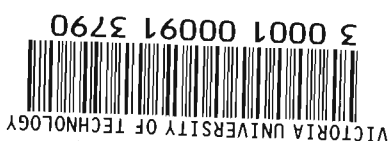


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**ATTITUDES OF COMPARATIVE GROUPS OF BUSINESS STUDENTS  
(INCLUDING HOSPITALITY AND TOURISM)  
TOWARDS PEOPLE WITH DISABILITIES.**

**BY**

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## TABLE OF CONTENTS.

List of Tables

List of Figures

Chapter:

Page:

### 1 . INTRODUCTION

Introduction	1
1.1 Statement of the Problem	3
1.2 Purpose of the Study	4
1.3 Need for the Study	4
1.4 Delimitations of the Study	9
1.5 Limitations of the Study	9
1.6 Assumptions	10
1.7 Definition of the Terms	10

### 2 . REVIEW OF THE RELATED LITERATURE

Introduction	12
2.1 Literature Related to Attitudes and Attitude Change	12
2.1.1 Introduction	12
2.1.2 Attitudes	13
2.1.3 Origins of Negative Attitudes	15
2.1.4 Attitude Change	16
2.1.5 Summary	17
2.2 Literature Related to Other Disability Scales	18
2.2.1 Introduction	18
2.2.2 Likert-type Attitude Tests/Scales	18
2.2.3 A.T.D.P. Scale	20
2.2.4 Summary	20
2.3 Literature Related to Past Research Results on Attitudes Towards Disabled People	21
2.3.1 Introduction	21
2.3.2 Student Attitudes Towards Disabled People	22
2.3.3 Health Science Students' Image of Disabled People	23
2.3.4 College Nursing Students' Attitudes	24
2.3.5 Children's Attitudes Towards Disabled Persons	25
2.3.6 Disabled versus Non-disabled Counsellors	26
2.3.7 Attitudes as Expressed by Rehabilitation Professionals	27
2.3.8 Summary	27

### **3. METHODS AND PROCEDURES**

3.1	Introduction	28
3.2	Identification of the Population	28
3.3	Determination and Implications of Attitudes	29
3.3.1	Selection and Development of the Instrument	29
3.3.1.1	Introduction	30
3.3.1.2	Development of the ATDP Scales	30
3.3.1.3	Interpretation of the Data	31
3.3.1.4	Reliability	31
3.3.1.5	Validity	32
3.3.1.6	Acquiescence	33
3.3.1.7	Faking/Social Desirability	34
3.3.1.8	The Selected Instrument	36
3.3.2	Printing the Instrument and Accompanying Letter	37
3.3.3	Distribution of the Instrument and Collection of the Data	37
3.4	Organisation and Analysis of the Data	38
3.5	Summary	38

### **4 . FINDINGS**

4.1	The Sample	39
4.1.1	Introduction	39
4.1.2	Total Population	39
4.1.3	Sample Taken	40
4.1.4	Limitations to the Sample	42
4.2	Interpretation of the Data	42
4.3	The Relationship of Course and Year to Mean Attitude Scores	44
4.4	The Relationship of Course and Industrial Experience on Mean Attitude Scores	45
4.5	The Relationship of Course and Age on Mean Attitude Score	47
4.6	The Relationship of Course and Gender on Mean Attitude Score	48
4.7	The Relationship of Course and Exposure to People with Disabilities on Mean Attitude Scores	49
4.8	The Relationship of Course, Gender and Exposure to People with Disabilities on Mean Attitude Scores	51
4.9	Mean Attitude Score Differences of Footscray Campus Business Students and Other University Students	52
4.10	Summary of Findings	54

### **5 . SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

5.1	Summary	58
5.2	Conclusions	59
5.3	Recommendations	60

### **6 . REFERENCES**

### **7 . APPENDICES**

Appendix 1:	ATDP Scale, Form O	65
Appendix 2:	Permission for use of ATDP Scale	66
Appendix 3:	Cover Letter for Questionnaire	68
Appendix 4:	Questionnaire	69

LIST OF TABLES

Table:	Page:
1. Demographics of Disabled Persons in Australia	2
2. Bachelor of Business Courses at Footscray, 1990	3 9
3. Respondent Numbers: Completed Valid Surveys	4 0
4. Response Size as a Percentage of the Total Population	4 1
5. Number of Responses from Groups	4 2
6. Mean Score of V.U.T. Business Students	4 4
7. Mean Score Based on Industrial Experience	4 5
8. Mean Score Based on Age	4 7
9. Mean Score Based on Gender	4 8
10. Mean Score Based on Exposure to People with Disabilities	5 0
11. Mean Scores of Past Research, ATDP, Form O	5 3
12. Mean Overall Attitude Scores for Previous Studies	5 3

**LIST OF FIGURES.**

Figure:	Page:
1. Course and Year on Mean Attitude Scores	4 4
2. Course and Industrial Experience on Mean Attitude Scores	4 6
3. Course and Age on Mean Attitude Scores	4 7
4. Course and Gender on Mean Attitude Scores	4 9
5. Course and Exposure to Disabled People on Mean Attitude Scores	5 0
6. Course, Gender and Exposure to Disabled People on Mean Attitude Scores	5 2



## CHAPTER 1.

### INTRODUCTION.

#### Introduction.

The first chapter of this research project introduces the barriers people with disabilities face today and outlines the recent developments to commence the breaking of those barriers. This will lead to the statement of the problem, purpose and need for the study, followed by the delimitations and limitations of the study. The final part of this chapter will state any assumptions made by the author and definition of terms regularly used throughout the research project will be made.

The United Nations declared 1981 as the International Year of Disabled Persons (I.Y.D.P.). In Australia, this was reflected with the national media campaign "Break Down the Barriers." The campaign substantially increased the awareness of people with disabilities and their needs.

The Australian Bureau of Statistics found in 1988 that nearly sixteen percent of the total Australian population is disabled in some form. Eighty-four percent of those people (or 14 percent of the total population) are handicapped by their disability. Four percent (or 657,500 people) of the population are severely handicapped. An estimated forty percent of the handicapped people require artificial physical help.

Table 1. Demographics of Disabled Persons in Australia (1988)

	<u>All Persons</u>	<u>No. Disabled</u>	<u>Percentage.</u>
Total	16,338,600	2,543,000	15.6%
Male	8,119,400	1,295,500	16.0%
Female	8,219,200	1,247,500	15.2%

Source: Aust. Bureau of Statistics (1989) Disabled and Aged Persons Australia 1988.

These statistics show that a substantial number of people in our population do need special facilities and requirements.

People working in the "Service industry" (ranging from healthcare workers to shop assistants and hospitality and tourism staff) need to be made aware that potential customers (guests or patients) may be subject to different types of disabilities. It is therefore important that these staff members know how to offer people with disabilities the same services as any able customer.

The I.Y.D.P. year was in addition, a major factor in generating and facilitating accessible physical structures, procedures and general information for people with disabilities.

Physical barriers since, have increasingly disappeared, however, the most important barriers - "Attitudes" - are still surviving.

Tangible items, such as new building regulations, employment opportunities, and facilities access are easier to change to suit people with disabilities than intangible needs such as attitudes towards disabled people. Both positive and negative attitude change can occur through awareness, education and life experience/personal involvement.(1)

This study was undertaken to determine the attitudes of hospitality and tourism students of the Victoria University of Technology, Footscray Campus, before graduation and to determine whether these attitudes are any different from other business students of the University. As future managers and industry leaders in tourism and hospitality, their attitudes are important.

If the results show that the attitudes of hospitality and tourism students are ranked comparatively low compared to other business students, a consideration will be given to the further inclusion of disability awareness material in courses taught at tertiary level.

This study will also examine the possible difference between first year business students and final year business students. Although this is not a longitudinal study, if it is found that attitude scores are better at fourth year level, a number of inferences may be made; better attitude scores could be due to age difference or more experience in the industry.

### 1.1 Statement of the Problem

The objective of the study is to investigate the attitudes of the Victoria University of Technology, Footscray Campus hospitality and tourism students towards people with disabilities.

## 1.2 Purpose of the Study.

The purpose of the study is to provide information on the attitudes of first year and final year students of hospitality and tourism degree courses towards people with disabilities. This information is then utilised to determine whether students' attitudes were positive or negative, whether they reflected a difference between the two years, whether this difference is of a positive or negative nature and whether they differ substantially from those attitudes held by the other business students.

From the findings, recommendations and likely reasons are suggested for the possible differences between the degree courses or the students, so that a basis for further research on this topic can be developed.

## 1.3 Need for the Study.

Much has been written about the problems of people with disabilities, especially since 1981, the International Year of the Disabled Person (IYDP). Most of the literature to date, however, focuses predominantly on the physical requirements of the disabled person.

People with disabilities often find that physical facilities are (near) adequate,(2) especially in the newer buildings and attractions, due to the I.Y.D.P. However, these newer buildings are often out of the budget of travellers with disabilities. (3)

On the other hand, the intangible needs of people with disabilities are not being met. This is where the positive attitudes of the staff are of importance. Today's students are the potential employees of tomorrow and will be the decision makers of the future. They will have the power to allocate monetary resources, and also hold the power to train staff.

Mary Baker, Chairperson of the report Tourism For All, set up by the English Tourist Board, states that people with disabilities are often made to feel unwelcome even though the report found an enormous amount of goodwill amongst hospitality and tourism operators. The largest problem the report found, was a large communication's gap between the providers of the service and customers. Hotels would claim to be suitable for people with disabilities but would often prove not to be. On the other side, people with disabilities would not be clear in stating their needs, perhaps due to fear of refusal if they were completely candid. This would then lead to an unsatisfying holiday by the traveller with disabilities because of the unsuitable facilities offered.

In the conclusion of the report, the research found that even if a tourist facility lacked some of the facilities required by a traveller with disabilities, a holiday would still be a great success if some goodwill and a welcoming smile was shown by the staff. Mary Baker believes that this may well be most difficult to achieve.

As will be seen in the theory of attitudes, in Section 2.1, stereotyping is of major relevance to the attitudes of people towards minority groups. People with disabilities are assumed to be greatly different from the able-bodied persons. In addition, consistent stereotypes are held by culturally diverse groups, suggesting influence from literature and the mass media. (4)

The study by Warren suggested that the I.Y.D.P. and the associated media campaign had provided accurate information about the needs of people with disabilities and improved society's knowledge about disabilities, however, people were less convinced that the media campaign promoted attitude change and changes in reaction likely to encourage future interactions with travellers with disabilities. Warren's survey also found that face-to-face contacts were more useful in achieving attitude and behavioural change than a media campaign alone.

