



Healthcare Workers' Preparation to Provide Services for People With Disabilities

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Annotation. This study aims to explore the self-reported experience in preparation to provide services for patients with disabilities among healthcare workers. Performed inferential statistics of data of 107 physicians, 218 nurses, 103 physiotherapists, and 236 social workers showed statistically significant differences between self-reported experiences in preparation to provide services for patients with disabilities. Research results will help to guide health care providers' training and health policy and planning in Lithuania.

Keywords: *patients with disabilities, training, preparation, healthcare workers.*

Introduction

Recognizing that at the heart of health systems in the 21st century are more flexible, multi-skilled, and team-oriented health professionals, UN WHO emphasizes that: health care must be provided as team-based, new forms of service need to be provided (including home care and long-term care), new skills to support patient empowerment and self-care are needed, strategic planning, management, cross-sectoral work, and leadership need to be strengthened (World Health Organization [WHO], 2013).

To address the current requirements of health systems, it is essential to prioritize the education of healthcare professionals. Their training should be transformative, of high quality, lifelong, and equip them with the necessary skills to meet the health needs of the population, allowing them to work to their full potential (WHO, 2016a; WHO, 2018).

Socially accountable education is needed, including teamwork training, ethical practices, respect for rights, gender- and culture-sensitive communication, and patient empowerment (WHO, 2016a). Meanwhile, as the WHO notes, all countries, regardless of their socio-economic level, have difficulties with health worker education, and the goal is to adopt transformative strategies to scale-up health worker education by 2030 (WHO, 2016a), prioritizing investment in this area (WHO, 2016b). The problem is even greater with the education of health workers to provide services for people with disabilities (PWD). Research studies suggest that healthcare workers have poor knowledge, skills, and preparation for providing a service to persons with disabilities (Boyce et al., 2020; Brämberg et al., 2018; Devkota et al., 2017; Kritzinger et al., 2014; Lalive d'Épinay Raemy & Paignon, 2019) and they are inadequately trained to meet the needs of the PWD (Maltais et al., 2019; Kurowski-Burt & Haddox, 2018). Research conducted in Lithuania show that the general practice nursing study programs do not pay enough attention to the issues of nursing for people with disabilities (Piščalkienė, 2010) and that in general – a significant number of Lithuanian students have a clinical approach to the phenomenon of disability and the fear of meeting patients with disabilities in real professional activities (Česnauskienė & Gintilienė, 2011).

Therefore, it is no coincidence that the scientific literature emphasizes the need to improve the health workers preparation or additional training to address the needs of PWD and provide high-quality patient-centered healthcare to PWD (Brown & McCann, 2019; Holder et al., 2009; Stransky et al., 2018; Kurowski-Burt & Haddox, 2018).

Thus, a review of UN WHO, European Union, and Lithuanian documents, international and national research highlights the importance of healthcare worker education and preparation and the need to be improved to achieve the well-being of PWD. However, this issue is understudied in Lithuania, and therefore there is an insufficient understanding of how Lithuanian health workers are trained and prepared to provide services to PWD. To enhance comprehension in this context, this article focuses on the preparation process (forms) for healthcare workers providing health care services for individuals with disabilities, based on data derived from health workers' self-reported experiences. Therefore, the aim of this research is to explore the self-reported experience of healthcare workers preparation to provide services for PWD. Here are the key questions related to healthcare workers and their preparation to provide services to PWD:

Specialized modules and/or subjects: Do health workers in higher education study specialized modules or subjects specifically aimed at enhancing their understanding of providing services for PWD?

Integration into curriculum: Is the preparation to provide services for PWD integrated into various modules and/or subjects within health education programs?

Qualification improvement: Do health workers actively seek to improve their qualifications to provide services for PWD through training courses, whether funded by workplaces, or at their own expense?

Informal learning: How do health workers informally acquire knowledge about providing services for PWD? Do they learn from colleagues, other people, articles, YouTube videos, etc.?

Learning from experience: Do healthcare workers learn from their own experiences in providing health services to PWD?

In addition, it's essential to explore how the answers to these questions relate to the specialties of health professionals (such as doctors, physiotherapists, nurses, and social workers) who provide healthcare services for PWD.

Materials and Methods

In this article was used the subset of data from the 2019–2020 national survey aimed to understand the situation of people with disabilities in the health care system.

Participants. A convenience sample of 664 health workers: 16.1% doctors ($n = 107$), 32.8% nurses ($n = 218$), 15.5% physiotherapist ($n = 103$), and 35.5% social workers ($n = 236$). Other topic specific characteristics are presented in Table 1.

