provisions and government support schemes related to disability. The authors concluded that while healthcare professionals are equipped with a basic understanding and positive perspectives, the lack of awareness about legal rights and resources may hinder the delivery of comprehensive and inclusive care. They recommended implementing targeted training programs to bridge these gaps and support equitable healthcare for individuals with disabilities.

A cross-sectional study conducted by Fitzgerald et al. (2022) in the United States examined both explicit and implicit disability attitudes among healthcare providers using self-report measures and implicit association tests. The study found that while many providers expressed positive explicit attitudes toward individuals with disabilities, they simultaneously held

implicit biases that could unconsciously influence their behavior and quality of care. This discrepancy highlights the potential for unintended discrimination in clinical interactions, despite providers' conscious intentions. The study concluded that healthcare professionals may be unaware of their implicit biases, necessitating targeted interventions. The authors recommended the implementation of training programs designed to identify and reduce implicit biases, thereby fostering more equitable, respectful, and inclusive healthcare environments.

2.2 Factors Influencing Nurses' Attitudes Toward PLWDs

A qualitative descriptive study conducted in Sweden explored the experiences of registered nurses (RNs) in caring for patients with intellectual disabilities. The findings revealed that many nurses felt inadequately prepared to support this patient population, largely due to the absence of specialized training in their nursing education. Participants described significant challenges, particularly in communication and understanding the specific needs of patients with intellectual disabilities. The study concluded that there is an urgent need to enhance nursing education to include comprehensive training focused on intellectual disabilities. The authors recommended revising nursing curricula to ensure nurses are equipped with the knowledge and skills necessary to provide effective and compassionate care for individuals with intellectual disabilities (Appelgren et al., 2018).

A cross-sectional correlational predictive replication study by Desroches et al. (2021) examined the attitudes and emotional responses of 115 Australian nurses toward caring for adults with intellectual disabilities. Participants were recruited via snowball sampling between March and August 2020. The study found that nurses exhibited significantly less positive attitudes toward adults with intellectual disabilities compared to those without such conditions. Importantly, beliefs about the quality of life of individuals with intellectual disabilities were predictive of nurses' attitudes. Additionally, both professional and personal contact with people

with intellectual disabilities influenced emotional responses, although no consistent pattern of prediction emerged. The study concluded that there is a global need to improve nurses' attitudes and emotional readiness to provide equitable care to adults with intellectual disabilities. It recommended implementing interventions that address misconceptions regarding the quality of life in this population, with the goal of fostering more compassionate and inclusive nursing care (Desroches et al., 2022).

A cross-sectional survey examined the attitudes of nursing students toward people with disabilities across various institutions. Although the specific sample size was not disclosed, the study found that factors such as the students' age, type of school attended, previous education related to disabilities, and caregiving experience significantly contributed to the development of more positive attitudes toward individuals with disabilities. The study concluded that both educational exposure and personal experience are key determinants in shaping nursing students' perspectives. It recommended the integration of comprehensive disability-related content and hands-on caregiving experiences into nursing curricula as strategies to promote inclusivity and empathy in future healthcare professionals (Uysal et al., 2014).

A descriptive, correlational, cross-sectional study was conducted among nursing and physiotherapy students enrolled at the University of Cadiz during the 2017/2018 academic year, comprising a total of 941 students. The study aimed to assess their attitudes toward people with disabilities and the factors influencing these perceptions. The findings revealed that early contact with individuals with mental disabilities during school years was associated with more negative attitudes. In contrast, students who had interactions with people with disabilities in family or workplace settings exhibited significantly more positive attitudes. These results underscore the importance of the context in which students are first exposed to disability. The study concluded that personal and professional experiences with individuals with disabilities can foster empathy and positive perceptions, whereas less supportive early school

environments may reinforce stigma. The researchers suggested that academic and clinical training programs should promote meaningful, inclusive interactions with individuals with disabilities to help cultivate respectful and positive attitudes among future healthcare professionals (Oliva Ruiz et al., 2020).

2.3 Knowledge Regarding the Health Needs of PLWDS

A cross-sectional survey involving registered nurses from various healthcare settings assessed their knowledge of the basic human needs of people with disabilities, including physiological, safety, affiliative, self-esteem, and self-actualization needs. The study found that nurses generally had good knowledge, which was positively associated with higher educational levels and longer work experience. However, some knowledge was acquired informally. The authors concluded that while nurses are reasonably informed, formal education is necessary to ensure comprehensive understanding and recommended structured interventions like simulations, inter-professional training, and community engagement (Ljubičić et al., 2023).

This systematic review using a meta-ethnographic approach synthesized qualitative studies on registered nurses' experiences in caring for patients with intellectual developmental disorders (IDD). The review revealed that many nurses felt inadequately prepared due to the limited inclusion of IDD-related topics in their formal education. The study concluded that this gap in curricula contributes to clinical unpreparedness and recommended integrating IDD-specific training into nursing programs (Appelgren et al., 2018).

A qualitative study involving nurses and nursing educators in Australia found that individuals with intellectual disabilities experience poor health outcomes and reduced access to care, partly because nurses feel underprepared to address their complex needs. The study concluded that gaps in nursing education must be addressed and recommended revising

curricula to incorporate comprehensive training on intellectual disabilities (Jojo & Wilson, 2024).

This narrative literature review of 17 studies published between 2000 and 2019 identified key barriers to effective nursing care for individuals with developmental disabilities, including inadequate education, communication difficulties, and insufficient resources. Facilitators included specialized training and supportive institutional policies. The study concluded that although nurses are positioned to provide quality care, systemic and educational shortcomings hinder their ability. The authors recommended targeted education and policy reforms (Khanlou et al., 2022).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlined the methodological approach that was adopted to achieve the objectives of the study. It included the study area, research design, study population, sampling methods, data collection tools, data analysis techniques, ethical considerations, and limitations.

