

Impact of Disability Placements on Allied Health Students: Placement Educators' Perspectives

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Abstract

Research on the relevance of placements to the development of allied health student skills to work with people with disability, is an underexplored area. This knowledge is important for several reasons: to prepare students for disability placements, develop their work readiness skills to work with people with disability upon graduation, inform placement curriculum development, and ensure placement educators are supported to provide effective and efficient supervision of students on disability placements. The study discussed in this article, explores placement educators' perceptions of powerful learning experiences during disability placements that shape students' attitudes and perceptions of working with people with disability. Allied health placement educators from three Australian disability organisations, were invited to attend focus groups on this topic. Two focus groups, with a total of seven participants, were conducted in February and May 2016. The allied health disciplines represented in the focus groups were Speech Pathology, Occupational Therapy, and Physiotherapy. Thematic analysis technique was used to analyse focus group data. Findings related to the following four key topic areas, are discussed in this article: a. Reasons for placement educators entering and staying in the disability sector; b. Placement educator perceptions of changes in student attitudes and skills post disability placements and how their experiences shape their approaches to student placement education; c. Recommendations for universities to better prepare students to work with people with disability; and d. Preparation of students for job-seeking in the disability sector.

Keywords: allied health; disability placements; practice educators; practice-based education

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Introduction

According to the [World Health Organisation \(2017\)](#) “Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations”. In Australia, services for people with disability are transitioning from state and territory government departments to the federally funded National Disability Insurance Scheme (NDIS) ([Australian Government 2013](#)). The scheme is likely to result in an increase in the number of people with disability in receipt of disability support, and hence will require an increase in workforce capacity to provide support to people with disability. [Lincoln et al. \(2014\)](#) describe the recruitment and retention issues that present particular challenges for allied health professionals providing services to people with disability in rural New South Wales. Past studies that explored student attitudes and community perceptions have shown negative attitudes towards working in aged care, and with people with disability ([Thompson et al. 2011](#)).

Individualised models of funding and support mean people with disability are likely to present to a wider variety of services looking for support. Universities and employers need to work together to ensure that health graduates have a positive attitude towards, and are ready and willing to work with, people with disability. Lack of such efforts could lead to shortages of health graduates who are willing to work in the disability sector. Poor attitudes towards working with people with disability can present a barrier to inclusion of people with disability in society ([Brown et al. 2009](#), [Stachura and Garven 2003](#), [Zheng et al. 2016](#),). In addition, negative attitudes and assumptions have consequences for safety; for example, a Disability Rights Commission Investigation in the United Kingdom investigated inequalities in health, and found that people with intellectual disabilities experienced more ill-health and received a poorer service from health professionals and, as a result, had higher rates of morbidity and mortality ([Shakespeare, Iezzoni, and Groce 2009](#)). Studies have reported that health professional students and healthcare providers have unfavourable attitudes towards people with disabilities resulting in poor provision of care and services to disabled persons ([Devkota et al. 2017](#), [Tervo, Palmer, and Redinius 2004](#)). These studies have recommended appropriate placement education experiences for students, and workplace training for healthcare professionals to promote more positive attitudes and to prepare them to work with people with disabilities.

To manage the increase in future demand for healthcare services ([Rodger et al. 2008](#), [World Health Organization \[WHO\] 2008](#)), there is evidence of a shift in healthcare from medical models of care which focus on medical conditions or impairments as problems to be fixed or cured, to biopsychosocial models which acknowledge contributions to a person's health or disability of various psychological, behavioural, social (e.g., culture, socioeconomic status) factors, as well as biological and medical factors ([World Health Organization \[WHO\] 2013](#)). Several world standards and legislations ([United Nations 2017](#)) strongly support biopsychosocial models of care; for example, the UN Convention on the Rights of Persons with Disabilities ([United Nations 2017](#)). Related Australian legislation such as the Disability Inclusion Act ([New South Wales Government 2014](#)), the National Disability Insurance Scheme Act (2013), and the National Disability Strategy ([Council of Australian Governments 2011](#)), are a direct response to the biopsychosocial model of disability. Universities and organisations providing student placements have an obligation to prepare health graduates to work in this model.