Table 1
Other Topic Specific Characteristics of Participants

Characteristics		Doc-tors	Nurses	Physio-thera-pists	Social wor-kers	Total
Gender	Male	30.8%	4.1%	19.4%	5.9%	11.4%
	Female	69.2%	95.9%	80.6%	94.1%	88.6%
Age	Range	23–73	23–63	21–69	20–68	20–73
	Mean (SD)	49.25 (13.4)	43.31 (11.3)	34.4 (10.5)	42 (11.6)	42.43 (12.4)
Degree	Without a degree	-	25.8%	2.9%	18.8%	15.5%
	Professional bachelor	-	40.6%	37.9%	36.2%	32.0%
	Bachelor of science	-	21.2%	32.0%	27.1%	21.5%
	Master/Doctor	100.0%	12.4%	27.2%	17.9%	30.9%
How of-ten work with PWD	All or most patients PWD	31.8%	47.0%	62.4%	71.9%	55.6%
	Have at least one daily or one - two a week	39.3%	26.7%	20.8%	17.7%	24.7%
	Have one two a month or few a year	29.0%	26.3%	16.8%	10.4%	19.7%

Research instrument. To evaluate how healthcare workers were being prepared to provide services for PWD, respondents were asked to select multiple answers that reflected their preparation process. The options included:

Specialized modules and/or subjects: Whether they had a special module and/or subject related to providing services for PWD during their study process?

Integration in study process: Whether such preparation was integrated into their study process by covering various modules and/or subjects?

No study during the study years: Whether they did not study it at all during the study years?

Training courses: Whether they studied in training courses funded by workplaces or at their own personal expense?

Informal learning: Whether they learned informally from colleagues, other people, articles, watching YouTube, etc.?

Learning from experience: Whether they learned from their own experience to provide healthcare service for PWD?

The data analysis involved using SPSS version 22. A Chi-square test was conducted to assess whether there was a significant association between different groups of healthcare workers' preparation to provide services for PWD. In addition, standardized residuals (z-scores) were utilized for post-hoc analysis following the Chi-square test.

Results

Table 2 reports the frequencies and percentages of respondents' answers.

Table 2

Health Workers' Reported Preparation to Provide Services for PWD

Preparation to provide services for PWD	N	%
Had a specialized module and/or subject related to providing services for PWD during their study process.	141	21.2
Preparation was integrated into their study process by covering various modules and/or subjects.	275	41.4
Didn't study anything related to providing services for PWD during the preparation year.	66	9.9
Received training through courses funded by workplaces.	303	45.6
Received training through independent participation in courses and events covering the associated costs personally.	154	23.2
Informally acquired knowledge by learning from colleagues, other people, articles, and watching YouTube videos, etc.	213	32.1
Learned to provide services for PWD from their own experience.	252	38.0

Slightly fewer than a half of respondents reported that they received training to provide services for PWD through various courses funded by workplaces (45.6%), and that such preparation was integrated into their study process by covering various modules and/or subjects (41.4%). More than one third reported that they learned to provide services for PWD from their own experience (38%) and less than one third – informally acquired knowledge by learning from colleagues, other people, articles, watching YouTube videos, etc. (32.1%). Less than a quarter reported that they independently pursued various courses and events related to providing services for PWD at their own personal expense (23.2%) and had a specialized module and/or subject during their study process (21.1%). Few of participants reported that they did not study anything related to providing healthcare services for PWD during the study year (9.9%).

The Chi-square test revealed statistically significant variations in the reported preparation to provide services for PWD among doctors, nurses, physiotherapists, and social workers (Table 3).

Table 3
Health Workers Groups' Differences in Reported Preparation to Provide Services for PWD

Preparation to provide services for PWD			Speciality				χ^2 test	
			Doctors	Nurses	Physiotherapists	Social workers	χ^2	df
Had a specialized module and/or subject related to providing services for PWD during their study process.	Yes	%	11.2%	17.5%	30.1%	25.4%	15.516*	3
		Std. Res.	-2.3	-1.2	1.9	1.4		
	No	%	88.8%	82.5%	69.9%	74.6%		
		Std. Res.	1.2	.6	-1.0	-.7		
Preparation was integrated into their study process by covering various modules and/or subjects.	Yes	%	31.8%	30.9%	68.9%	43.6%	46.637**	3
		Std. Res.	-1.6	-2.4	4.3	.5		
	No	%	68.2%	69.1%	31.1%	56.4%		
		Std. Res.	1.3	2.0	-3.6	-.4		
Didn't study anything related to providing services for PWD during the preparation year.	Yes	%	30.8%	7.4%	4.9%	5.1%	62.920**	3
		Std. Res.	6.8	-1.2	-1.6	-2.4		
	No	%	69.2%	92.6%	95.1%	94.9%		
		Std. Res.	-2.3	.4	.5	.8		