3.1 Study Area

The study was conducted at Holy Family Hospital, Berekum, located in the Bono Region of Ghana. The hospital is a major referral facility that serves both urban and rural populations and offers a wide range of health services. Its diverse clientele includes persons living with disabilities (PLWDs), making it a suitable setting for the study. The hospital shares boundaries with Freeman Methodist School and Holy Family NMTC, Berekum. The estimated daily attendance at the hospital was not less than 250–300 clients.

3.2 Study Population

The target population for the study consisted of registered nurses currently working at Holy Family Hospital, Berekum. Participants had at least six months of clinical experience at the facility and were involved in direct patient care.

3.3 Study Design

A descriptive cross-sectional study design was employed. This design was appropriate as it allowed the researcher to assess the attitudes of nurses at a single point in time and to establish associations between variables such as knowledge, experience, and attitudes.

3.4 Sampling Technique and Sample Size

A simple random sampling technique was used to select participants from the nursing staff list. This method ensured that each eligible nurse had an equal chance of being selected, thereby minimizing selection bias. A sample size of 50 nurses was selected for the study.

3.5 Data Collection Tools and Techniques

Data for the study were collected using a structured, self-administered questionnaire developed by the research team in alignment with the study objectives. The self-administered questionnaire allowed respondents to complete the survey at their convenience, without the need for scheduled interviews. The questionnaire was designed to capture quantitative aspects of nurses' attitudes, knowledge, and influencing factors regarding the care of persons living with disabilities (PLWDs).

3.6 Data Analysis

Data were entered into the Statistical Package for the Social Sciences (SPSS) version 25.0 for analysis. This software facilitated the computation of frequencies, percentages, means, cross-tabulations, and more advanced techniques such as correlation, regression, and ANOVA. Descriptive statistics (frequencies, percentages, and means) were used to summarize the data.

3.7 Ethical Considerations

The study strictly adhered to ethical principles guiding research involving human participants. Ethical clearance was obtained from the Ethical Review Committee of Holy

Family Hospital, Berekum, which is responsible for protecting participants' rights and ensuring the integrity of research conducted within the institution. This ethical approval confirmed that the study complied with national and international standards for biomedical and social research.

Additionally, an introductory letter was issued by Holy Family Nursing and Midwifery Training College (NMTC), Berekum, formally introducing the research team to the hospital administration and nursing staff, and supporting access to participants for data collection purposes.

Participation in the study was entirely voluntary. No individual was coerced or unduly influenced to participate. Respondents had the right to withdraw from the study at any point without providing a reason and without facing any penalty or disadvantage related to their employment or standing within the institution.

To protect participant confidentiality, all data collected were anonymized. Questionnaires did not include names, ID numbers, or any other personally identifiable information. Completed forms were securely stored in locked cabinets and digital files were password protected, with access restricted to the principal investigator and authorized research assistants.

The findings of the study were used strictly for academic purposes and to inform institutional improvements in disability-inclusive healthcare practices. Results were presented in aggregated form to prevent identification of individual participants. Upon completion of the research, a copy of the final report was shared with the hospital administration and relevant stakeholders.

3.8 Limitations of the Study

The use of self-reported questionnaires may have led to social desirability bias. The study was conducted at a single hospital, which may have limited the generalizability of the

findings. Additionally, some nurses declined to participate, which could have affected the representativeness of the sample.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with the analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables or figures.

4.1 Demographic Profile of Respondents

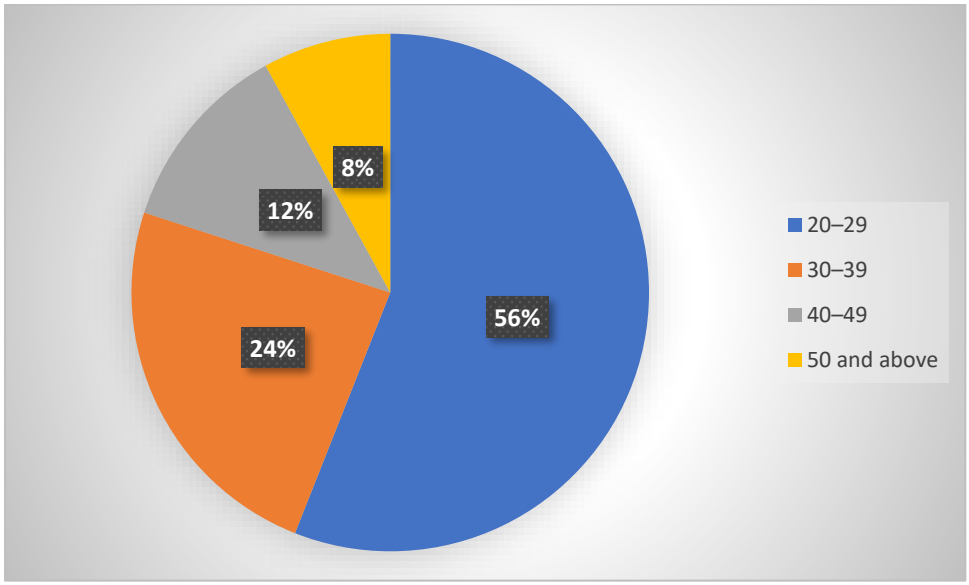

Figure 1: Age of respondents

A total of 50 nurses participated in the study. The age distribution shows that a majority Representing (56.0%) were between 20 and 29 years, indicating a relatively young nursing workforce. This was followed by Representing 24.0% aged 30–39 years, Representing 12.0%

in the 40–49 age range, and Representing 8.0% aged 50 and above. This suggests that most respondents were in the early to mid-stages of their careers.