[Jones et al. \(2015\)](#) investigated the change in knowledge, skills, and attitudes of occupational therapy and physiotherapy students towards people with intellectual disability following a university-run, interprofessional education course. A mixture of online learning, lectures, team-based problem solving, and client interviews were delivered to a variety of students including occupational therapy and physiotherapy students. Following the course, significant changes were seen in students' knowledge, but not in perceived skills or attitudes in relation to working

with people with disability. This study did not include speech pathology students, nor did it look at experiences provided in a clinical placement setting.

Placements are a core component of all allied health degrees, and may range in length from one to many weeks, and may be undertaken full- or part-time ([McAllister and Nagarajan 2015](#)). They offer students the opportunity to work with diverse clients in diverse settings. Minimal research exists on understanding the relevance of placements to skills development for working with people with disability. [McKenna et al. \(2001\)](#) studied occupational therapy students' attitudes towards people with disability, their perceptions of the characteristics of a successful occupational therapist and their future career plans. The study found that fieldwork placements and clinicians were identified by students as having the greatest influence on their career decisions. [McKenna et al.](#) encouraged future studies to examine the effectiveness of the education processes used in undergraduate courses to develop a better understanding of how student learning experiences that occur during placements influence future career choices.

Past research has explored ideal settings for students' experience and contact with people with disability ([Ten Klooster et al. 2009](#)). 'Contact theory' ([Amir 1969](#)) has been used in studies (for example [Rogan and Wyllie 2003](#)) to study positive experiences of student contact with elderly in the community, however, contact and exposure alone have been reported as insufficient for providing a good learning experience for students to appreciate working with people with disability. It is the meaning made from their contact and experiences working with people with disability that is critical for developing good attitudes both towards people with disability and towards working with people with disability. [Shoemaker, Bowman, and Lester \(1998\)](#) state that preparation for experience is essential before students commence learning experiences. [Rogan and Wyllie \(2003\)](#) studied nursing students' perceptions of their knowledge, skills and attitudes towards older people. Findings from their study showed that negative attitudes towards older people were modified or changed as a result of placements, and that an increased number of students developed interest in working in aged care which traditionally had been an unpopular area of clinical practice. Contact with people with disability influences student attitudes to people with disability in a positive direction ([Lyons 1991](#), [Oermann and Lindgren 1995](#), [Paris 1993](#), [Stachura and Garven 2003, 2007](#)).

This study used a university-industry partnership approach to explore with placement educator (PE) participants their perceptions of powerful learning experiences and events during disability placements that shape students' attitudes and perceptions to work with people with disability. PEs as mentors, role models, and facilitators of the professional socialisation process play an influential role on students' attitudes ([Billett 2001](#)) towards disability. Better understanding their perceptions can help universities design more effective disability placement programs. The research questions for this study were:

- (1) What do PEs perceive to be key influences on willingness, readiness, and preparedness of allied health students to work with people with disability?
- (2) How do PEs' own experiences of seeking employment and staying to work in the disability sector shape their approaches to student placement education?

Research method

All PEs from the three participating disability organisations were invited to attend a focus group. Focus groups were used to collect data because they provide opportunities for capturing group interactions of participants, for example, their responses to each other's experiences and views, and similarities and differences in their experiences and views ([Patton 2015](#)). Eleven PE participants consented to participate in the study. Demographic data (discipline, setting, years of experience, etc.) was collected using an online questionnaire from the eleven participants. However, only seven participants from two of the three disability organisations attended the focus groups. Other participants who consented were not available, or were unable to attend during the scheduled focus groups due to personal reasons (leave, work commitments) and/or

change in employment circumstances. Two focus groups were conducted to accommodate participant availability, one in February and one in May 2016. [Table 1](#) summarises the profile of the seven PEs who attended the focus groups.

Both focus groups were held at the regional office of one of the employer organisations. The focus groups were led by two of the authors experienced in the use of focus groups; one acted as lead interviewer with the other taking notes and following up with prompts when needed. Both focus groups were digitally recorded for later transcription by a professional transcription service.