Beatrice Wright (5) noted that where problems involving disability are presented within the coping framework, as part of the normal lives of the individuals, positive attitudes can be expected.

As was stated in the introduction of this study, the size of the disabled market is a notable one, close to 16%. It is important that the staff in this section of the service industry are trained to build positive attitudes. The training can be administered at an early stage, (for example at colleges and universities) so that the negative attitude barriers can be reduced or eliminated by the time students enter the workforce.

Engel, along with other psychologists, believe that attitudes of people can be changed.(6) If the attitudes of students towards people with disabilities are found to be negative, it will affect the (potential) performance of hospitality/tourism staff.

Numerous attitude studies have already been carried out, notably by Professor Harold Yuker and his team at the Hofstra University in the U.S.A. No specific research however, has as yet been carried out into the (future) employees of the hospitality and tourism industry.

Bruce Lazarus and Jane Kaufman in an article published in The Cornell H.R.A. Quarterly, (7) found that despite a growing number of disabled travellers, few hospitality programs deal directly with educational issues regarding disabled guests. Worldwide, few hospitality employees have been trained to address the wide range of needs presented by this growing guest segment. To market effectively to disabled travellers, hospitality operators must increase their awareness of the needs of individuals. It is, for example, often assumed that elevators provide adequate access for guests with disabilities, but if the control panel is placed too high to be reached by wheelchair bound individuals or there is no Braille lettering on the panel, the elevator remains a barrier for wheelchair-users or visually impaired guests. The article concluded by stating that if the hospitality industry is to respond adequately to the special needs of this guest segment, entrants

into the industry must be aware of these needs and the types of facility modifications and special services these guests require. Lazarus and Kaufman's survey indicated that hotel and motel managers recognise the need for this special training. It is the responsibility of hospitality educators to respond.

Educating potential employees about the needs of people with disabilities is very difficult. Their feelings about people with disabilities have been conditioned since childhood, and a simple classroom teaching approach will not be effective in dismissing innermost prejudices. (8)

Upon examining the two re-accreditation manuals (1988) of the Bachelor of Business, Catering and Hotel Management and the Bachelor of Business, Tourism Management, (9 + 10) it is found that neither course offer any subjects directly related to disability awareness or even as a component of a subject.

However, a fourth year elective subject "Hospitality Facilities Planning and Design" for Catering and Hotel Management students does cover disability awareness, although this is not compulsory, nor accredited as part of the course.



#### 1.4 Delimitations of the Study.

This study was delimited in the following ways:

- The use of a set questionnaire.
- An investigation of first year and final year students of the Bachelor of Business, (Hotel and Catering), and the Bachelor of Business, (Tourism) courses, offered at Victoria University of Technology, Footscray Campus.
- The use of all other first year and final year Bachelor of Business students at Victoria University of Technology, Footscray Campus, as the comparative group.

#### 1.5 Limitations of the Study.

The following were limitations of the study:

- Inferences/recommendations can only be made with reference to the Victoria University of Technology, Footscray campus courses.
- Subjects' responses are valid at the time of questioning, however, attitudes can change.
- Inferences between the first year students and fourth year students are limited. Only a longitudinal study would reveal the true change over time.

## 1.6 Assumptions.

The study proceeded upon the following assumptions:

- The respondents answered the questionnaire to the best of their understanding and ability.
- The survey instrument used was both valid and reliable for the purpose of this study.

## 1.7 Definition of the Terms.

Terms pertinent to the study were defined as follows:

Attitude: "Evaluative statements or judgments concerning objects, people or events" (11)

Impairment: The World Health Organisation defines an impairment as any loss or abnormality of psychological, physiological, or anatomical structure or function. (Note: "Impairment" is more inclusive than "disorder" in that it covers losses, - eg. the loss of a leg is an impairment, but not a disorder.) (12)

Disability: The W.H.O. defines a disability as any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. (13)

Handicap: The W.H.O. defines a handicap as a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual. (14)

Normal/Able people: In a general sense, normal is "what is usual, expected, understood in its frame of reference, and generally regarded as desirable." (15)

Student: In this context, a student is defined as someone undertaking a full-time tertiary education course. A first year students is a person enroled for first year subjects. A final or fourth year student is a person enroled for their potentially final year in their course.

## CHAPTER 2.

### REVIEW OF THE RELATED LITERATURE.

#### Introduction.

This chapter of the study will commence with an examination of the literature available on the theory of attitudes and attitude change. This will be followed by research into other attitude disability scales that are available and their limitations. The final section of the chapter will look at past research results on attitudes towards people with disabilities.

#### 2.1 Literature Related to Attitudes and Attitude Change.

##### 2.1.1 Introduction.

Edward Brodsky-Porges in an article in the Cornell H.R.A. Quarterly, (16) states that it is useless to remove architectural barriers without first eliminating psychological barriers through employee training. Employees' attitudes about people with disabilities motivate and direct their behaviour. If their socially conditioned negative attitudes towards people with disabilities are not overcome, they will act in ways that say to the guest: "You are not welcomed -merely tolerated."

The following section will look at the theories available at the present time on attitudes, how negative attitudes are formed and how they can be changed.

### 2.1.2 Attitudes.

As stated in Chapter One of this research, attitudes are evaluative statements or judgments concerning objects, people or events.(17) Attitudes are considered to have three components: cognitions (beliefs), emotions (feelings), and behaviours (actions). (18)

As humans, we strive to be consistent in those three areas. Any inconsistency will act as an irritant or a stimulus that motivates us to modify or change one or more of these components until they form a coherent, and balanced package. (19)

Attitudes are developed through conditioning in the past.

Some attitudes not only affect individuals and the people close to those, but can affect society. A principal example is prejudice, which also consists of a combination of feelings, beliefs and behavioural tendencies. Some attitudes, such as a negative reaction to smoking, are based on accurate information, however, prejudice is not. The foundation of prejudice is stereotyping, a set of beliefs that are based on inaccurate or incomplete information that is uncritically applied to a whole group of people. (20)

Prejudices usually develop on the basis of what other people have said and the attitudes they have expressed, rather than direct personal contact with the minority groups. These reinforcements may come from parents, friends, churches, schools or the media.

A major reason for forming a set of attitudes is often simply to conform to a group of people and their attitudes. In other words, to fit in with a group, a person may become prejudiced. (21)

Competition for power, jobs or other resources are often the motivation for a dominant group of people to discriminate against a minority group such as people with disabilities. One of the most tragic consequences of prejudice is that the targets of the discrimination may eventually come to accept these stereotypes, which will lower their self esteem and lead to feelings of hopelessness and even self-rejection. (22)

One group of attitudes particularly interesting for the purpose of this study is altruism. This is the voluntary act of helping other people without any expectation of a reward, except maybe the good feeling of having done something useful. (23) This type of attitude is of particular importance to this study as hospitality and tourism staff are in the service industry, and therefore employed to serve and help people, not always for financial reward, but for personal satisfaction.

### 2.1.3 Origins of Negative Attitudes.

Doctor Hanoah Livneh (24) believes that the causes of negative attitudes toward disabled persons derive from the conditioning that occurs in society through the spread of social and cultural norms, standards and expectations. This conditioning occurs at a very early stage of life. Another cause of negative attitudes suggested by Livneh is that individuals with a disability are seen as dangerous, threatening or that a non-disabled person feels "guilty". The sight of a disabled person has often triggered the idea of antagonism. Negative attitudes can also be caused by the view that the disabled population is parallel to any minority group, causing discomfort. Finally, Linveh suggests that sources of negative attitudes can depend on the severity of the disability, that is, the degree to which the disability can be seen.

Gething (25) believes that a major source of negative attitudes is "cognitive anxiety" (that is, where a person feels unsure of how to behave, for example, whether to help or ignore the disability) in interactions with people with disabilities. This anxiety consists of: guilt, fear, uncertainty, pity and discomfort.

#### 2.1.4 Attitude Change.

According to behavioural theorists, changing the pattern of reinforcement will change people's attitudes. A communicator, such as the media, must be seen to be an expert and produce a believable argument for a person to change his/her opinion. Sometimes a frightening message can be a good way to persuade people to alter their behaviour and attitude as long as they are given suggestions about how to make the changes. Other methods also used are one-sided and two-sided arguments. It depends on the position of the person's attitude as to which type should be used. One-sided arguments are most effective for audiences who agree with the message or who are ignorant of the other side of the issue. Two-sided messages are more effective with individuals who disagree with the communicator's position or who are aware that there is another point of view.

After studying primary school students, Jackson and Knowles (26) found that they possessed ambiguous perceptions of disabled people's learning ability, inaccurate and negative stereotypes of personal attributes of disabled people, an attitude that disabled people are, and should be, dependent upon others, and, gross misinterpretations of the cause of the disability.



These findings highlight the need for increased knowledge about disabilities. Changing people's perceptions of disability will lead to more positive attitudes toward disabled people and hopefully more positive interactions between disabled and non-disabled people.

#### 2.1.5 Summary.

This section has briefly looked at the theoretical concepts of attitudes, negative attitudes and attitude change. Attitudes are conditioned, often from an early stage in life. Prejudice is an important factor to be considered in this study. Attitudes can be changed by a respected communicator using one or two-sided arguments and it has been suggested by a number of studies (27) that to change the attitudes of people, they must have direct contact with people with disabilities, indirect (media) contact with people with disabilities, access to information about disabilities, direct instruction about disabilities, disability roleplays and simulations, and group discussions.

These suggestions have proven to be both true and contradictory. Possible reasons for this are (28) inadequate experimental designs and controls, lack of theoretical models for the studies, lack of replications studies, and use of only one attitude change technique at a time.

## 2.2 Literature Related to Other Disability Scales.

### 2.2.1 Introduction.

Research on attitudes towards people with disabilities has been carried out by psychologists for the last 25 years, using a number of different measures. This study will use the original 'Form O' of the Attitude Towards Disabled Persons Scale, (ATDP) developed by Professor H.E. Yuker, Hofstra University, U.S.A. (See Appendix 1).

Besides the most publicised and generally accepted scale, the ATDP scale, other scales available will be reviewed briefly. Most of the studies available have used measurement techniques which have produced limited research results and have subsequently been ignored in recent literature.

The most prevailing method used to measure attitudes towards disabilities has been the Likert-type scale. In the following section, a number of these scales will be briefly analysed.

### 2.2.2 Likert-Type Attitude Tests/Scales.

Kent, Cartwright and Ossorio (29) developed items using a Likert-type format which focussed on a non-disabled person's emotional reaction to meeting or seeing a person in a wheelchair. Although Kent et al. found response clusters through factor analysis, the clusters failed to correlate with the ATDP scale. Kent et al. report no other attempts to validate their new scale.