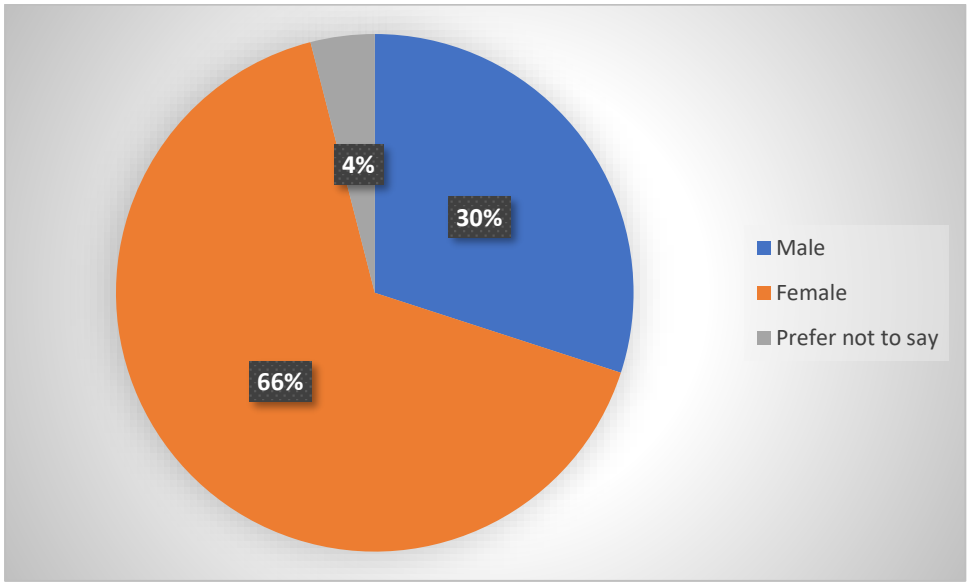

Figure 2: Gender of respondents

In terms of sex, Representing 66.0% of respondents were female and Representing 30.0% were male, reflecting the general trend in the nursing profession where females are often in the majority. A small portion Representing (4.0%) preferred not to disclose their gender.

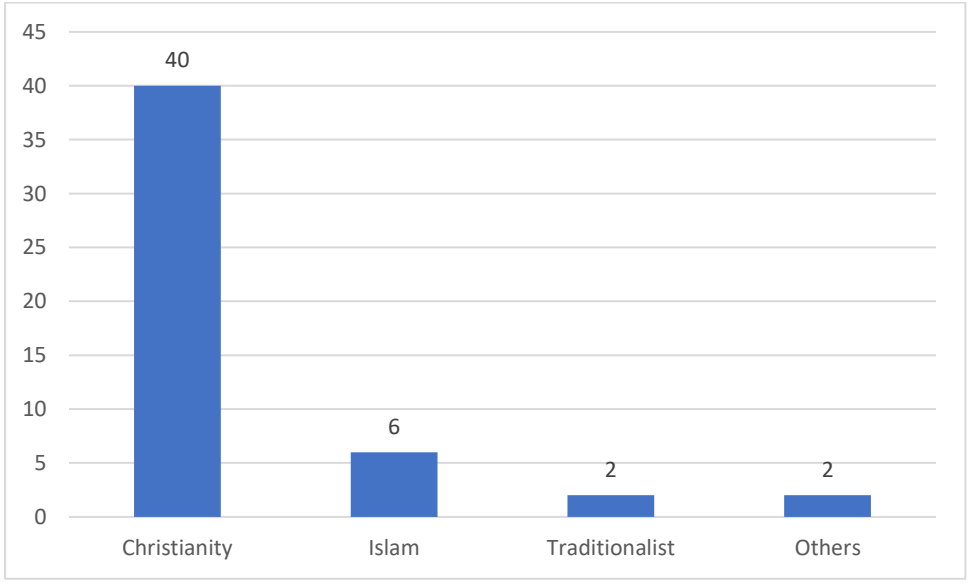

Figure 3: Religion of respondents

Regarding religion, the majority Representing (80.0%) of respondents identified as Christians. Muslims constituted Representing 12.0%, while Traditionalists and those of other religious beliefs accounted for Representing 4.0% each. This distribution aligns with the general religious demographics in Ghana.

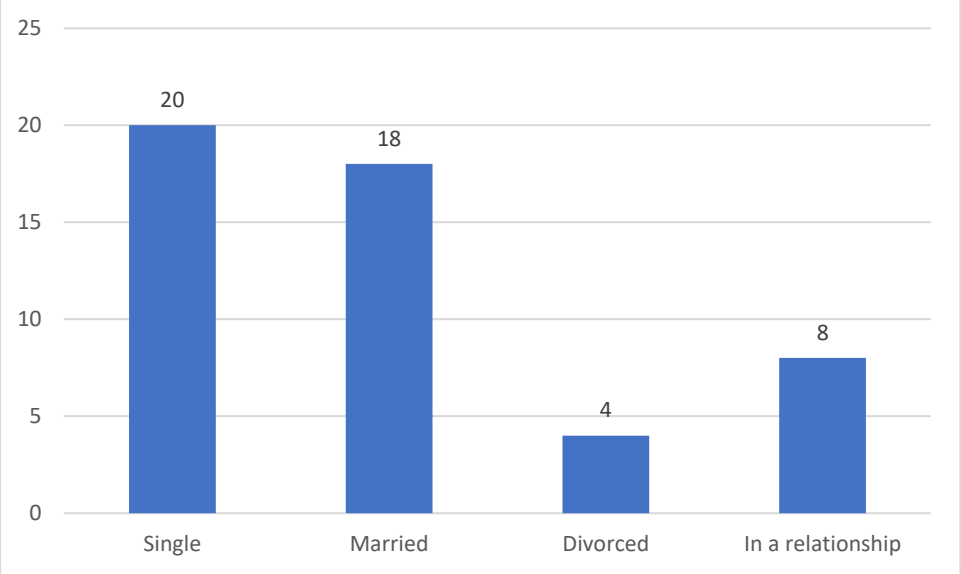

Figure 4: Marital status of respondents

For marital status, Representing 40.0% of the nurses were single, while Representing 36.0% were married. Additionally, Representing 16.0% reported being in a relationship, and Representing 8.0% were divorced. This indicates a diverse mix of personal backgrounds among participants, which could influence their perspectives and attitudes toward care delivery.