Ethics approval was obtained from the University of Sydney Human Research Ethics Committee and Charles Sturt University. Organisational approval from the three disability organisations was obtained. All research data collected during focus groups used pseudonyms to ensure anonymity.

Table 1 Profile of the study participants

I D	Discipline	Years of experience working in the profession		Number of years of experience supervising university students		Number of students supervised in the disability sector.
		Disability Sector	Overall	Disability Sector	Overall	
1	Occupational Therapy	1 year or less	2-5 years	1-5 years	1-5 years	1-5 students
2	Speech Therapy	2-5 years	2-5 years	1-5 years	1-5 years	1-5 students
3	Occupational Therapy	More than 10 years	More than 10 years	1-5 years	6-10 years	1-5 students
4	Speech Therapy	6-10 years	6-10 years	1-5 years	1-5 years	1-5 students
5	Physiotherapy	2-5 years	6-10 years	1-5 years	1-5 years	More than 10 students
6	Speech Therapy	More than 10 years	More than 10 years	More than 10 years	More than 10 years	6-10 students
7	Occupational Therapy	2-5 years	2-5 years	1-5 years	1-5 years	6-10 students

The topic list for the focus groups was generated by the authors based on the research questions and literature from related fields (e.g., placements with elderly people) in order to explore: a) PEs' perceptions of students' attitudes towards people with disability, and b) how well-prepared students were for disability placements and employment. At the commencement of focus groups, some self-reflective questions (such as the reasons for PEs' choice of working in the disability sector, their experiences working with people with disability) were also explored to understand how PE experiences shape their approaches to student placement education. Questions then moved on to explore other areas listed in [Table 2](#).

Table 2 Topics covered during focus groups

- How PEs got into the disability sector and reasons for staying
- Changes in student attitudes towards working with people with disability during the course of placements, factors contributing to the change, and reasons if no change;
- Specific examples about changes in student skills for working with people with disability during the course of placements, including factors contributing to the change and the reasons if no change;
- Conditions for positive learning experiences;
- Barriers to providing such positive learning experiences;
- Ideas for changes to the structure of placement programs, including supervision practices, partnership with university in preparing, and debriefing students;
- Identification of new learning opportunities or changes to client types or inclusion of new placement activities that should be added to the placement structure and opportunities;
- Identification of new content or learning opportunities that should be added to university curriculum;
- Factors contributing to students seeking employment that involves working with people with disability;
- Factors contributing to students not seeking employment that involves working with people with disability; and
- Professional development opportunities for PEs to assist them in enhancing learning opportunities and activities for students.

Data Analysis

Thematic analysis (Braun and Clarke 2006) of data from the two PE focus groups was conducted. Focus group audio recordings were transcribed verbatim for coding. Author (SN) coded the transcript for focus group 1. The transcript was also independently coded by LM. Authors (SN, LM and FT) then met to discuss the codes and develop consensus regarding coding. Authors (FT and LM) coded focus group 2 transcripts independently using the codes from the first focus group where relevant. New codes were developed where new ideas or issues arose. All authors met to discuss the final list of codes and key topics that emerged from the focus groups. For example, the quote “*For me disability came by chance, I'd been traveling and I came back and needed a job and was paediatric disability-based and I just really enjoyed it ... most of my work has been in the disability sector*” was coded as ‘How supervisors came to be working in the disability sector’. Codes were then combined to form focus topics. For example, ‘How PEs got into disability sector and why they stayed’ is a focus topic which was achieved by combining codes ‘How supervisors came to be working in the disability sector’ and ‘Reasons for liking to work or staying in the disability sector’. In the final iteration, five key topics emerged:

- How PEs got into the disability sector and why they stayed;
- How PE experiences shape their approaches to student placement education;
- PE perceptions of changes in student attitudes and skills post-placement;
- What universities can do to better prepare students to work with people with disability; and
- Preparation of students for job-seeking and employment.

Findings

Focus group data revealed the different pathways through which PEs came to work in the disability sector, their reasons for staying in the sector, and how their own study and experience working in the disability sector informed and shaped their approaches to placement education. Suggestions PEs have for better university preparation of students for working in the disability sector were also provided. In what follows, we discuss the findings under each of the five topics listed above. Quotations were selected to ensure all participant voices were heard in data presentation.