Preparation to provide services for PWD			Speciality				χ^2 test	
			Doctors	Nurses	Physio-therapists	Social workers	χ^2	df
Received training through courses funded by workplaces.	Yes	%	28.0%	51.6%	26.2%	56.8%	43.945**	3
		Std. Res.	-2.7	1.3	-2.9	2.5		
	No	%	72.0%	48.4%	73.8%	43.2%		
		Std. Res.	2.5	-1.2	2.7	-2.3		
Received training through independent participation in courses and events covering the associated costs personally.	Yes	%	83.2%	79.7%	70.9%	73.7%	6.757	3
		Std. Res.	.8	.5	-.7	-.5		
	No	%	16,8%	20,3%	29,1%	26,3%		
		Std. Res.	-1.4	-.9	1.2	1.0		
Informally acquired knowledge by learning from colleagues, other people, articles, and watching YouTube videos, etc.	Yes	%	35.5%	25.8%	49.5%	28.8%	20.007**	3
		Std. Res.	.6	-1.6	3.1	-.9		
	No	%	64.5%	74.2%	50.5%	71.2%		
		Std. Res.	-.4	1.1	-2.1	.6		
Learned to provide services for PWD from their own experience.	Yes	%	58.9%	40.1%	25.2%	32.2%	30.678**	3
		Std. Res.	3.5	.5	-2.1	-1.4		
	No	%	41.1%	59.9%	74.8%	67.8%		
		Std. Res.	-2.7	-.4	1.6	1.1		

Note *p < .05; ** p < .001

Looking at the standardized residuals, significantly less doctors than expected reported that they had specialized module and/or subject related to providing services for PWD during their study process (11.2%, $z = -2.3$), received training through courses funded by workplaces (28.0%, $z = -2.7$). And significantly more doctors than expected reported have not been prepared to provide services for PWD in their study process (30.8%, $z = 6.8$) and learned from their own experience (58.9%, $z = 3.5$). Significantly less nurses than expected reported that such preparation was integrated in the study process by studying various modules and/or subjects (30.9%, $z = -2.4$). Significantly more physiotherapists than expected reported that such preparation was integrated into their study process by covering various modules and/or subjects (68.9%, $z = 4.3$), informally acquired knowledge by learning from colleagues, other people, articles,

watching YouTube videos, etc. (49.5%, $z = 3.1$). And significantly less physiotherapists than expected reported that they received training through courses funded by workplaces (26.2%, $z = -2.9$), learned to provide services for PWD from their own experience (25.2%, $z = -2.1$). Significantly fewer social workers than expected reported that they did not study it at all during the study year (5.1%, $z = -2.4$), and more than expected studied in training courses by workplaces (56.8%, $z = 2.5$).

Discussion

This study provides the first attempt to explore the healthcare workers preparation to provide services for patients with disabilities. The study revealed the differences in doctors, nurses, physiotherapists, and social workers preparation to provide services for PWD. Overall, slightly fewer than a half of respondents reported, that they received training to provide services for PWD in various courses funded by workplaces (45.6%), and that preparation was integrated into their study process by covering various modules and/or subjects (41.4%), and less than a quarter responded having a specialized module and/or subject related to providing services for PWD during their study process (21.1%). This data is also consistent with studies carried out by other scientists, which indicate that not all healthcare workers have separate study subjects for work with PWD (Devkota et al., 2017; Shakespeare & Kleine, 2015) and use a variety of complementary methods to develop students' competencies to work with PWD (Shakespeare & Kleine, 2015). Studies show that integration into the study process (Holder et al., 2009) and interdisciplinary training (Garzilo et al., 2020) are useful tools to educate healthcare students to provide service for PWD.

Our research showed that about one third of healthcare workers learned to provide services for PWD from their own experience (38%) and informally acquired knowledge by learning from colleagues, other people, articles, and watching YouTube videos, etc. (32.1%), about a quarter reported that they received training through independent participation in courses and events covering the associated costs personally (23.2%). Some studies show that it is common experience in healthcare to learn from experience (Sorensen et al., 2017), to be trained in workplace (Philips et al., 2016) and independently in various workshops (Hanass-Hancock & Alli, 2015) and it can be effective to improve services for people with disabilities. There were healthcare workers, who did not study it at all during the study year (9.9%), this is shown by other studies as well (Devkota et al., 2017).