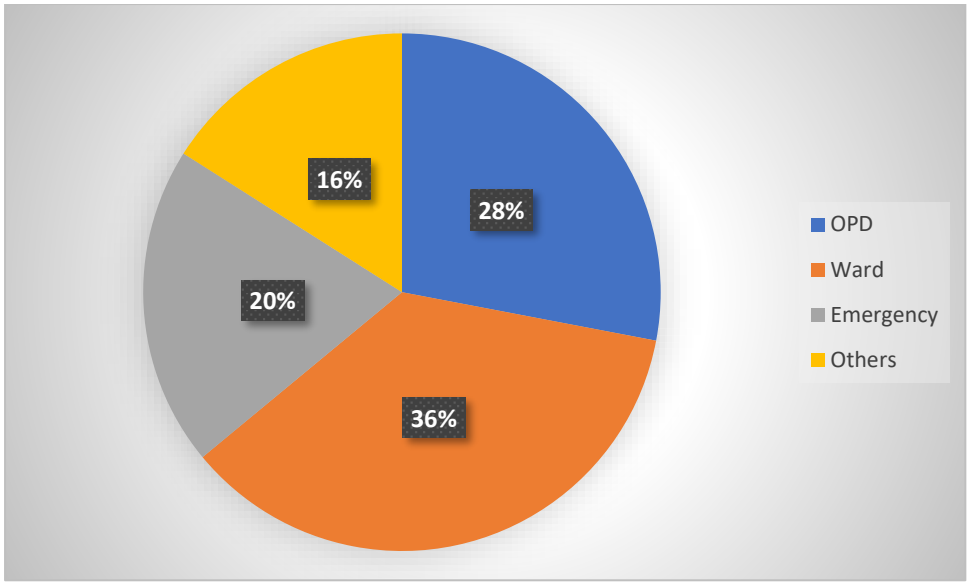

Figure 5: Units of respondents

Department-wise, most nurses Representing (36.0%) worked in the ward, followed by Representing 28.0% in the Outpatient Department (OPD), Representing 20.0% in emergency units, and Representing 16.0% in other unspecified departments. This distribution ensures a broad representation of nursing roles across clinical settings.

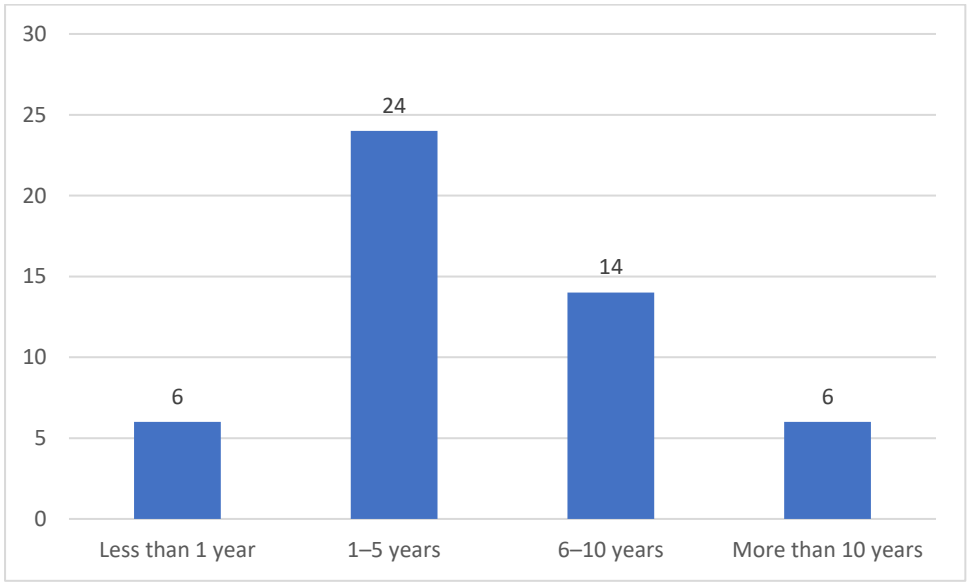

Figure 6: Work experience f respondents

In terms of work experience, nearly half Representing (48.0%) of respondents had 1–5 years of experience, suggesting a relatively young professional cohort. This was followed by Representing 28.0% with 6–10 years of experience, and Representing 12.0% each had either less than 1 year or more than 10 years of experience. These figures indicate that most participants were still in the early to intermediate stages of their nursing careers.