1. How placement educators got into the disability sector and why they stayed

Placement educators had different motivations or preferences for working in disability. Most PEs did not seek employment in the disability sector as their primary choice. Many chose to work in the sector for practical reasons such as limited availability of jobs outside the disability sector. Their own university placement experience, volunteering work experience, experience working with children, and university tutoring experience in disability subjects also influenced their choice of working with people with disabilities.

I didn't seek out disability specifically...

I did a final placement in the disability sector. Actually did my final placement with [xxxx] and I really enjoyed my time here, and really enjoyed my learning experiences. So as a result of that, I was able to secure part-time work whilst I was still finishing my degree as an OT. Then following that, I then secured employment as an OT.

There were some explicit reasons for why PEs liked to work in the disability sector. This included, opportunities to work with a diverse range of clients and their families in the community, and being able to work with the person in a holistic manner. They liked that these experiences gave them a better connection with their clients and over a long period of time. They derived satisfaction from being able to achieve goals with clients and their families, monitor and track progress over long periods of time (for example, transition from school to work), and be able to celebrate achievement of successful outcomes. They also liked the opportunity to work with the whole family.

I really enjoyed being a community therapist and working out in the community and being able to go to the group homes, and all of the different day programs. ... I liked the variety of the clients that we get in disability.

In addition to the above reasons, PEs also stated that they enjoyed and valued their interactions with multidisciplinary teams, and access to expertise from senior colleagues.

A number of challenges they faced at work were also evident during the discussion. This included, client complexity, difficulties communicating with families and carers, coordinating communication with the multidisciplinary team members, managing expectations such as unrealistic goals of clients and their families, and limitations of families' understanding of disability issues.

... you know CALD [Culturally and Linguistically Diverse] families that struggle sometimes just to be able to almost get through the day. They're dealing with sometimes really, really difficult, extremely difficult behaviours. They don't have the capacity to be able to implement programs or implement strategies... They're just not able ... to really implement things that you might be suggesting.

2. How placement educator experiences shape their approaches to student placement education

A number of strategies are used by PEs to assist students' transition into the disability context when students are on placements. Some PEs used their own university preparation (or lack thereof) to develop strategies to support student learning. These strategies included, sending detailed study and resource packages to students prior to commencing placements; good orientation to the sector during Week 1; access to online disability modules for dealing with severity of disability, grief, and loss when working with people with disability; paying careful attention to the selection of clients for students so they go from simple to complex; allowing students to shadow and learn; increasing student confidence by allowing them to practice in safe environments; and encouraging active participation in interprofessional projects, training sessions, and presentations.

I'll usually spend a good couple of hours just talking with them and just helping them to orientate to the placement. I also very carefully select the clients that they would be working with, so they're not thrown in the deep end with somebody that is really complex with huge challenging behaviours and difficult things. So try to find clients where they can have really good success with. I find that you do that, that really helps to make that placement a lot more pleasant for the student.

Close communication with their students was valued by PEs to ensure that they understood client and family-related contexts and information. They consistently encouraged students to reduce the use of jargon while communicating with clients/families.

I think a lot of students, when they're explaining certain things to parents they'll - some will use a lot of jargon and some will not... So I find sometimes it's just telling the students to break everything down and try to ask the parents, do you understand what I'm saying or do you know what I mean.

Placement educators were aware of their students' academic workloads, and sought out different mechanisms to create a positive and enjoyable learning environment and reducing student stress levels. They also acknowledged that students could learn from their own mistakes.

I think also being mindful of the other sort of stresses and pressures that they have because a lot of the time they're also still going to uni as well and doing assignments and things like that. So I'm very mindful to keep asking them all the time that are they managing okay? Is there too much work for them? Making those sort of adjustments, so that – because I don't want it to become so stressful and so pressurised that they're not learning anything, they're not enjoying it.