Auvenshine's (30) attitude scale resulted in a test-retest reliability of .85 and was partially construct validated with demographic variables, however it was not validated against behavioural variables.

Whiteman and Lukoff's (31) study, which also uses a Likert type measure, reports construct validity based on one demographic characteristic (whether the subject was or was not a social work student), but Whiteman and Lukoff report neither reliability nor behavioural or concurrent validation data.

Barrell, De Wolfe and Cummings' scale (32) attempts to analyse attitudes towards hospitalised patients and produces response clusters and discrimination among types of hospital workers. Again, further validation and reliability are either lacking or not reported.

The Disability Factors Scales developed by Siller, Ferguson, Vann and Holland, (33) are, despite their psychometric soundness, underutilised in other research, most likely as a result of their lengthiness and their focus on people with specific, named disabilities, rather than on disabled people in general.

The Issues in Disability Scale (34) is a new instrument developed to measure both the cognitive and affective components of attitudes toward persons with physical disabilities. The IDS builds upon previous research. It uses 100 items which are graded on a Likert 7 point scale. It addresses attitudes toward people with various disabilities and toward disabled people in general. The

scale shows construct validity with a high significant difference in IDS scores between random students and "good attitude" students.

The major drawback of the scale is the length. The test takes around one hour to complete. Also, the seven point scale allows for a neutral "I don't know" answer, which may often lead to an "easy way out" for respondents.

### 2.2.3 A.T.D.P. Scale.

The A.T.D.P. scale was first developed in 1960, and by 1966, there were three forms of the scale. Each can be used interchangeably, so the pre-post measurements can be taken. The original scale, Form O, contains 20 items, the remaining two, Form A and B, each contain 30 items. Often the original scale is preferred, only because it requires less time for completion.

The A.T.D.P. scale was selected for this study because it has been accepted in the world of disabled attitude measured in terms of completion time, validity, reliability, ease of use and suitability for the population chosen.

### 2.2.4 Summary.

As can be noted above, a number of alternatives to the ATDP Scale exists, and like the ATDP scale, all have their drawbacks. The list is not exhaustive, but will give a basic impression on the Likert type scales currently available.

## 2.3 Literature Related to Past Research Results on Attitudes Towards Disabled.

### 2.3.1 Introduction.

From the previous section, it is found that there are many different tests available to measure attitudes towards disabilities. The ATDP scale has been used most extensively during the last 25 years. The Hofstra University, where the ATDP originated from, has results of 145 studies of the three ATDP versions. The respondents range from families, counsellors, students (highschool, college, graduates), and nurses, to business people.

The number of respondents in each study ranged from 7 to 3000. At present, although studies have been carried out using students as respondents, the author of this study has been unable to locate a study specifically related to hospitality or tourism related students/staff.

The following section examines a number of studies that have been carried out using different tests, but predominantly the ATDP attitude test.

### 2.3.2 Student Attitudes Towards Disabled Persons.

A study by Cooney and Mullen (35) took 309 students from highschoools, colleges and universities, and surveyed them with respect to attitudes. The results demonstrated a positive attitude towards people with disabilities. The attitudes expressed by the survey were positive specifically with respect to mainstreaming, that is, total community interaction of people with disabilities, friendship with disabled persons, and seeing a disabled person in professional career roles.

The conclusion of this study states that if the student population in a community may be a predictor of the future of that community, it can be concluded that the future for people with disabilities in that community is quite positive.

This study however, used an adapted version of the ATDP scale. There were 5 categories for the respondent to choose from, that is, a neutral answer was possible.

Another study was conducted by Perry, Apostol and Scott, (36) with the aim to test the value or effectiveness of procedures to modify attitudes towards persons with disabilities. The usual method would be to have the students take a test before the course (pretest) and the same test again after the course (posttest). Using this traditional approach, the conclusion drawn from this report was that the course had no significant impact on the students' attitudes. Perry suggested the use of the Retrospective pretest and posttest design.

Here the students were asked to complete the ATDP test, Form A, at the end of the course, supplying two answers per statement, one for their attitude before the course, and for their attitudes now, after completion of the course. This study indicated that the students attitudes were significantly more positive at the conclusion of the course than at the beginning of the course. Two other similar studies have found the same results.

### 2.3.3 Health Science Students' Image of Disabled People.

Westbrook (37) has surveyed a wide selection of health science students on their understanding of people with disabilities. Most answers were over/understated significantly.

- Size of disabled population was overestimated,
- Major disabling conditions misidentified,
- Number of institutionalised disabled exaggerated,
- Disabled people's employment status and qualifications were underestimated;
- Community assistance received was overestimated.

Some educational programs for health science students have addressed the issue of students' attitudes toward disability. The effectiveness of such programs has been assessed by administering the ATDP scale before and after the completion of the course.

The conclusion of the study states that students in the health profession have unduly narrow and pessimistic beliefs concerning the lives and problems of people with disabilities. Furthermore, their perception of the disabled population suggests that they are more aware of the disabilities of people with more visible, stigmatised and "tragic" disorders and underestimate the disabilities of people with less visible disabilities, particular those of older people.

#### 2.3.4 College Nursing Students' Attitudes.

A study conducted in 1989, by Janet Roden (38) has identified a number of factors which will dispell negative attitudes and develop positive attitudes towards people with disabilities in nursing students. The movement of nursing students to colleges of advanced education has given the new departments the responsibility of developing in student nurses positive attitudes toward people with disabilities. The study concluded that, if the sample is a representative sample of the population, there is much to be done to improve the community attitudes towards people with developmental disabilities. The research also found that colleges of advanced education must develop and actually deliver courses which equip nursing students to face the challenges of working in, and contributing to, the new roles for staff engaged in providing services for people with developmental disabilities.



From this research, it is important for nursing students to have positive attitudes because they will offer a service to people with disabilities. This is also the case for tourism and hospitality students.

#### 2.3.5. Children's Attitudes Towards Disabled Persons.

Ann Hazzards (39) conducted a study into the attitudes of 367 elementary school children. The children's *knowledge* increased with *age* but was unrelated to *gender* or *previous experience* with people with disabilities. However, children with more experience and girls expressed *greater willingness to interact* with disabled peers. A reason for the girls having a better acceptance of people with disabilities is explained in the article by the fact that people with disabilities are stereotyped to be weak and helpless like girls, whereas boys are supposed to be strong and active. In addition, according to traditional gender-role expectations, nurturance is highly valued as a feminine quality, thus girls may more easily adopt a nurturing role toward disabled peers. Such an empathetic stance could be the first step towards more accepting attitudes, although such caring also has the potential to become patronizing.

### 2.3.6 Disabled versus Non-disabled Counsellors.

Dale Fish and S. Smith (40) conducted a study examining the relationship of the variable of disability to counsellor effectiveness and attitudes toward persons with disabilities. Twenty postgraduate students in rehabilitative counselling were administered the Carkhuff Communications Index, (C.C.I.). This consists of 16 stimulus statements to which the participant has to respond using a 5 point scale. The rating facilitates conditions of empathy, respect, genuineness, concreteness, immediacy, self-disclosure and confrontation. The students were also administered the A.T.D.P. Scale, Form B.

Ten of the respondents had physical disabilities including paraplegia, multiple sclerosis and impaired vision. The findings showed that nondisabled counsellor trainees were rated significantly higher on the CCI but scored significantly lower on the ATDP scale than disabled counsellor trainees.

Yuker et al. (1970)(41) also found that, not surprisingly, people with disabilities have more favourable attitudes towards persons with disabilities than do nondisabled persons.

### 2.3.7 Attitudes as Expressed by Rehabilitation Professionals.

Elston and Snow (42) attempted to determine differences in attitudes toward people with disabilities among rehabilitation counsellors, personnel at rehabilitation evaluation centres and sheltered workshop personnel in Oklahoma. The results indicated no significant difference between the three groups and that the demographic variables of education, amount of work experience with disabled persons and the presence of disability were not significantly related to attitudes.

### 2.3.8 Summary.

From the numerous studies carried out over the years, those with relevance to the author's study, were briefly discussed above. The results and methods used varied between the studies. The author's own research will take the above results and conclusions into consideration.

## CHAPTER 3.

### METHODS AND PROCEDURES.

#### 3.1 Introduction.

This study is concerned with determining the attitudes of tertiary students of the hospitality and tourism courses, towards people with disabilities.

The subproblems of this investigation are:

1. To develop comprehensive lists of first year business students and final year business students of the Victoria University of Technology, Footscray Campus. These two groups are divided into a Hospitality and Tourism group and a group containing all the remaining business students studying the other five business courses.
2. To determine the attitudes of the above four mentioned groups, which are measured through a questionnaire.
3. To organise and analyse the data for the purpose of providing information regarding the attitudes, and
4. To make recommendations regarding the programs and professional preparation of hospitality/tourism students.

#### 3.2 Identification of the Population.

The composition of the population of the study was limited to:

- First and fourth year Victoria University of Technology, Footscray campus, Bachelor of Business Hotel and Catering students;
- First and fourth year Victoria University of Technology, Footscray campus, Bachelor of Business Tourism students;

- First and fourth year Victoria University of Technology, Footscray campus, Bachelor of Business Retail Management students;
- First and fourth year Victoria University of Technology, Footscray campus, Bachelor of Business Accounting students;
- First and fourth year Victoria University of Technology, Footscray campus, Bachelor of Business Information Technology students;
- First and fourth year Victoria University of Technology, Footscray campus, Bachelor of Business Banking and Finance students; and,
- First year Victoria University of Technology, Footscray campus, Bachelor of Business International Trade students.

To compile a list of the population, a student enrolment listing of first year and final year students of all courses was obtained from the Footscray Campus Business Faculty Office.

### 3.3 Determination of Attitudes.

The determination of attitudes of students towards people with disabilities involved: selection and development of the instrument; printing of the instrument and accompanying letter; and distribution of the instrument and collected data.

#### 3.3.1 Selection and development of the instrument.

An extensive review of the literature has shown that the measurement of attitudes is a complex procedure usually accomplished using attitude scales. It was decided by the author that the development of a new attitude scale was inappropriate for

this study. Through the research available, it was found that a number of attitude measures already exist, some of which had proven to be reliable and valid.

It was therefore decided to use the most popular measurement (and therefore also the most researched), the Attitudes Towards Disabled Persons (ATDP) scale, developed by Harold Yuker et al. in 1965.

Permission to use the scale was obtained from Professor Yuker. (See Appendix 2)

#### 3.3.1.1 Introduction.

A number of attitude scales have been developed over the last 25 years, however, the Attitude Towards Disabled Persons Scale is a commonly used scale today.