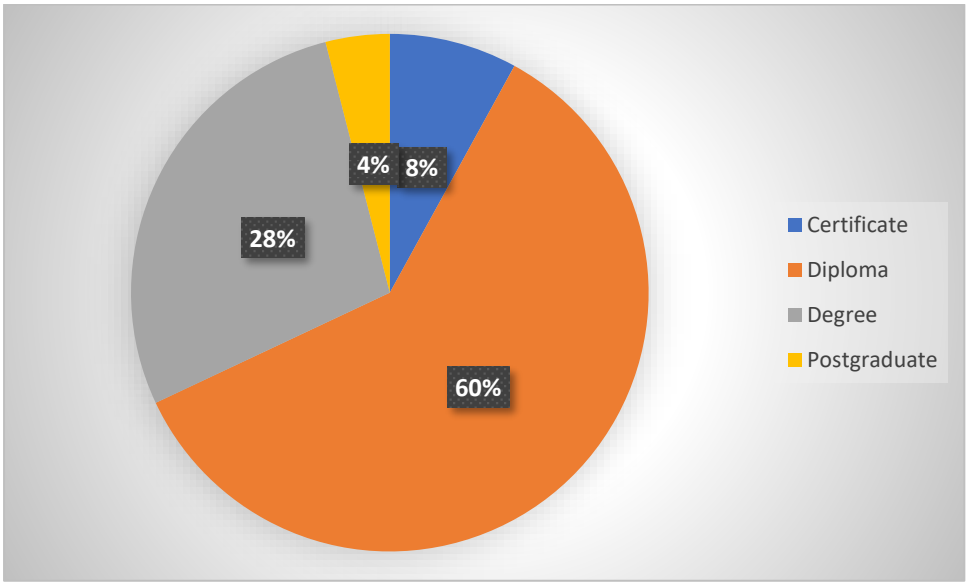

Figure 7: Educational qualification of respondents

Lastly, the educational qualifications show that the majority Representing (60.0%) held a diploma in nursing, followed by Representing 28.0% with a degree. Only Representing 8.0% held a certificate, while a small portion Representing (4.0%) had attained postgraduate education. This demonstrates that the sample includes nurses with varying academic backgrounds, though most had received mid-level training.

4.2 Attitudes Toward PLWDs

Table 1: Attitudes Toward Persons Living With Disabilities (PLWDs)

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable providing care to PLWDs	2 (4.0%)	4 (8.0%)	6 (12.0%)	25 (50.0%)	13 (26.0%)
PLWDs receive the same level of care as other patients	3 (6.0%)	5 (10.0%)	10 (20.0%)	20 (40.0%)	12 (24.0%)
Caring for PLWDs is more stressful than caring for other patients	6 (12.0%)	8 (16.0%)	12 (24.0%)	14 (28.0%)	10 (20.0%)
I believe PLWDs are capable of making their own health decisions	2 (4.0%)	3 (6.0%)	10 (20.0%)	20 (40.0%)	15 (30.0%)
I often feel unsure how to interact with PLWDs	5 (10.0%)	6 (12.0%)	10 (20.0%)	18 (36.0%)	11 (22.0%)
I would rather not be assigned to care for PLWDs	10 (20.0%)	12 (24.0%)	14 (28.0%)	10 (20.0%)	4 (8.0%)
PLWDs deserve the same dignity and respect as any other patient	0 (0.0%)	0 (0.0%)	1 (2.0%)	20 (40.0%)	29 (58.0%)
I feel well-equipped to provide care for PLWDs	4 (8.0%)	6 (12.0%)	12 (24.0%)	20 (40.0%)	8 (16.0%)

Providing care to PLWDs is part of my professional responsibility	1 (2.0%)	1 (2.0%)	5 (10.0%)	25 (50.0%)	18 (36.0%)

A majority of respondents (76.0%) either agreed (50.0%) or strongly agreed (26.0%) that they feel comfortable providing care to PLWDs. This indicates a generally positive and confident attitude toward interacting with and supporting individuals with disabilities in clinical settings.

Most nurses (64.0%) believed that PLWDs receive equal care as other patients (40.0% agreed, 24.0% strongly agreed). However, 16.0% disagreed, and 20.0% remained neutral, suggesting that disparities in care may still exist or be perceived in some settings.

Opinions were more divided on this item: 48.0% agreed that caring for PLWDs is more stressful than for other patients, while 28.0% disagreed. This suggests that nearly half of the respondents perceive extra emotional or physical demands in caring for this population.

A strong majority (70.0%) supported the view that PLWDs are capable of making their own health decisions (40.0% agreed, 30.0% strongly agreed), indicating recognition of autonomy and respect for patient rights.

A notable 58.0% admitted they often feel unsure how to interact with PLWDs (36.0% agreed, 22.0% strongly agreed), suggesting a knowledge or communication gap that might hinder effective care.

Only 28.0% agreed they would rather not be assigned to care for PLWDs, while 44.0% disagreed. This shows that while some reluctance exists, most nurses are open to working with this population, even if challenges are present.

An overwhelming 98.0% agreed or strongly agreed that PLWDs deserve the same dignity and respect as any other patient, indicating a strong ethical and professional commitment among the respondents.

Although 56.0% felt equipped to provide care to PLWDs, a significant portion (44.0%) did not feel confident or were neutral, suggesting the need for more training or institutional support in handling disability-related care.

An overwhelming 86.0% (50.0% agreed, 36.0% strongly agreed) believed caring for PLWDs is part of their professional responsibility, reinforcing the notion that most respondents see this population as within the scope of their ethical and clinical duties.

4.3 Factors Influencing Attitude

Table 2: Factors Influencing Attitude Toward PLWDs (N = 50)

Item	Response	Frequency (n)	Percentage (%)
What influences your attitude the most?			
	Personal experience	14	28.0%
	Professional training	12	24.0%
	Cultural beliefs	10	20.0%
	Hospital policies	8	16.0%
	Media or societal influence	6	12.0%
Challenges in caring for PLWDs (Multiple responses)			
	Lack of training	36	72.0%
	Poor infrastructure	30	60.0%
	Time constraints	25	50.0%

	Communication barriers	28	56.0%
	Negative stereotypes	22	44.0%
Is HFH adequately equipped to care for PLWDs?			
	Yes	10	20.0%
	No	32	64.0%
	Not sure	8	16.0%
Frequency of caring for PLWDs			
	Daily	15	30.0%
	Weekly	18	36.0%
	Monthly	9	18.0%
	Rarely	8	16.0%
Would additional training improve your confidence?			
	Yes	41	82.0%
	No	4	8.0%
	Maybe	5	10.0%

The most common influence cited by respondents was personal experience (28.0%), suggesting that direct encounters with persons living with disabilities significantly shape nurses' attitudes. Professional training followed closely (24.0%), indicating the important role of formal education in shaping inclusive care attitudes. Cultural beliefs were also notable (20.0%), revealing how societal norms and traditional views impact perceptions of disability. Fewer respondents selected hospital policies (16.0%) or media/societal influence (12.0%), suggesting institutional frameworks and external messaging are less impactful compared to personal and professional experiences.