The study's inferential statistics revealed statistically significant differences in healthcare workers preparation to provide services for PWD. Doctors stand out in this respect. Less doctors than expected reported that they had a specialized module and/or a subject in the study process (11.2%), received training through courses funded by

workplaces (28.0%), and more doctors than expected reported have not been prepared to provide services for PWD in their study process (30.8%) and learned to provide services from their own experience in practice places (58.9%). Less nurses than expected reported that such preparation was integrated into their study process by covering various modules and/or subjects (30.9%). This reveals that doctors' and nurses' pre-service education to provide services for PWD is not sufficient. In this regard, pre-service physiotherapists' education to provide services for PWD is stronger. Significantly more physiotherapists than expected reported that such preparation was integrated into their study process by covering various modules and/or subjects (68.9%), however, more than expected acquired knowledge by learning from colleagues, other people, articles, and watching YouTube videos, etc. (49.5%). Significantly fewer physiotherapists than expected reported that they received training through courses funded by workplaces (26.2%) and learned to provide services for PWD from their experience (25.2%).

Social workers pre-service and in-service preparation to provide services for PWD is stronger. Significantly fewer social workers than expected reported that they did not study it at all during the study year (5.1%) and more than expected received training through courses funded by workplaces (56.8%).

The results of the study show that it is necessary to review the training of healthcare workers and to enable doctors and nurses to acquire skills and knowledge to provide services for PWD in pre-service education and to improve them in in-service education; and to enable physiotherapists to improve their knowledge to provide services for PWD in in-service education. The authors of this article, like other scholars (Brown & McCann, 2019; Holder et al., 2009; Kuper & Hanefield, 2018; Stransky et al., 2018), encourage policymakers and the academic community to address the healthcare workers needs to develop their skills and competencies to provide quality healthcare service for PWD and provide education and training opportunities for healthcare workers to undertake their role more effectively and efficiently to the needs of PWD.

This study has several strengths and limitations. This study is the first attempt to explore the self-reported experience in preparation to provide healthcare services for patients with disabilities among healthcare workers. Data were analyzed by carefully selected statistical methods that best suit the type of the data and were presented as different experiences in preparation to provide services for PWD of healthcare workers. The strength of the present study is that the data reflects a variety of experience, thus capturing different perspective of healthcare workers – doctors, nurses, physiotherapists, and social workers.

However, the findings have limited external validity since the sample was probabilistic, and this of sampling bias must be considered when interpreting the results of this study. We also haven't adjusted for the gender, age, education and professional degree, clinic type, and location status of the respondents as health care workers with

different socio-demographic and professional status might have differing experience in the preparation to provide services for PWD.

The present study has a quantitative design, which reflects the health care system in Lithuania. The results of this study could also be of interest in other countries (with comparable health care systems) which are seeking to facilitate healthcare service for PWD.

Conclusion

Healthcare workers primarily received preparation to provide services for PWD through in-service education (through training courses funded by the workplaces or own financial resources, informally acquired knowledge by learning from colleagues, other people, articles, and watching YouTube videos, etc.) and partly in pre-service education (preparation was integrated into their study process by covering various modules and/or subjects). Hence, it is imperative to enhance the training process for healthcare professionals to deliver patient-centered, high-quality care to individuals with disabilities.

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Sveikatos priežiūros darbuotojų pasirengimas dirbti su žmonėmis, turinčiais negalią

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Santrauka

Remiantis Pasaulinės sveikatos organizacijos ataskaita apie negalią, sveikatos priežiūros paslaugų darbuotojams trūksta mokymų, kaip dirbti su neįgaliais pacientais. Dėl šios priežasties nukenčia teikiamų sveikatos priežiūros paslaugų kokybė. Buvo iškeltas tyrimo tikslas – ištirti sveikatos priežiūros darbuotojų požiūrį į jų pasirengimą dirbti su pacientais, turinčiais negalią. Buvo atlikta apklausa, kurioje dalyvavo 107 gydytojai, 218 slaugytojų, 103 kineziterapeutai ir 236 socialiniai darbuotojai. Tyrimo rezultatai parodė statistiškai reikšmingus skirtumus

tarp savarankiškai vertinamo pasirengimo dirbti su žmonėmis, turinčiais negalių. Sveikatos priežiūros darbuotojai darbui su neįgaliais žmonėmis dažniausiai buvo rengiami darbo vietoje (darbovietės ar asmeninėmis lėšomis finansuojamuose mokymuose, mokantis iš kolegų ar neformaliai iš kolegų, kitų asmenų, skaitant straipsnius, žiūrint YouTube ir t. t.) ir iš dalies – studijų metu (pasirengimas buvo integruotas į studijų procesą, studijuojant įvairius modulius, sandus, dalykus). Būtina tobulinti sveikatos priežiūros darbuotojų pasirengimą, kad jie galėtų teikti kokybiškas, į pacientą orientuotas sveikatos priežiūros paslaugas pacientams su negalia. Tyrimo rezultatai padės tobulinti sveikatos priežiūros specialistų rengimą bei planuoti sveikatos politiką Lietuvoje.

Esminiai žodžiai: *pacientai su negaliomis, specialistų rengimas, sveikatos priežiūros darbuotojai.*

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