As mentioned earlier, the ATDP Scale was used for this study of attitudes of students towards people with disabilities, because of its general acceptance in the world of disabled attitude measures in terms of reliability, validity, desirability, acquiescence and faking.

#### 3.3.1.2 Development of the ATDP Scales.

Items for each of the three ATDP scales were selected from a review of the literature. These items were then screened by a number of psychologists to determine their relevance. Some of the wording was changed to create an even number of positive and negative statements. All items are designed to cover disabilities in

general, not any specific disability. The items were then tested on undergraduate university students. The results of item analysis, indicated that the statements successfully identified persons well above, and well below the median. (42)

#### 3.3.1.3 Interpretation of the Data.

The results of the test can justifiably determine whether a nondisabled respondent, or a group of nondisabled respondents are accepting/rejecting disabled people. There is a relatively high correlation with measures of acceptance/prejudice.

Like most attitude scales, however, individual items of the test should not be interpreted.

For a test such as this, attitudes of the individual are relative to a normative group. Interpretation must therefore be a comparison between a normative group.

#### 3.3.1.4 Reliability.

Reliability is of major importance for any test, especially attitudinal tests, because it is very difficult to arrive at a single index for attitude measures.

Four procedures have been used in evaluating the reliability of the ATDP: (43)

1. Giving the ATDP twice (test-retest reliability);
2. Dividing the test into two parts (split half reliability);
3. Correlating the results obtained from two parallel forms of the test;
4. Analysing the co-variance among individual items - eg. computing coefficient alpha (Stanley, 1971)

All four procedures have been used to determine the ATDP reliability of all three forms of the test. The Test-Retest has been tested through two different time periods. For the first test, the re-test was taken after a few weeks, for the second test, the re-test was taken after a few months.

Yuker and Block found that the data indicated an average reliability coefficient of .80, which is average for widely used measures of attitudes. (44). They then concluded that each form is reliable and the three forms are roughly equivalent to one other.(45)

#### 3.3.1.5 Validity.

Validity can be described a number of ways; content validity, predictive validity, concurrent validity and construct validity. (American Psychological Association, 1974)

Yuker and Block believe that construct validity is most important. This assumes a theory that postulates a set of relationships between a measure and other variables. The construct validity of



the ATDP was assessed by examining the relationship of ATDP scores to scores on many other variables. Since most predictions were confirmed, and none yielded results diametrically opposed to the predictions, the ATDP may be considered a valid measure of Attitudes Towards Disabled Persons. (46)

Research has also been carried out to the validity of the ATDP test versus other general measures of attitudes towards disabled persons tests. The higher correlations meant that the tests were very similar, with simply word changes as the only differences. (For example the ATHI Scale, (47).) The lower correlations implied totally different tests, different setout and questions, and therefore not related to the ATDP scale.

#### 3.3.1.6 Acquiescence.

This refers to the tendency of respondents to give positive answers to the test statements regardless of attitude. To counteract this tendency, the items were planned to be balancing on both positive and negative characteristics. This is not the case in the ATDP scale, there is an uneven ratio of positive and negative statements, the negative outweighing the positive.

A number of studies have since shown that acquiescence is not a major influence on the ATDP scales.

### 3.3.1.7 Faking/Social Desirability.

Problems can arise when respondents wish to create a favourable impression. It is therefore important to determine whether an Attitude Test is transparent to items in the test, to the extent that 'favourable' answers could be given by respondents.

Several studies have been conducted with attempts to fake scores. The simplest method to measure "fakeability" is for a group of respondents to take the test under normal conditions and then to ask the respondents to fake their answers to make a favourable impression, without making it too obvious that the respondent was not answering honestly.

The scores for such a test, showed a marginal increase in overall score, but not great enough to conclude that the ATDP scale was fakeable.

Hafer, (48) has conducted a study on the fakeability of the ATDP-B scale and has concluded that the ATDP-B scale can be supported as a research tool, as a unitary measure of attitudes towards disabled persons.

Vargo (49) carried out a study on the fakeability of the ATDP scale, form A. He found that the respondents were able to fake the scores "well". The respondents were 2nd year physical therapy students, therefore rehabilitation oriented, which may have led to better scores. This result is important when the results of such a test are to be used as a selection criteria for admission to physical therapy programs.(Speakman and Kung; 1982).

Hagler, Vargo & Semple (50) studied the possibility of faking the ATDP scale, form A. Again they found that the "faked" scores were significantly higher than the "honest" score. Explanations have been suggested for the discrepancies in the studies, one explanation being the administering of the test. Vargo administered the test with verbal instructions, while Speakman and Kung used written instructions, which could have been ignored by the respondents.

Speakman and Hoffmann (51) concluded in their study, that form B of the ATDP scale was not fakeable. They found that there was not a positive correlation between the two sets of scores, the "honest" and "fake" versions. Of the 25 subjects in the study, 15 were successful in raising their scores, however, the difference for the group total, was insignificant. Also, the respondents distorted their figures to such a degree in the second test, that the relationship between the true and false scores was relatively low.

Yuker, (52) indicated that there was some evidence that the ATDP scale is fakeable and other evidence which denies that. He acknowledges that the issue of faking is important if the scale is to be used for a screening device. Because of the research available, it is suggested that the ATDP scale not be used as a screening device, unless it is used in conjunction with other attitude measures.

#### 3.3.1.8 The Selected Instrument.

A decision on which of the three ATDP tests to use was based on the length of time needed to fill in the test. Form O was chosen as it only requires 20 answers, compared to Forms A and B which each need 30 answers. Another reason for choosing Form O was that this form seemed to have very few criticisms of it in the literature.

Reviewing and pretesting was not necessary due to the credibility of the test over the years as it has been administered to all types and ages of people.

The test can be taken as individuals or as will be the case here, in a group. The instructions are written on the top of the form. Answers are on an agree/disagree basis, no neutral answers are possible. The test should take between 5 - 10 minutes to complete.

The scoring of the test can be carried out manually or by computer. The steps involved are summarised as follows:

1. Change the signs of the following items:  
2, 5, 6, 11, 12.
2. Sum the scores, subtracting those with negative signs.
3. Change the sign of the sum.
4. Add 60 to the sum obtained.

For this study, six background information questions were developed to ascertain demographic variables. These were related to the age, gender, course, year of study, length of industrial experience and degree of exposure to people with disabilities of the respondent.

### 3.3.2 Printing the instrument and accompanying letter.

The format of the test did not vary from the original test except that an example question was given in the introductory paragraph. The questionnaire commenced with the simple demographic questions and this was then followed by the test.

The introductory paragraph of the test stated the instructions for the respondent, a simple example on the correct method of answering the test, followed by the actual 20 statement test.

The accompanying letter stated the author's name, purpose of the study, and appreciation for completing the test.

Both forms were photocopied onto A4 sized white paper.

### 3.3.3 Distribution of the Instrument and Collection of the Data.

The test and accompanying letter were distributed to the students during a lecture, by the author or in some cases, the lecturer. The tests were completed during the first 5 -10 minutes of the class and returned to the author.

A copy of the test and accompanying letter can be found in Appendix 3 and 4.

### 3.4 Organisation and Analysis of Data.

The test scores of the questionnaire were calculated by the Computer department of the the Victoria University of Technology, Footscray Campus, by entering the data into their mainframe computer, using the program SPSS. Calculation of the statistical data were carried out by the computer program.

### 3.5 Summary.

The following procedures were utilized to determine the attitudes of students and graduates towards people with disabilities:

1. The investigator compiled a comprehensive list of first year students and fourth year students of the Victoria University of Technology, Footscray Campus;
2. The investigator applied an instrument designed to determine these attitudes;
3. The data acquired through the application of the survey were organised and analysed in a manner appropriate for the achievement of the study's purposes.

## CHAPTER 4.

### FINDINGS.

#### 4.1 The Sample.

##### 4.1.1 Introduction.

This section of the chapter will briefly describe the size of the population, the sample size, the number of surveys returned, received and excluded due to incorrect completion, either through incompleteness or invalid results.

##### 4.1.2 Total Population.

As of July 1990, the Faculty of Business of the Victoria University of Technology at the Footscray campus had the following numbers of students enrolled in the first and fourth year of the following courses:

Table 2: "Bachelor of Business Courses at Footscray, 1990."

Bachelor of Business Courses	1st year	4th year
B.Bus. Catering & Hotel Management	116	63
B.Bus. Tourism	46	27
B.Bus. Information Technology	56	33
B.Bus. Retail Management	61	18
B.Bus. Banking and Finance	38	26
B.Bus. Accounting	110	36
B.Bus. International Trade	<u>53</u>	<u>-</u>
TOTAL:	480	203

Source: Faculty of Business Office, V.U.T., Footscray Campus.

The student numbers shown on Table 2 lists full-time students only. Currently there are no fourth year International Trade students as the course is in its first year of existence. A number of the final year Information Technology students are in fact only third year students due to a course structure change, and they have therefore not yet completed their industrial year. For the reasons stated above, these students have not been included in the sample.

4.1.3 Sample Taken.

The response rate was determined by the number of responses gained from the business student population.

Table 3: "Respondent Numbers: Completed Valid Surveys."

Bachelor of Business Courses	1st year	4th year
B.Bus. Catering & Hotel Management	67	46
B.Bus. Tourism	28	11
B.Bus. Information Technology	21	4
B.Bus. Retail Management	35	2
B.Bus. Banking and Finance	20	21
B.Bus. Accounting	54	23
B.Bus. International Trade	<u>17</u>	<u>-</u>
TOTAL:	242	107



As a percentage of the total population, the response rate represents:

Table 4: "Response Size as a Percentage of the Total Population."

Bachelor of Business Courses	1st year	4th year
B.Bus. Catering & Hotel Management	57.8%	73.0%
B.Bus. Tourism	60.9%	40.7%
B.Bus. Information Technology	37.5%	12.1%
B.Bus. Retail Management	57.4%	11.1%
B.Bus. Banking and Finance	2.6%	80.8%
B.Bus. Accounting	49.1%	63.9%
B.Bus. International Trade	32.1%	-
TOTAL:	50.4%	52.7%

As can be seen in Table 4, both the totals of first year and fourth year exceed 50%. Four of the seven (57.1%) first year groups comprised a return larger than 50%, with the remaining three groups comprising between 32.1% and 49.1% of the total first year population.

The fourth year group had three of the six (50.0%) courses above the 60% mark, with the remaining three groups between 11.1% and 40.7% of the total fourth year population.

From the surveys returned, only seven (7) were invalid, due to incompleteness, invalid course or year of study.

Surveying was conducted over a three week period during August/September 1990, from Monday to Friday, during morning, afternoon and night classes.