The most frequently identified challenge was lack of training (72.0%), highlighting a critical gap in professional preparation for disability-inclusive care. This was followed by poor infrastructure (60.0%) and communication barriers (56.0%), reflecting physical and interactional limitations in the healthcare setting. Time constraints (50.0%) and negative stereotypes (44.0%) were also cited, indicating that both systemic pressures and social stigma hinder optimal care for PLWDs.

A majority of respondents (64.0%) believed that Holy Family Hospital is not adequately equipped to care for PLWDs, while only 20.0% thought it was. The remaining 16.0% were unsure. This reflects widespread concern about resource availability, infrastructure, or policy alignment with inclusive healthcare needs.

The responses were fairly distributed, with 36.0% indicating they care for PLWDs weekly, 30.0% daily, and the remaining respondents monthly (18.0%) or rarely (16.0%). This suggests that a significant portion of nurses interact regularly with this population, making their training and preparedness particularly relevant.

A strong majority (82.0%) agreed that additional training in disability-inclusive care would improve their confidence. This underlines a clear demand for continuing education and capacity building to enhance competence and comfort in managing PLWDs.

4.4 Knowledge on Health Needs of PLWDs

Table 3: Knowledge on Health Needs of PLWDs

Item	Option	Frequency (n)	Percentage (%)
PLWDs require routine health screenings just like others.	True	47	94.0%
	False	3	6.0%

Involving PLWDs in decisions about their care is important.	True	45	90.0%
	False	5	10.0%
Communication with PLWDs always requires sign language.	True	10	20.0%
	False	40	80.0%
NOT a common barrier to healthcare for PLWDs.	Physical accessibility	5	10.0%
	Communication difficulties	3	6.0%
	Availability of luxury services *(Correct)*	37	74.0%
	Negative provider attitudes	5	10.0%
Correct approach when caring for PLWDs.	Avoid eye contact	2	4.0%
	Speak loudly and slowly without being asked	4	8.0%
	Address the caregiver instead of the patient	5	10.0%
	Ask how the patient prefers to be assisted *(Correct)*	39	78.0%

The findings indicate that most respondents demonstrate strong foundational knowledge about the health needs of persons living with disabilities (PLWDs):

- A vast majority (94.0%) correctly recognized that PLWDs require routine health screenings, showing a good understanding of their general health needs.

- Similarly, 90.0% understood the importance of involving PLWDs in decisions about their care, supporting the principles of autonomy and patient-centered care.
- Encouragingly, 80.0% were aware that sign language is not always necessary for communicating with PLWDs, reflecting awareness of the diversity in communication preferences and needs.
- For identifying non-barriers to care, 74.0% correctly selected “availability of luxury services”, demonstrating knowledge of genuine healthcare access challenges like negative attitudes and accessibility issues.
- On appropriate caregiving approaches, 78.0% correctly selected “ask how the patient prefers to be assisted,” reinforcing their patient-centered mindset. However, a minority still chose inappropriate practices like avoiding eye contact or addressing caregivers instead—highlighting the need for more targeted training on respectful communication and interaction.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary discussion of the major findings of the study in line with the research objectives. The discussion integrates relevant literature to interpret the results, followed by conclusions drawn from the study and practical recommendations to address the identified issues.

5.1 Discussions

5.1.1 Attitudes Toward PLWDs

The findings revealed that the majority of respondents (76.0%) reported feeling comfortable providing care to PLWDs, which suggests an overall positive attitude among nurses. This aligns with findings by Saleh et al. (2024) and Kumar et al. (2024), who also reported generally positive attitudes among healthcare professionals toward individuals with disabilities. However, 48.0% of respondents agreed that caring for PLWDs is more stressful than caring for other patients, reflecting perceived challenges, possibly linked to inadequate training or communication barriers.

Encouragingly, 70.0% of the nurses believed that PLWDs are capable of making their own healthcare decisions, consistent with patient-centered care principles and in agreement with Appelgren et al. (2018), who emphasized the importance of recognizing autonomy in care for persons with intellectual disabilities. However, 58.0% of respondents reported uncertainty

about how to interact with PLWDs, indicating a knowledge or experience gap that could hinder communication and rapport-building. This supports Jojo & Wilson (2024), who found that nurses often feel underprepared to effectively interact with and support PLWDs.

Interestingly, 44.0% of respondents disagreed with the statement "I would rather not be assigned to care for PLWDs," while 28.0% expressed reluctance. Despite the challenges, this reflects a willingness among most nurses to engage with this population, especially given that 98.0% affirmed the need to treat PLWDs with dignity and respect. Additionally, 86.0% of respondents saw providing care to PLWDs as part of their professional responsibility, indicating strong ethical awareness.

5.1.2 Factors Influencing Attitude

The most frequently reported influence on nurses' attitudes was personal experience (28.0%), followed by professional training (24.0%) and cultural beliefs (20.0%). These findings support Desroches et al. (2022) and Oliva Ruiz et al. (2020), who found that both direct contact with PLWDs and education significantly affect attitudes. Media influence and hospital policies were less cited, suggesting that real-life exposure and professional preparation have greater impact on shaping perceptions.

The challenges faced by nurses when caring for PLWDs were mostly systemic: lack of training (72.0%), poor infrastructure (60.0%), and communication barriers (56.0%) were most frequently reported. These findings mirror the results of Khanlou et al. (2022), who identified similar institutional shortcomings. Only 20.0% of respondents believed their facility was adequately equipped to care for PLWDs, indicating an urgent need for resource allocation and accessibility improvements.