3. Placement educator perceptions of changes in student attitudes and skills post-placement

Placement educators shared their experiences in relation to change in student attitudes and confidence they have noticed post disability placement. Most believed that students' initial attitudes, some of which may have been influenced by the perceptions of stigma surrounding disability, take a dramatic shift post-placement. Some PEs referred to surveys they administer pre- and post-placement as providing clear evidence for such a shift. Most PEs also believed that student confidence to work with people with disability increased through the placement. In terms of skills development considerable increase in communication skills (less jargon), conflict resolution skills, time management, technical skills (discipline-specific tools and techniques), clinical reasoning, working with interprofessional teams and interpreters, and using holistic, person-centered assessment techniques (example, using observations rather than standardized tests) were reported.

We've run some surveys ... pre- and post-placements with our students. Always quite remarkable ... one of the questions is 'would you consider a career in disabilities?' Before the placement starts you maybe get 20 to 30 per cent saying they'd consider it. Not just that they're aiming for it but it's something they'd consider. Then afterwards it's usually like 70 or 80 ...

I think after they do the disability placement, I think the stigma that they have or the idea that they have around what disability is and to work with someone with a disability, I think it changes their views quite a lot.

Noted barriers reported by the PEs in the focus group for students not shifting their attitude towards disability included, having poor learning experiences on placements, seeing slow improvements with clients, being too focused on clinical aspects, and lacking holistic perspectives during client care.

It might be that because of the fact that you don't see change very quickly or the progress very quickly, you also need to do quite a lot of adaptation and modification of whatever kind of therapy that you're working on. Sometimes the goals - they're very small goals. You can't set unrealistic type of goals. So for the time that they might be on a placement, which is usually maybe four weeks or six weeks ... they might feel that they've been putting all this work in, but they're not really seeing much change or progress.

Many PEs highlighted the impact of students not developing realistic expectations with regard to working in the disability sector. Poor university preparation of students was a major influencing factor. Firstly, PEs believed it is a problem that students expect they will have an in-depth and exhaustive knowledge of supporting people with disability by the end of their university education. Secondly, PEs noted that students' inability to cope with new and complex situations, and lack of awareness of their own knowledge/skills gaps, meant that they were unable to successfully work with people with disability. Over-confidence or too high expectations of self were also identified as a limiting factor for student performance when working with people with disability.

I don't know whether it's got to do with university entry being more competitive and so you've got high achievers, and we know about those personality traits and that sort of thing, but they're very anxious that they're not going to get full marks straight away. Because that's the bar they set themselves. I always try to explain to them, it's not about getting full marks, it's about getting full experience.

4. What universities can do better to prepare students to work with people with disability

Several suggestions and ideas for university preparation of students to work with people with disability were put forward by the PEs. Explicit preparation of students using disability-focused subjects was recommended (for example, using case studies of global and local disability issues and programs e.g., NDIS in Australia). They noted that students had good clinical skills but were unable to transfer their knowledge and skills to disability contexts. Increased exposure using placements where students have opportunities to interact with different cultures and confront a range of severity of disabilities was suggested. PEs believed that lack of explicit preparation for working with people with disability meant that students who went on placements had high stress levels due to not knowing what to expect when on disability placements.

we've had some students that have been quite scared about doing the disability placement, because they really don't know what to expect.

giving the students the opportunity to reflect on some things, or providing them with a package beforehand, is really helpful. It gives them a little bit of a framework as to what to expect.

Better coordinated interprofessional experience for students on disability placements, and increased opportunities to shadow experienced PEs, were suggested by some PEs who acknowledged that those experiences can occur only when timetabling barriers are overcome. A collaborative exercise to develop packages for universities to help prepare students for working with people with disability was also put forward.

I think some of the things that we have difficulties with as well is that universities, even though they do seem to collaborate together and have discussions, sometimes ... each university's students may be differently prepared. So their preparation may look a bit different and so one particular uni may have a much better knowledge of something than another uni or just seem more prepared before coming to the placement. So whether or not the unis could collaborate on a streamlined package, like a streamlined approach that every third year student will have this prior to coming on their placement, every fourth year will have this prior to coming on their placement.

There were several areas where PEs believed that the students were not well prepared. Firstly, most participants believed that students' communication skills to work with people with disability was an area for significant improvement. They stated that use of jargon, not checking clients'/families' understanding of therapy, ignoring nonverbal cues, not making an effort to build rapport with clients, and failure to understand goals and aspirations of clients were skills that students were lacking. Further, students were too focused on labels or diagnosis instead of focusing on functional aspects or taking a whole-person focus.