#### 4.1.4 Limitations to the Sample.

Limitations to the sample were:

- Inability to capture all business students as many are in small classes;
- Because of the late time in the semester, many students were not attending classes, so did not have the opportunity to complete the survey; and;
- There are always a number of students away from class for different reasons, for example, illness.

#### 4.2 Interpretation of the Data.

The data are summarised as follows:

- Catering and Hotel Management (Hospitality) and the Tourism degree courses are combined into one group.
- The second group consists of all the other (five) courses combined.

Table 5: "Number of Responses from Groups."

	First Year	Fourth Year	Total
Catering and Hospitality and Tourism	95	57	152
Other Courses	147	50	197
Total:	242	107	

The two reasons why the remaining five courses were combined into one group were:

- a) some of the groups were only small representatives of those groups (for example, fourth year Information Technology and Retail Management), and,
- b) a comparative group of students was needed to evaluate the scores of the hospitality and tourism students.

The dependent variable of the research is the mean attitude score, and the independent variables are: Course, ("Hospitality and Tourism" or "Other"), Year, ("First" or "Fourth"), Industry Experience, ("Less than 1 Year", "Between One and Two Years", or "More than 2 years"), Age, ("18 or Less", "19", "20", "21", "22", or "23 or More"), Gender, ("Female" or "Male"), and Exposure to Disabled People, ("Never", "Some", or "Frequent").

The following analyses were conducted:

- The relationship of course and year to mean attitude scores;
- The relationship of course and industrial experience to mean attitude scores;
- The relationship of course and age to mean attitude scores;
- The relationship of course and gender to mean attitude scores;
- The relationship of course and exposure to disabled people to mean attitude scores;
- The relationship of course, gender and exposure to disabled people to mean attitude scores; and,
- Mean attitude score differences between different studies.

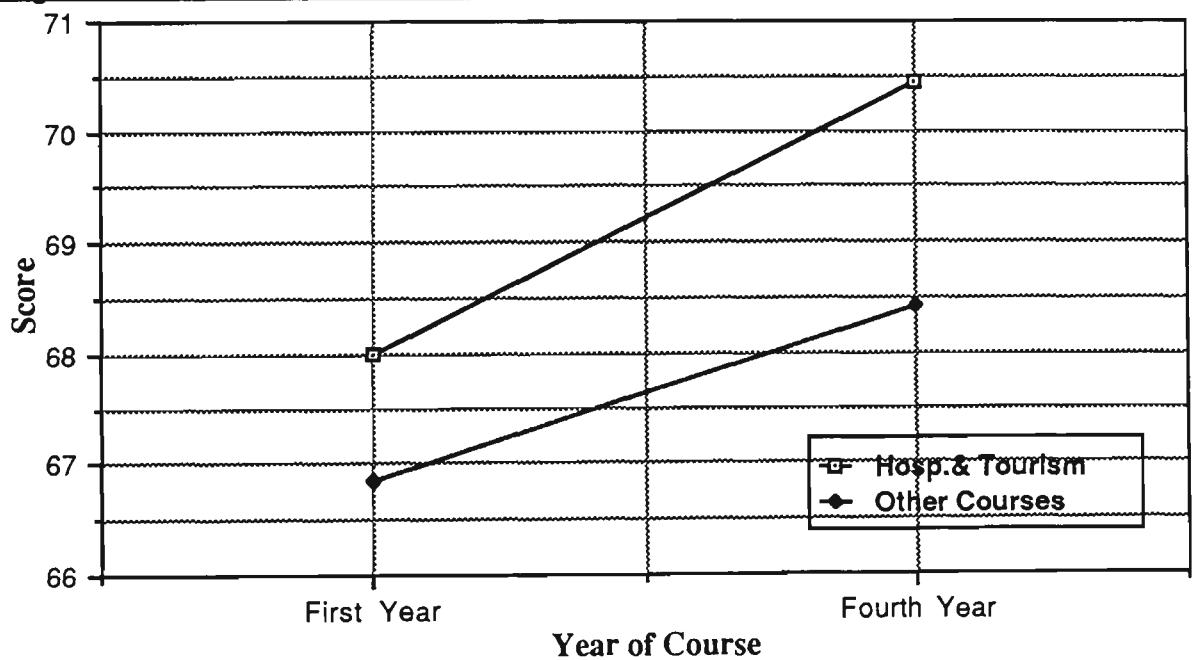
4.3 The Relationship of Course and Year to Mean Attitude Scores.

From Table 6, it appears that Hospitality and Tourism students scored higher on mean attitude to disability scores overall. There is also a general linear trend toward higher scores in the 4th year for both courses as illustrated in Figure 1.

Table 6: "Mean score of V.U.T. Business Students."

Business Group	1st year	4th year
Cat.& Hotel Mgmt and Tourism	68.00	70.44
Other Business Courses	66.85	68.42

Figure 1: "Course and Year on Mean Attitude Scores."



A 2 (course) x 2 (year) analysis of variance (ANOVA) was performed on the subject's mean attitude to disability scores. The ANOVA indicated a non-significant main effect of Course ( $F=1.067$ ,  $df=1/349$ ,  $p<.302$ ) and a non-significant main effect for the Year ( $F=1.820$ ,  $df=1/349$ ,  $p<.178$ ). The interaction effect of the Course x Year was also non-significant ( $F=0.090$ ,  $df=1/349$ ,  $p<0.764$ ).

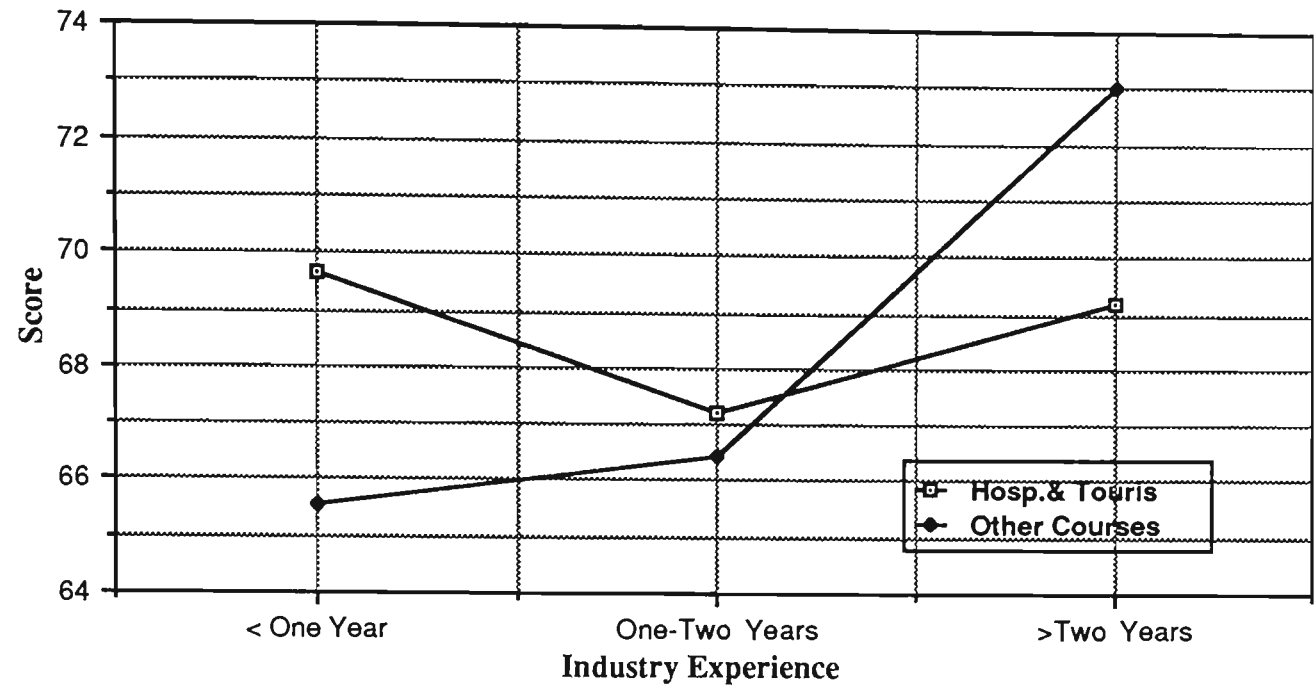
4.4 The Relationship of Course and Industrial Experience to Mean Attitude Scores.

From Table 7 below, it appears that Hospitality and Tourism students initially scored a higher mean attitude to disability score than the other students. With increasing industrial experience, the other students increased their mean attitude score dramatically. This is shown on Figure 2.

Table 7: Mean Score based on Industrial Experience.

Business Group/Industry Experience	1st year	4th year
Hospitality and Tourism		
Less than 1 year	69.38	77.50
1 - 2 years	65.07	68.85
More than 2 years	65.90	70.94
Other Business Courses		
Less than 1 year	65.44	66.37
1 - 2 years	65.31	67.50
More than 2 years	73.50	72.00

Figure 2: "Course and Industrial Experience to Mean Attitude Scores."



The ANOVA is a 2 (Course) x 3 (Industry Experience). The ANOVA indicated a non-significant main effect of Course ( $F=0.666$ ,  $df=1/349$ ,  $p<0.415$ ) but a significant main effect for the Industry Experience ( $F=3.094$ ,  $df\ 2/349$ ,  $p<0.047$ ).

The interaction effect of Course by Industry Experience ( $F=3.058$ ,  $df= 3/349$ ,  $p<0.048$ ) indicates that the main effect of Industry Experience on Mean Attitude Scores is dependent on the Course. In other words, only in the case of "Other" courses is industry experience a significant variable with respect to attitude.

