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A STUDY TO DETERMINE HOW NURSES AND TEACHERS PERCEIVE AND ACCEPT
PERSONS WITH VISIBLE AND HIDDEN PHYSICAL DEFECTS

by

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✓

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ABSTRACT

The problem undertaken in this study was: To compare nurses and teachers as to their perception and acceptance of persons with visible and hidden physical defects.

The purpose was to investigate some significant others, namely nurses and teachers, as to their perception and acceptance of the less-than-normal, the handicapped, the stigmatized--all persons with visible and hidden physical defects.

The groups chosen for this study were all professional people. Questionnaires which attempted to elicit attitudes toward persons with visible or hidden physical defects were distributed to: 1) forty-four (44) registered nurses, twelve (12) senior student nurses, thirty-two (32) teachers with one year or more of teaching experience, and fifteen (15) first year teachers. Before the questionnaires were issued to respondents, eleven (11) questions were arbitrarily chosen, which it was felt were indicators of covert feelings. It was assumed that the degree of acceptance on the part of nurses and teachers could be assessed from these questions. The other thirty-nine (39) questions were asked as masking items. The intent was to stimulate and thereby uncover hidden feelings.

Among several items of interest, two points stood out as especially noteworthy; the first pertained to question three (3) on the questionnaire (I am prone to prejudice) in which the majority of nurses and teachers indicated that they were not prone to prejudice. The second item pertained to questions thirty-five (35) and forty-nine (49) on the questionnaire concerning participants who had relatives with physical defects. Results showed that persons who have such relatives appear to be more accepting than those who do not have relatives with physical handicaps.

Final analysis of the results indicated that the null hypothesis should be retained, since no difference in the perception and acceptance of nurses and teachers toward handicapped persons could be established.

CHAPTER I

INTRODUCTION, AND REVIEW OF LITERATURE

INTRODUCTION

If I had to choose one group of experiences that finally convinced me of the importance of this problem (of self-image) and that I had to fight my own battles of identification, it would be the incidents that made me realize with my heart that cripples could be identified with characteristics other than their physical handicap. I managed to see that cripples could be comely, charming, ugly, lovely, stupid, brilliant--just like all other people, and I discovered that I was able to hate or love a cripple in spite of his handicap.¹

These are the words of a cripple who was able to verbalize his feelings, indicating how much the handicapped person must relearn in order to acquire a healthy self-image. He too has learned, and very early has acquired the concept of what is "normal." There has been too much emphasis in recent times on a more humane attitude toward those who do not fall into this category. However, by definition, normal is right and good, and therefore, abnormal is less right and less good.

In our society, a body image among men and women is a work of art, an embellishment or camouflage of endowment and diet. When one's body is disliked because of deviation from norms for function and appearance, replicated evidence shows that anxiety, insecurity, and low self-esteem are regular correlates.²

¹Erving Goffman, Stigma (New York: Prentice Hall, Inc., 1963), p. 40.

²Sidney M. Jourard, The Transparent Self (New Jersey: D. Van Nostrand Company, Inc., 1964), p. 91.

Realizing that the definition of the word describing an object tells us what behavior is proper with regard to that object, it is apparent that behavior toward the less-than-normal, the handicapped, the stigmatized--all persons with visible or hidden physical defects--is based on deep-seated cultural attitudes.

These attitudes are of vital importance in any consideration of normal persons in relation to the person stigmatized by a physical defect. For, as Rose says:

Because a person can never 'unlearn' something--although he can drastically modify the learning--and because the conception of self is the most important meaning for man's behavior, a conception of self once learned affects an individual's behavior throughout his life.³

and Goffman states:

The attitudes we normals have toward a person with a stigma, and the actions we take in regard to him, are well known, since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances.⁴

If the handicapped child perceives that all others consider that he is less than whole or right, it must follow that he learns to see himself as not a desirable person. In other words, he forms a

³ Arnold M. Rose, "A Systematic Summary of Symbolic Interaction Theory," Human Behavior and Social Processes, ed. A. M. Rose (Boston: Houghton Mifflin Co., 1962), p. 18.