Regular interaction with PLWDs was evident, as 66.0% of nurses reported caring for them either daily or weekly. This regular exposure underscores the need for continuous support and

education, which is further reinforced by 82.0% of nurses stating that additional training would improve their confidence in providing disability-inclusive care.

5.1.3 Knowledge on Health Needs of PLWDs

Nurses generally demonstrated good knowledge regarding the health needs of PLWDs. Most (94.0%) agreed that PLWDs require routine health screenings, and 90.0% affirmed the importance of involving them in care decisions. This is in line with the findings of Ljubičić et al. (2023) and Appelgren et al. (2018), who emphasized the need for comprehensive health assessments and patient autonomy.

However, gaps in understanding were evident. For example, 20.0% incorrectly believed that sign language is always necessary for communication, reflecting a misconception about communication diversity among PLWDs. Furthermore, while 78.0% selected the correct caregiving approach ("ask how the patient prefers to be assisted"), some nurses still chose inappropriate actions, such as addressing caregivers instead of the patient. These findings indicate that while foundational knowledge exists, nuanced understanding and practical training remain areas for improvement.

5.2 Conclusions

The study concluded that while nurses at Holy Family Hospital generally exhibit positive attitudes toward PLWDs, challenges remain in communication, preparedness, and institutional support. Personal experience and professional training emerged as key influencers of attitude. However, infrastructural deficits and limited disability-specific education hinder effective and inclusive care. Although nurses demonstrated strong foundational knowledge, gaps in communication strategies and caregiving approaches highlight the need for enhanced training. Overall, the findings suggest that promoting a

supportive learning environment and improving healthcare system readiness can significantly strengthen care for PLWDs.

5.3 Recommendations

Based on the findings of the study, the following recommendations are made:

1. **Provide Regular In-Service Training**
    - Organize targeted disability-inclusive care workshops and seminars to improve nurses' knowledge, confidence, and skills in interacting with and supporting PLWDs.
2. **Enhance Infrastructure for Accessibility**
    - Invest in ramps, accessible examination tables, signage, and assistive devices to create a more accommodating environment for PLWDs.
3. **Incorporate Disability Topics into Nursing Curriculum**
    - Review and revise nursing education to include comprehensive modules on disability awareness, communication strategies, and legal frameworks.
4. **Establish Supportive Policies and Guidelines**
    - Develop hospital-wide policies and care protocols that address the unique needs of PLWDs and guide healthcare workers on best practices.
5. **Strengthen Communication Training**
    - Implement role-playing, simulations, and case-based learning to help nurses practice appropriate and respectful interactions with PLWDs.
6. **Promote Positive Attitudes Through Peer Support and Reflection**

- Encourage regular team discussions and experience-sharing sessions that foster empathy and reduce stigma among staff.

7. **Conduct Further Research**

   - Future studies should explore the experiences of PLWDs in accessing care and assess the long-term impact of training interventions on provider attitudes.

REFERENCES

Acheampong, E., Nadutey, A., Anokye, R., Agyei-Baffour, P., & Edusei, A. K. (2022). The perception of healthcare workers of People with Disabilities presenting for care at peri-urban health facilities in Ghana. *Health & Social Care in the Community*, *30*(4), e944–e952. https://doi.org/10.1111/hsc.13496

Appelgren, M., Bahtsevani, C., Persson, K., & Borglin, G. (2018). Nurses' experiences of caring for patients with intellectual developmental disorders: A systematic review using a meta-ethnographic approach. *BMC Nursing*, *17*(1), 51. https://doi.org/10.1186/s12912-018-0316-9

Derbyshire, D. W., & Keay, T. (2024). "But what do you really think?" Nurses' contrasting explicit and implicit attitudes towards people with disabilities using the implicit association test. *Journal of Clinical Nursing*, *33*(11), 4342–4353. https://doi.org/10.1111/jocn.17097

Desroches, M. L., Howie, V. A., Wilson, N. J., & Lewis, P. (2022). Nurses' attitudes and emotions toward caring for adults with intellectual disability: An international replication study. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, *54*(1), 117–124. https://doi.org/10.1111/jnu.12713

Evans, W., Lisiecka, D., & Farrell, D. (2023). Exploring the impact educational interventions have on nursing and medical students' attitudes and empathy levels towards people with disability. A systematic review. *Journal of Intellectual Disabilities: JOID*, 17446295231155781. https://doi.org/10.1177/17446295231155781

Fordjour, M. (2022). *Situational analysis of the rights of persons with disabilities in Ghana*. https://unprpd.org/new/wp-content/uploads/2023/12/CR_Ghana_2021-d32.pdf?utm_source=chatgpt.com

Jojo, N., & Wilson, R. L. (2024). Enhancing Disability Nursing Practice in Australia: Addressing Educational Preparedness. *International Journal of Mental Health Nursing*, *33*(6), 1637–1665. https://doi.org/10.1111/inm.13373

Khanlou, N., Khan, A., Kurtz Landy, C., Srivastava, R., McMillan, S., VanDeVelde-Coke, S., & Vazquez, L. M. (2022). Nursing care for persons with developmental disabilities: Review of literature on barriers and facilitators faced by nurses to provide care. *Nursing Open*, *10*(2), 404–423. https://doi.org/10.1002/nop2.1338

Ljubičić, M., Burčul, I., Gusar, I., & Šare, S. (2023). Are They the Same for All People? Nurses' Knowledge about the Basic Human Needs of People with Disabilities. *Behavioral Sciences (Basel, Switzerland)*, *13*(1), 68. https://doi.org/10.3390/bs13010068

Marks, B., & Sisirak, J. (2022). Nurses with Disability: Transforming Healthcare for All. *OJIN: The Online Journal of Issues in Nursing*, *27*(3). https://doi.org/10.3912/OJIN.Vol27No03Man04