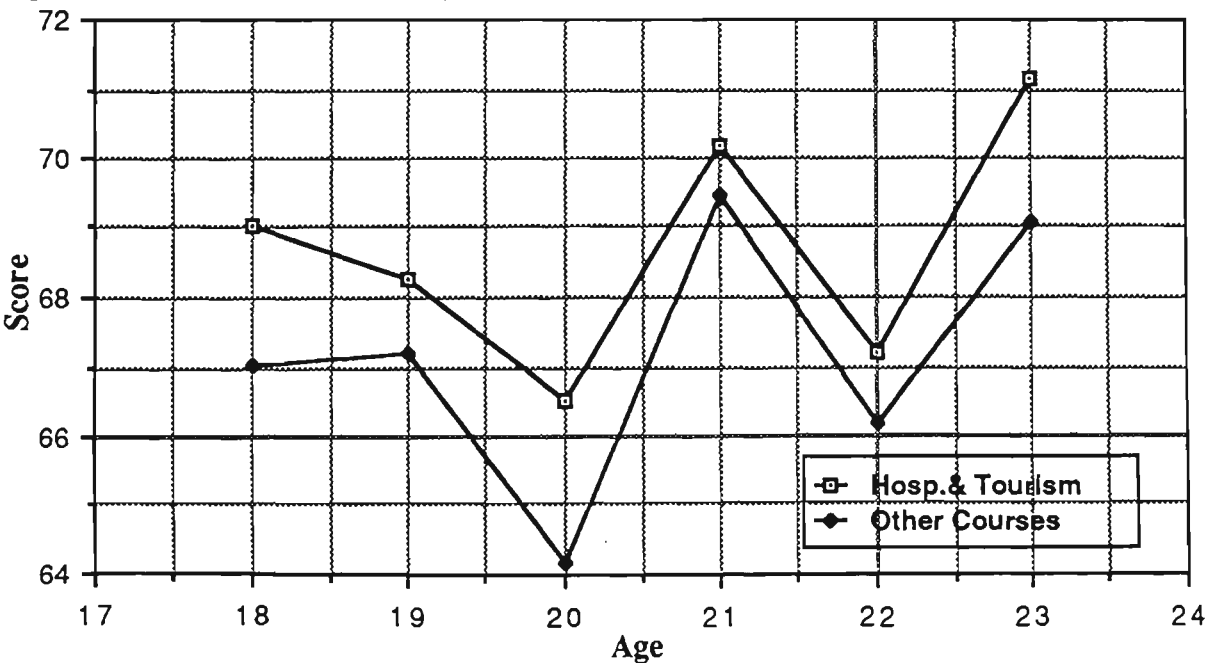
4.5 The Relationship of Course and Age to Mean Attitude Scores.

From Table 8, it appears that Hospitality and Tourism students scored higher on mean attitude to disability scores than the other students. This is graphically illustrated on Figure 3.

Table 8: Mean Score Based on Age.

Business Group/Age	1st year	4th year
Hospitality and Tourism		
Less than/equal to 18	69.04	0
19 years	68.27	0
20 years	67.15	58.00
21 years	64.80	71.53
22 years	58.00	68.95
More than 22 years	70.31	71.88
Other Business Courses		
Less than/equal to 18	67.04	0
19 years	67.21	0
20 years	61.30	71.83
21 years	72.44	65.77
22 years	64.00	67.00
More than 22 years	67.75	70.22

Figure 3: "Course and Age on Mean Attitude Scores."



A 2 (course) x 6 (age) ANOVA was performed on the subject's mean attitude to disability scores. The ANOVA indicated a non-significant main effect of Course ( $F=1.231$ ,  $df=1/350$ ,  $p<0.268$ ) and a non-significant main effect for Age ( $F=1.061$ ,  $df=5/350$ ,  $p<0.382$ ). The interaction effect of Course x Age was also non-significant ( $F=0.627$ ,  $df=11/350$ ,  $p<0.805$ ).

#### 4.6 The Relationship of Course and Gender Mean Attitude Scores.

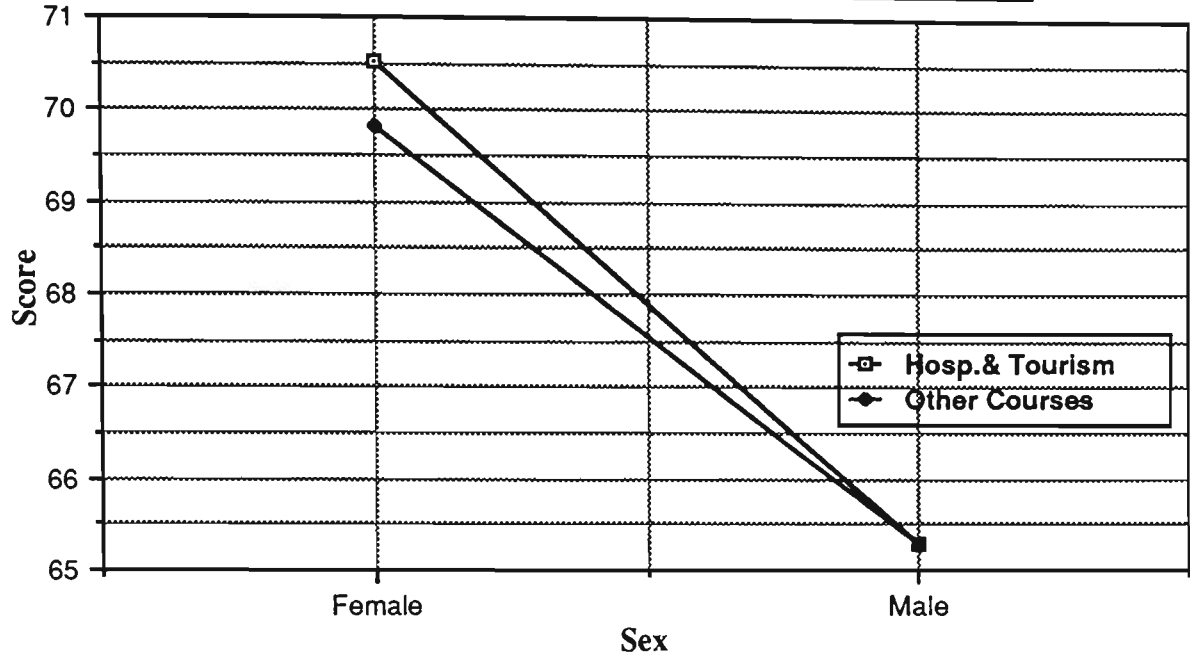
From Table 9, it again appears that Hospitality and Tourism students scored higher on mean attitude to disability scores, especially the fourth year group, than the other students. From Figure 2 it can be clearly demonstrated that females have higher scores than males, irrespective of course.

Table 9: "Mean Score Based on Gender."

Business Group/Gender	1st year	4th year
Hospitality and Tourism		
Male	63.29	68.74
Female	69.89	71.66
Other Business Courses		
Male	64.09	67.63
Female	69.65	70.92



Figure 4: "Course and Gender on Mean Attitude Scores."



A 2 (course) x 2 (Gender) ANOVA was performed on the subject's mean attitude to disability scores. The ANOVA indicated a non-significant main effect of Course ( $F=0.114$ ,  $df=1/342$ ,  $p<0.735$ ) but a significant main effect for the Gender ( $F=11.568$ ,  $df=1/342$ ,  $p<0.001$ ). The interaction effect of Course x Gender however was non-significant ( $F=0.029$ ,  $df=3/342$ ,  $p<0.865$ ). This suggests that gender is a significant variable affecting attitude regardless of course of study.

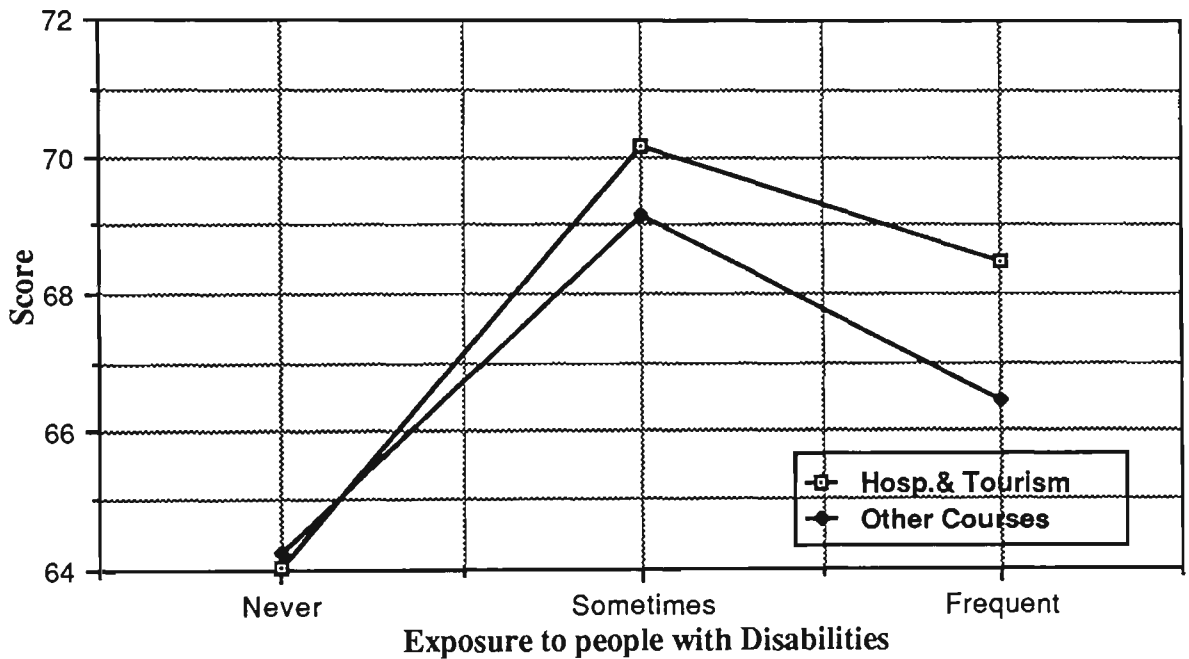
4.7 The Relationship of Course and Exposure to People with Disabilities on Mean Attitude Scores.

From Table 10, it appears again, that Hospitality and Tourism students have rated a higher attitude to disability score than the other students overall. This is clearly illustrated on Figure 5.

Table 10: "Mean Scores Based on Exposure to People with Disabilities."

Business Group/Exposure	1st year	4th year
Hospitality and Tourism		
No exposure	62.90	71.33
Some exposure	69.59	70.90
Frequent exposure	69.64	66.33
Other Business Courses		
No exposure	64.43	63.64
Some exposure	68.92	69.55
Frequent exposure	61.78	74.80

Figure 5: "Course and Exposure to Disabled People on Mean Attitude Scores."



A 2 (Course) x 3 (Exposure to Disabled People) ANOVA was performed on the subject's mean attitude to disability scores. The ANOVA indicated a non-significant main effect on Course ( $F=0.409$ ,  $df=1/347$ ,  $p<0.523$ ) but a significant main effect on Exposure to Disabled People ( $F=5.417$ ,  $df=2/347$ ,  $p<0.005$ ).

The interaction effect of Course and Exposure to Disabled People was again, not significant ( $F=2.509$ ,  $df=5/347$ ,  $p<0.906$ ).