I find that, all of a sudden, there's no connection between what they're seeing and their clinical reasoning. So it's about rebuilding that bridge of, yes they have this label - we live in a very label intensive society now, which I think drives stigma a lot more. If we've got someone – usually the first question that the student asks me is 'what's their diagnosis?' I almost forget because, when you look at their function, it doesn't matter what label they've got, even if they have a label or not.

Placement educators noted that students have varying levels of communication skills. They ascribe this variation to personality factors, and lack of several factors such as student confidence, prior experience/exposure to people with disability and with people from other cultures, self-awareness of strengths and gaps in skills, and ability to match or apply theory to practice.

I think a lot of it is personality and personal experience. But sometimes I've had a student that just - yeah was basically not confident at all, and every time she said a sentence she'd look at me. ... she was so uncertain of what she was saying and maybe she didn't want to say the wrong thing.

Placement educators identified several barriers to positive student learning experiences. These included inappropriately high supervisor expectations of students, differences in learning/teaching styles of students and supervisors, mismatch in supervisor and student expectations about placement outcomes and performance, students' focus on learning versus obtaining good grades, and students setting high expectations for themselves. PEs believed that student anxiety could be caused by their poor understanding of placement expectations and outcomes, lack of confidence in their work, interruptions to staff supervision and work environment as a response to loss of jobs in the disability organisation, and introduction of new disability policies. These factors can also act as barriers to a positive student learning experience.

Shared student supervision between supervisors was seen as potentially problematic if supervisors provide conflicting messages and feedback to students.

It doesn't always work out that well ... you could have two supervisors and very different approaches, very different expectations, different focus, and that can make it quite difficult for the student, because they might be getting quite conflicting messages and information

They also believed that universities have a role to play in supporting PEs' professional development particularly in the areas of working with CALD students, and those students who are struggling on disability placements.

5. Preparation of students for job-seeking and employment

Placement educators shared with students their own experiences of working in disability, and encouraged students to have a flexible and open-minded approach when seeking employment in the disability sector. When dealing with students who had a narrow focus for their employment, PEs attempted to educate students that they were limiting their employment opportunities by being too selective in their preferences for work.

I do also explain to students who are a bit resistant, I say what I learnt when I was applying for jobs is that it wasn't easy. There were two things, I could have the location that I wanted or the clinical area that I wanted. I couldn't have both because I would still be unemployed to this day.

Irrespective of whether or not the students indicated interest in working in disability, PEs assured their students that skills learned from disability placements were transferable to other patient care settings.

Yeah, I said, I won't twist your arm, if you don't want to work in disability it's not for everyone, and if you don't want to work somewhere you won't be working to your best. So just take what you can from the placement, because you can apply disability skills everywhere.

Positive learning experiences on placements such as, success with clients, interactions with welcoming families/clients, multidisciplinary team members in community settings, and a welcoming and understanding supervisor and placement organisation were believed by PEs to encourage a student to seek employment in the disability sector.

I think it's - for our organisation, in particular, I think what draws students back is the flexibility of our kind of work, in the sense that we are out in the community. We have a wide range of clients, a wide range of disability. We have got that multidis team. I think they're some of the things that have come up in those surveys, and enjoying working as part of the team. The students do really enjoy that.

However, PEs acknowledged that students become disengaged with their learning when they observe how the lack of job stability in their placement organisations arising from high level structural changes impacts their supervisors or the level of supervision they receive.

...so sometimes the students pick up on and are sort of like, why are we learning about this, we're not really sure what's going to happen, this workplace isn't going to be here.

Discussion and implications

The findings from the focus group data construct a narrative that views working with people with disability as an asset and opportunity to provide meaningful person-centered care. Working in

disability was not always the first choice of the participants in this study. However, once employed in this sector PEs' professional experiences were so rewarding that they remained in this sector. What helped them stay can be summarised as a close alignment between their own professional values and that of the disability sector. These values include, an appreciation of a biopsychosocial model of health, satisfaction with working in multidisciplinary teams including working with families and the wider support systems of clients, making and seeing the difference their work has on people with disability and carers, and a commitment to persist with long-term goals.