Oliva Ruiz, P., Gonzalez-Medina, G., Salazar Couso, A., Jiménez Palomares, M., Rodríguez Mansilla, J., Garrido Ardila, E. M., & Merchan Vicente, M. N. (2020). Attitude towards People with Disability of Nursing and Physiotherapy Students. *Children*, *7*(10), 191. https://doi.org/10.3390/children7100191

Saleh, K. A., Alrubaiee, G. G., Alqalah, T. A. H., Almoliky, M. A., Alrashedi, H., Alkubati, S. A., & Ahmed, W. A. M. (2024). Attitude of Healthcare Providers Towards Care of People with Disabilities, in Hail Region, Saudi Arabia. *International Journal of General Medicine*, *17*, 5181–5190. https://doi.org/10.2147/IJGM.S488916

Smeltzer, S. C., Avery, C., & Haynor, P. (2021). Interactions of people with disabilities and nursing staff during hospitalization. *The American Journal of Nursing*, *112*(4), 30–37; quiz 38, 52. https://doi.org/10.1097/01.NAJ.0000413454.07369.e3

Uysal, A., Albayrak, B., Koçulu, B., Kan, F., & Aydın, T. (2014). Attitudes of nursing students toward people with disabilities. *Nurse Education Today*, *34*(5), 878–884. https://doi.org/10.1016/j.nedt.2013.09.001

QUESTIONNAIRE

Dear Respondents,

We are student nurses from Holy Family Nursing and Midwifery Training College, Berekum. We are collecting data about, Examining The Attitude of Nurses Towards Person's Living With Disability (PLWDs) seeking health care.

We would be grateful if you could spare us some few minutes of your time to answer these questionnaires. Confidentiality is assured, so feel at ease to cooperate by giving us your honest opinion.

This questionnaire is for academic purposes only. Your responses will be kept strictly confidential and used solely for research. Please do not write your name or any identifying information.

SECTION A: Demographic Data

1. Age:

☐ 20–29 ☐ 30–39 ☐ 40–49 ☐ 50 and above

2. Sex:

☐ Male ☐ Female ☐ Prefer not to say

3. Religion:

☐ Christianity ☐ Islam ☐ Traditionalist ☐ Others (specify): _____

4. Marital status:

☐ Single ☐ Married ☐ Divorced ☐ In a relationship

5. Department/Unit:

☐ OPD ☐ Ward ☐ Emergency ☐ Others (specify): _____

6. Years of Experience:

☐ Less than 1 year ☐ 1–5 years ☐ 6–10 years ☐ More than 10 years

5. Educational Qualification:

☐ Certificate ☐ Diploma ☐ Degree ☐ Postgraduate

SECTION B: Attitudes Toward PLWDs

Please indicate your level of agreement using the scale below:

1. I feel comfortable providing care to persons with disabilities.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

2. PLWDs receive the same level of care as other patients.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

3. Caring for PLWDs is more stressful than caring for other patients.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

4. I believe PLWDs are capable of making their own health decisions.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

5. I often feel unsure how to interact with PLWDs.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

6. I would rather not be assigned to care for PLWDs.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

7. PLWDs deserve the same dignity and respect as any other patient.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

8. I feel well-equipped to provide care for PLWDs.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

9. Providing care to PLWDs is part of my professional responsibility.

a. ☐ Strongly Disagree b. ☐ Disagree c. ☐ Neutral d. ☐ Agree e. ☐ Strongly Agree

SECTION C: Factors Influencing Attitude

1. What do you think influences your attitude toward PLWDs the most?

☐ Personal experience ☐ Professional training ☐ Cultural beliefs ☐ Hospital policies ☐ Media or societal influence

2. Which of the following are challenges in caring for PLWDs at HFH? (Tick all that apply)

☐ Lack of training ☐ Poor infrastructure ☐ Time constraints ☐ Communication barriers ☐ Negative stereotypes

3. Do you think Holy Family Hospital is adequately equipped to care for PLWDs?

☐ Yes ☐ No ☐ Not sure

4. How often do you care for PLWDs?

☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely

5. Would additional training in disability-inclusive care improve your confidence?

☐ Yes ☐ No ☐ Maybe

SECTION D: Knowledge on Health Needs of PLWDs

1. PLWDs require routine health screenings just like other individuals.

☐ True ☐ False

2. It is important to involve PLWDs in decisions about their care.

☐ True ☐ False

3. Communication with PLWDs always requires sign language.

☐ True ☐ False

4. Which of the following is NOT a common barrier to healthcare for PLWDs?

☐ Physical accessibility ☐ Communication difficulties ☐ Availability of luxury services ☐ Negative provider attitudes

5. Which of these is a correct approach when caring for PLWDs?

☐ Avoid eye contact ☐ Speak loudly and slowly without being asked ☐ Address the caregiver instead of the patient ☐ Ask how the patient prefers to be assisted

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI).

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE

BEREKUM

BANKERS:
Ghana Commercial Bank, Berekum
Agric Development Bank, Berekum
Fidelity Bank, Berekum

P. O. Box 21,
Berekum, B/A
Ghana, W/Africa
Tel. 0352222124
Fax: 0352222474

Our Ref. .....

Your Ref. .....

Date .....June 19, 2025.....

The Nursing Administrator
Holy Family Hospital
Berekum
Bono Region

Dear Administrator

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under listed names of final-year students of the College:

1. **Baffoe Owusuaa Portia**
2. **Beyuo Hannah**

As part of the pre-requisite for the award of Diploma in Nursing, they are to conduct a research study on the topic **"Examining the attitude of Nurses towards persons living with Disabilities (PLWDS) seeking health care: A study at Holy Family Hospital, Berekum."**

I would be grateful if you could assist them with any material or help they may need to accomplish the task.

Thank you.

Yours faithfully

.....

Mr. Emmanuel Ali
Supervisor
For: Principal

Website: nmtcberekum.edu.gh **E-mail.** nmtcberekum@yahoo.com, nmtcberekum@gmail.com