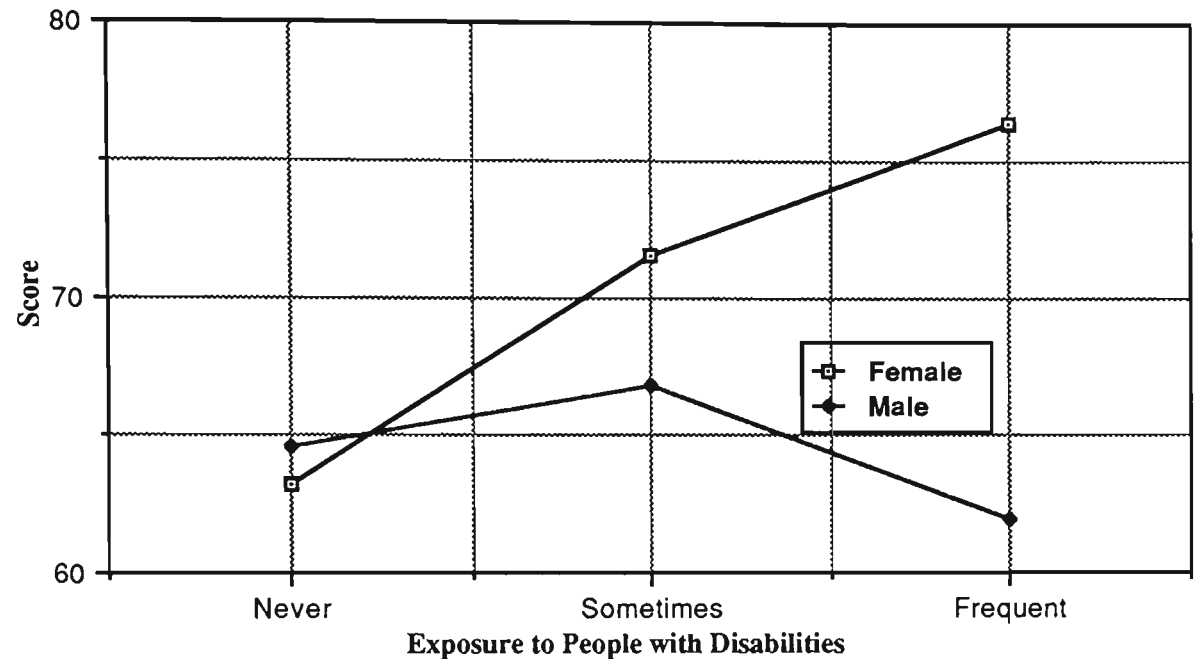
Therefore, exposure to disabled people, especially in moderate (rather than frequent) amounts, tends to result in significantly more positive attitudes.

#### 4.8 The Relationship between Course, Gender and Exposure to People with Disabilities on Mean Attitude Score.

A 2 (course) x 2 (gender) x 3 (exposure) ANOVA was performed on the subject's mean attitude to disability scores. The ANOVA indicated a non-significant main effect of Course ( $F=0.024$ ,  $df=1/339$ ,  $p<0.876$ ) but significant main effects on Gender ( $F=9.378$ ,  $df=1/339$ ,  $p<0.002$ ) and Exposure ( $F=5.332$ ,  $df=2/339$ ,  $p<0.005$ ).

The two way interaction effect of Course and Gender, and Course and Exposure were non-significant as discovered earlier, however, the two way interaction effect of Gender and Exposure was significant ( $F=4.190$ ,  $df=2/339$ ,  $p<0.016$ ). This interaction indicates that the main effect of Gender and Exposure on mean attitude scores is dependent. Figure 6 graphically explains this effect.

Figure 6: "Course, Gender and Exposure to Disabled People on Mean Attitude Scores."



4.9 Mean Attitude Score differences of Footscray Campus Business Students and Other University Students.

At this stage, the chapter has only looked at results of students attending the University of Technology, Footscray Campus. A look at other studies of the ATDP scale, Form O reveals that the V.U.T. students are well below the mean scores of most other studies. Results are only available in the form of male or female and as a total group. Dividing this study into the two sexes, the results for V.U.T. Business students are as follows:

Female:	Mean Score	=	70.2
	Sample Size	=	184
Males:	Mean Score	=	65.35
	Sample Size	=	159

Table 11 shows some of the past results of the ATDP, Form O test.

Table 11: "Mean Scores of Past Research, ATDP, Form O."

Study	Group	Females		Males	
		No.	Mean	No.	Mean
Meehan, 1980	Sixth Graders	75	62.8	55	62.6
<b>Ruys, E.,1991</b>	<b>Undergraduates</b>	<b>184</b>	<b>70.2</b>	<b>159</b>	<b>65.3</b>
Smith, M.,1978	Under/Graduates	224	71.3	161	70.5
Smits, C., 1971	Undergraduates	79	72.6	137	70.9
Bishop, 1969	Undergraduates	25	74.0	25	71.6
Yuker, B.Y.'66	Various	410	75.4	1689	72.8
Ashburn, 1973	Rehab. Admin.	27	76.5	121	83.8
Chesler, 1963	Highschool	177	78.4	108	73.9
Foley, 1978	School Teachers	114	78.9	83	76.1
Yuker. B.Y.'66	Dis. workers	219	78.9	1079	78.5
Block, 1962	Dis. workers			81	78.8
Rosswurm, '80	Nursing students	26	79.6		
Urie, S., 1971	Undergraduates	140	79.6	116	73.7
Conine, 1968	Teachers	374	80.0	99	75.1
Alessandrini, '82	Undergraduates	230	80.3	202	73.5
Fichten, H.A. '86	Montreal Adults	38	82.7	20	76.4
Fonosch, 1979	Higher Ed. Faculty	56	89.2	268	81.7
Felton, 1975	Child Care Trainees	7	93.0		
Kelly, 1982	Coord. Dis. Students	216	98.0	113	93.9
Dillon, 1977	Teachers	204	98.9	32	95.4

Source: YUKER, Harold., BLOCK, J.R., "Research with the Attitudes Towards Disabled Persons Scale (ATDP) 1960-1985" Hofstra University.

For the study on the Victoria University of Technology business students, the mean score overall was 67.97 with a sample size of 349 cases. Table 12 shows the average scores of a number of studies carried out previously, using the ATDP scale, Form O.

Table 12: "Mean Overall Attitude Scores for Previous Studies."

Study	Group	No.	Mean.
Evans, 1974	Adolescent offenders	20	52.0
Evans, 1974	Highschool	20	58.4
Cordaro, 1969	Disabled Adults	50	60.0
Modisette, '87	3-7 grade students	60	61.0
Lipsky, 1978	Elementary students	95	62.8
<b>Ruys, E., 1991</b>	<b>Undergraduates</b>	<b>349</b>	<b>68.0</b>
LeCompte, '66	Undergraduates	553	66.3
Bell, S. 1971	Hospitalised Disabled	25	72.0

(Table 12 Continued)

Furnham, P. 1983	British	96	72.1
Wolraich, 1980	Pediatricians	57	73.6
Wolraich, 1980	Pediatrician Students	22	75.3
Stiff, P. 1964	Dental Students	83	75.6
Conine, 1968	No contact; disabled	61	76.4
Conine, 1968	Fam members of disabled	99	77.1
Clark, 1978	Highschool Principals	61	77.6
Bell, S. 1971	Disabled at Rehab. Cntr	45	78.0
Conine, 1968	Elementary teachers	434	78.6
Lenhart, 1976	Adults	90	78.9
Cortez, 1983	Faculty Members	20	79.0
McDaniel, 1980	Vocational Teachers	288	79.4
Clark, 1978	Highschool P.E.Teachers	218	79.7
Lenhart, 1976	Rehab. Professionals	45	79.8
Fonosch, 1979	Faculty without contact	154	79.8
Pensabene, B.'73	Disabled at Rehab. Cntr	24	81.0
Ripley, 1985	College athletes	25	81.2
Conine, 1968	Friends Disabled Person	85	81.3
Lenhart, 1976	Disabled Persons	60	81.4
Avery, 1982	Undergraduates	32	81.5
Rosswurm, 1980	Nursing students	57	81.8
Ashburn, 1973	Non-disabled person	123	81.9
Wilson, 1983	Undergraduates	298	82.0
Marsh, 1983	Teachers	238	82.1
Fonosch, 1979	Higher Educ. Faculty	324	83.0
Conine, 1968	Elem. Spec.Ed. Teachers	30	83.1
Yuker, H. 1986	Adults	50	83.3
Fonosch, 1979	Faculty with Contact	160	85.3
Ashburn, 1973	Disabled Rehab. Admin.	25	85.5
Bell, S. 1971	Non-hospitalised disabled	45	86.0
LeCompte, L. '66	Turkish undergraduates	212	90.4

#### 4.10 Summary of Findings.

From the chapter, it can be concluded that attitude scores generally do not differ significantly between the business student groups studied, of the Victoria University of Technology, Footscray Campus. Significant differences were found by

performing ANOVA between course and industry experience, gender and exposure to disabled people only. Specifically, industry experience was significant for those in "other" courses at V.U.T., though non-significant for tourism and hospitality students. Those with more industry experience scored higher than the students with no industry experience. Gender was significant, with females scoring higher, irrespective of the course undertaken. Those with a moderate ("sometimes") exposure to people with disabilities scored higher.

A significant difference was also found between V.U.T. students and students from different universities, primarily the U.S.A.

V.U.T. students scored significantly lower than nearly all other populations with the exception of children of school age. Further research would be needed to ascertain the reasons for this find and to answer questions such as: "Are Australians poorly educated regarding disabilities? Or, are business students less enlightened than other groups?"

These findings are of some concern in that they show that V.U.T. students being educated for the hospitality and tourism industry have a lower than average attitude to disabilities score than other students. This is disturbing in that it affects the future of these students. If they have reservations, conscious or unconscious, in dealing with people with disabilities, it will affect their ability to deal with people with disabilities, as tourist or guests. These future service orientated workers either do not fully understand or else want to understand the needs of people with disabilities. This research has shown that business students, studying service-

oriented courses do not in fact show a higher attitude score towards people with disabilities than other students studying non service oriented courses. The ability to deal and communicate with people can be regarded as being of the utmost importance for service oriented students. Such students should not have reservations about certain people, in this case, people with disabilities.

Changing attitudes is a very slow and difficult process to undertake. It is difficult to do this within the curriculum of a University where subjects are typically one semester or 14 weeks in duration. Education at the workplace has advantages in that time spent in industry is longer in duration. Furthermore, workers may have a better understanding of the need for such training within industry since they have gained hands-on experience. (The results of the attitude test has shown that as industry experience increases, so does the attitude score of the students.) Any training in attitudes towards people with disabilities is therefore better understood and worthwhile in the workplace. Awareness can be created within the tertiary education section but, more training is needed at the workplace. At the same time we must acknowledge the disadvantage that staff turnover in hospitality and tourism organisations is relatively high compared to other industries, and that the cost of staff training is often considered high for management.

Some reasons for the better attitudes of the US studies could be explained by the earlier adoption of the required standards for people with disabilities as compared with Australia.