The PE participants developed these professional values over time. They were articulate in arguing for the benefits and opportunities of working in the disability sector as described in their strategies to overcome students' barriers to considering future careers in this sector. They appear to have been able to move students beyond 'contact' with people with disabilities (Amir 1969), to offer the positive role models and placements identified by McKenna *et al.* (2001) as important in shifting student attitudes regarding working with people with disabilities. In our data, the PEs reported positive attitudes in students towards working in disability identified through both interactions with students on placements, and from their own surveys of students. Such attitudes are in contrast to negative attitudes reported in earlier literature (see for example Brown *et al.* 2009, Jones *et al.* 2015, Thompson *et al.* 2011).

The participants were well aware of the perceptions of stigma attached to disability that reaches beyond the healthcare sector to Western society at large. The ability to communicate using a broad variety of methods, is crucial to providing successful supports to people with disability. Although communication skills, conflict resolution, and clinical reasoning are required in other health domains, the findings demonstrate that they are especially important skill sets for working effectively with people with disability. With increasing client diversity, client co-morbidities, and complexity, it is imperative for all future healthcare practitioners to have practice capabilities in areas such as communication, diverse healthcare, and interprofessional skills because without these, quality provision of healthcare remains incomplete.

We also found that the PE participants had a wealth of experience and innovative strategies to create good learning environments for students. They provided resource packages to students prior to commencing placements. They had experience in influencing students' preconceived and un-reflected attitudes towards disability. They had strategies in place to carefully scaffold students' involvement with clients, and managed experiences to enhance positive attitudes and relevant skills. The PE participants expressed passion and commitment to the disability sector, and role-modeled this for students.

Placement educators identified three areas where universities could better support them. These were, better preparation by universities of students for disability placements, greater pre-placement exposure to the disability discourse and realities, and better coordination and communication with placement hosts about students with additional needs. Preparation for placements is critical, as noted earlier (Shoemaker, Bowman, and Lester 1998). However, it is challenging to prepare students adequately for placements because, to a degree, practice requirements remain uncertain, and students cannot be prepared for everything ahead of time. However, more care can be taken in preparing students for disability placements by providing learning opportunities about healthcare services available for people with disability, increasing students' cultural and political awareness regarding disability, and exposing them to the disability rights discourse.

From the research presented in this article, we draw a number of conclusions. Our data analysis provided support for the need for better collaboration and coordination between university programs and host organisations. We recommend that universities review their curriculum design, and learning and teaching strategies to foster development of positive student attitudes towards working with people with disability. Special attention should be given to education and assessment practices that appropriately align with employment demands and employer expectations of allied health graduates. We recommend for PEs to reflect on their current

supervision practices, and deepen their repertoire of supervision skills that contribute to positive student attitudes towards people with disability. Based on PEs' perceptions of university preparation, or their lack thereof, we suggest that combined professional development opportunities for academic and clinical staff can strengthen their partnership, and bolster more coherent disability placement programs that lead to better student experiences.

A limitation of this study was that it only engaged PEs. Future research needs to explore students' perceptions of the impact of disability placement on allied health students' attitudes towards working with people with disability. People with disability themselves need to be engaged in research to ensure holistic, people-centered approaches to working and living with disability. Helping to develop positive attitudes towards working with people with disability requires a concerted effort by all stakeholders.

Conclusion

This study investigated what PEs perceive to be key influences on willingness, readiness, and preparedness of themselves and allied health students to work with people with disability. Factors related to the placement, such as providing learning materials prior to placement, influencing students' preconceived and un-reflected attitudes towards disability, scaffolding students' involvement with clients, and managing experiences to enhance positive attitudes and relevant skills, along with modeling passion and commitment to supporting people with disability, were identified. University-related factors identified include: preparation of students for the placement, exposure to the disability discourse, and a collaborative partnership between university and PEs. These findings can be used to inform future curriculum reviews, placement design and experiences, and disability sector staff professional development.

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