This study has opened up many avenues for further consideration. Are industry's as well as disabled people's needs met? An investigation into the disabled tourist population would be required. Recent articles have shown that marketers seem to assume that if 10% of the population has some sort of disability, that therefore 10% of the travellers also have some sort of disability. The author has great difficulty in making this assumption. It could be assumed that if disabled tourists knew that students were taught an awareness subject at University, they would be more willing to travel. If the percentage of disabled tourists is found to be high, it is a good reason to include awareness subjects in the course, supplemented by appropriate industry training. If the percentage of disabled tourists is found to be low, this could be related to poor education of the students and therefore disabled tourists are not encouraged to travel.

## CHAPTER 5.

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

#### 5.1 Summary.

This study has specifically looked at the attitudes of first year and final year business students of the Victoria University of Technology, Footscray Campus towards people with disabilities.

The business students were divided into two groups. The first group consisted of Hospitality and Tourism Management students. The second group was comprised of the remaining five business degree courses.

The aim of the study was to see whether the first group differed from the second group, and whether there was a difference in attitude towards people with disabilities for first year as compared to final year students.

The ATDP, Form O test which was used to calculate an attitude score, was developed by Professor Harold Yuker, and consists of a twenty statement, Likert-type 6-answer scale.

## 5.2 Conclusions.

From the research carried out during this study, it can be concluded that:

- There is no statistically significant difference between the attitudes of first year and fourth year hospitality and tourism students.
- Female students have a significantly higher and therefore better attitude score than male students.
- Exposure to disabled people and industry experience show significance, however, like the other demographic variables, there are numerous other intervening variables that interfere with the results, and therefore, limited conclusions can be made.
- Group 1 (Catering & Hotel Management and Tourism Management students) have a slightly better attitude score than students enrolled on the other business courses, but the difference is not statistically significant.
- V.U.T. students have a comparatively low attitude score compared with other researchers' results.

The implications of the conclusions noted above are important for the education system as a whole, notably, for University education, for business education, for the various courses at V.U.T., and for hospitality and tourism courses in general.

### 5.3 Recommendations.

Using this study as a basis for further research, it is recommended that:

- A longitudinal study be carried out with the first year students for a more valid account of difference between first and final year students.
- Research be undertaken to ascertain the impact of the Disability component of the now compulsory "Hospitality Facilities Planning and Design" subject for Catering and Hotel students by measuring their attitudes before commencement and again after completion of the course.
- Research should be undertaken to determine the possible reasons for the lower than average ATDP scores of V.U.T. Business students, for example, compare to other courses at V.U.T., other business courses in Australia, or other hospitality/tourism students in Australia.
- This study be expanded by calculating the ATDP scale scores of Hospitality and Tourism staff already in industry.
- Further testing and research be carried out to determine the reasons for the differing attitude scores between the three variables; gender, exposure and industry experience.

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**APPENDIX 1. ATDP Scale, Form "Q"**

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write +1, +2, +3; or -1,-2,-3; depending on how you feel in each case.

- |                         |                            |
|-------------------------|----------------------------|
| +3: I AGREE VERY MUCH   | -1: I DISAGREE A LITTLE    |
| +2: I AGREE PRETTY MUCH | -2: I DISAGREE PRETTY MUCH |
| +1: I AGREE A LITTLE    | -3: I DISAGREE VERY MUCH   |

- \_\_1. Parents of disabled children should be less strict than other parents.
- \_\_2. Physically disabled persons are just as intelligent as nondisabled ones.
- \_\_3. Disabled people are usually easier to get along with than other people.
- \_\_4. Most disabled people feel sorry for themselves.
- \_\_5. Disabled people are the same as anyone else.
- \_\_6. There should not be special schools for disabled children.
- \_\_7. It would be best for disabled persons to live and work in special communities.
- \_\_8. It is up to the government to take care of disabled persons.
- \_\_9. Most disabled people worry a great deal.
- \_\_10. Disabled people should not be expected to meet the same standards as nondisabled people.
- \_\_11. Disabled people are as happy as nondisabled ones.
- \_\_12. Severely disabled people are no harder to get along with than those with minor disabilities.
- \_\_13. It is almost impossible for a disabled person to lead a normal life.
- \_\_14. You should not expect too much from disabled people.
- \_\_15. Disabled people tend to keep to themselves much of the time.
- \_\_16. Disabled people are more easily upset than nondisabled people.
- \_\_17. Disabled persons cannot have a normal social life.
- \_\_18. Most disabled people feel that they are not as good as other people.
- \_\_19. You have to be careful of what you say when you are with disabled people.
- \_\_20. Disabled people are often grouchy.

## APPENDIX 2.

22nd August, 1990.  
Victoria University of  
Technology, FIT Campus.  
Hospitality & Tourism  
Department.  
P.O.Box 64, Footscray.  
Victoria, 3011, Aust.

Prof. Harold E. Yuker.  
Center for the Study of ATDP.  
Hofstra University,  
Hempstead, NY., U.S.A.

Re: Permission to use the ATDP scale.

Dear Professor Yuker,

I am currently completing a Masters degree in Business, (Tourism Development), at the Victoria University of Technology, FIT Campus, in Melbourne, Australia.

As part of the requirements of the course, I have to write a minor thesis. I have chosen to measure the attitudes of first year students, final year students and graduates of the Hospitality and Tourism courses offered here, towards people with disabilities. I would like to determine whether results differ between the groups, and if so, why.

After researching the material available, I have found that the scales developed by yourself and Dr. J.R. Block are by far the most accepted, reliable and valid tests available.

I would like to use one of the ATDP scales for my thesis and would appreciate your permission to use the scales. Please forward a reply via fax on (Melbourne- (3)) 318-5232.

Thanking you in advance,

yours sincerely,

Ms. Eva Ruijs.  
c/- The Student Village  
Maribyrnong, Victoria, 3032.  
Australia.



Office of the President

**FACSIMILE TRANSMITTAL SHEET**

DATE: 8/27/90

TO: Eva Rujs, Marlbyrong, Victoria, Austria

FROM: Harold Yaker, Hofstra University

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2

27 August, 1990.

Ms. Eva Ruijs  
Student Village  
Marlbyrnong, Victoria, 3032.  
Australia.

Dear Ms. Ruijs:

You have my permission to use the ATDP scales for your Masters Thesis research. It would be appreciated if you would send me a copy of your research design and results, once it is completed.

Do you have a copy of our 1986 monograph Research with the Attitudes Toward Disabled Persons scales, 1960-1985. If not, I will send you a copy upon receipt of a check for \$12.00 (U.S.) payable to Hofstra University.

If I can be of help, feel free to contact me. Good luck in your research.

Sincerely,

*H. E. Yuker*

Harold E. Yuker, Ph. D.  
Psychology Dept.  
Hofstra University.  
Hempstead, N.Y. 11550.

### APPENDIX 3.

**Dear F.I.T. Business Student,**

The attached survey is has been designed to test the attitudes of people towards people with disabilities, and has been used extensively throughout the world for this purpose.

As a Master of Business (Tourism & Development) student, I am currently writing my minor thesis on the attitudes of students towards people with disabilities. The attitudes of First Year Business Students will be compared with Fourth Year Business Students to establish whether the attitudes of students change over the duration of their course.

The survey, which is attached overleaf, should only take about five to ten minutes to complete, the results of which will remain confidential. I would be extremely grateful if you can find the time to carefully complete it.

Yours sincerely,

Eva Ruijs,  
Post Graduate Student.

APPENDIX 4.

Attitudes Towards People with Disabilities Survey.

PART A. Background Information.

Please circle the appropriate number.

1. Course:	B.Bus Catering & Hotel Mgmt.	1.	4.. Age:	18 or less	1.
	B.Bus Tourism	2.		19	2.
	B.Bus Info Technology	3.		20	3.
	B.Bus Retail Management	4.		21	4.
	B.Bus Banking & Finance	5.		22	5.
	B.Bus Accounting	6.		23 or more	6.
	B.Bus International Trade	7.			
2. Year:	First	1.	5. Sex:	Female	1.
	Fourth	2.		Male	2.
3. Industry Experience:	Less than 1 year	1.	6. Exposure to Disabled People:		
	1 - 2 years	2.		Never	1.
	More than 2 years	3.		Some	2.
				Frequent	3.

PART B. Attitude Towards Disabled Person's Scale, - Form O.

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one, Write +1, +2, +3; or -1, -2, -3; depending how you feel in each case.

+3	I AGREE VERY MUCH	-1	I DISAGREE A LITTLE
+2	I AGREE PRETTY MUCH	-2	I DISAGREE PRETTY MUCH
+1	I AGREE A LITTLE	-3	I DISAGREE VERY MUCH

For Example, if the statement read:  
"Disabled persons are usually friendly."  
If you strongly agreed to this, you would circle +3.  
If you disagreed a little, you would circle -1.

-3 -2 -1 +1 +2 +3	Parents of disabled children should be less strict than other parents.
-3 -2 -1 +1 +2 +3	Physically disabled persons are just as intelligent as non-disabled ones.
-3 -2 -1 +1 +2 +3	Disabled people are usually easier to get along with than other people.
-3 -2 -1 +1 +2 +3	Most disabled people feel sorry for themselves.
-3 -2 -1 +1 +2 +3	Disabled people are the same as anyone else,
-3 -2 -1 +1 +2 +3	There should not be special schools for disabled children.
-3 -2 -1 +1 +2 +3	It would be best for disabled persons to live and work in special communities.
-3 -2 -1 +1 +2 +3	It is up to the government to take care of disabled persons.
-3 -2 -1 +1 +2 +3	Most disabled persons worry a great deal.
-3 -2 -1 +1 +2 +3	Disabled people should not be expected to meet the same standards as non-disabled people.
-3 -2 -1 +1 +2 +3	Disabled people are as happy as nondisabled people.
-3 -2 -1 +1 +2 +3	Severely disabled people are no harder to get get along with than those with minor disabilities.
-3 -2 -1 +1 +2 +3	It is almost impossible for a disabled person to lead a normal life.
-3 -2 -1 +1 +2 +3	You should not expect too much from disabled people.
-3 -2 -1 +1 +2 +3	Disabled people tend to keep to themselves much of the time.
-3 -2 -1 +1 +2 +3	Disabled people are more easily upset than non-disabled people.
-3 -2 -1 +1 +2 +3	Disabled persons cannot have a normal social life.
-3 -2 -1 +1 +2 +3	Most disabled people feel that they are not as good as other people.
-3 -2 -1 +1 +2 +3	You have to be careful of what you say when you are with disabled people.
-3 -2 -1 +1 +2 +3	Disabled people are often grouchy.