⁴ Goffman, op. cit., p. 5.

defective self-image. Litman's study of the relationship between self concept and physical rehabilitation indicates the importance of this concept to adequate social functioning.⁵

In view of the vital nature of the child's self-concept, two groups (nurses and teachers) were chosen as those who would be most likely to be significant others to the physically stigmatized person. In view of the educational background of these two groups, there seemed to be little room for doubt that they should indicate high levels of acceptance toward defective persons. If it were otherwise, how could the nurse or teacher transfer positive feelings of self-acceptance and self-identity? Might she not instead reveal feelings of unwarranted pity or detached curiosity?

Review of Literature

A survey of literature showed that nearly every textbook thrust at student nurses throughout their entire program emphasizes "understanding" as one of the main characteristics of the nurse:

More germane to the nurse's function are the efforts which are being made to understand children and parents as persons.⁶

⁵Theodore J. Litman, "Self-Conception and Physical Rehabilitation," Human Behavior and Social Processes, ed. A. M. Rose (Boston: Houghton Mifflin Co., 1962), pp. 550-570.

⁶Philip C. Jeans, F. Howell Wright, and Florence G. Blake, Essentials of Pediatrics (Philadelphia: J. B. Lippincott Co., 1958), p. v.

It is the purpose of the authors in this new edition, as it has been in previous ones, (1) to set forth those principles of science and the practice of obstetrics which must be grasped by every student nurse if she is to approach the manifold problems in the field with intelligence and understanding....⁷

It has become clear that the sick individual must be understood comprehensively, in terms of both soma and psyche. It is clear that the attitude and approach of the nurse is of high importance.⁸

....what does this section of material mean in terms of understanding the child and his development?⁹

It was noteworthy to find very few subjects relating to the behavioral sciences in the curriculum written for elementary teachers as compared to the courses in the curriculum for student nurses.

Those included at Montana State University are:

HE-F	125	Child Development--Freshman Year.
Psy	103	Gen. Psychology--Freshman Year.
Ed	240	Psychology of Instruction--Sophomore Year.

No behavioral sciences are required during the Junior and Senior years.¹⁰ However, behavioral aspects and understanding of human relations are emphasized in the humanities and professional methods

⁷Elise Fitzpatrick and Nicholson J. Eastman, Obstetrics for Nurses (Philadelphia: J. B. Lippincott Co., 1960), p. viii.

⁸Charles K. Hofling and Madeleine M. Leininger, Basic Psychiatric Concepts in Nursing (Philadelphia: J. B. Lippincott Co., 1960), p. viii.

⁹Elizabeth B. Hurlock, Child Development (New York: McGraw-Hill Co., 1964), p. viii.

¹⁰Montana State University Bulletin, XXV, 7 (1970), pp. 109-110.

courses.

Problem

To compare professional nurses and teachers as to their perception and acceptance of persons with visible and hidden physical defects.

Purpose

To investigate some significant others, namely nurses and teachers, as to their perception and acceptance of the less-than-normal, the handicapped, the stigmatized--all persons with visible or hidden physical defects.

Null Hypothesis

There is no difference in the perception and acceptance of professional nurses concerning persons with visible and hidden physical defects as opposed to the perception and acceptance of these physically handicapped people on the part of teachers in the public school system.

Alternative Hypothesis

There is a difference in the perception and acceptance of professional nurses concerning persons with visible and hidden physical defects as opposed to the perception and acceptance of these physically handicapped people on the part of teachers in the public school system.

Limitations

1. Constructing an effective tool to measure honest attitudes.
2. The sample chosen involved nurses from only one hospital.

The teachers surveyed came from only one school district, although this included several schools. All respondents were located in Montana.

Assumptions

1. It is possible to compare feelings and attitudes in teacher groups and nurse groups as to hidden and visible physical defects.
2. Responses to the eleven (11) questions chosen as indicators of covert feelings will accurately reflect attitudes of acceptance or rejection toward the handicapped person.
3. There is a need for nurses and teachers to understand the physically handicapped person and help him build a healthy self-image.

Definition of Terms: For the purposes of this study.

1. Handicapped: Refers to the groups of people who have either visible or hidden physical defects.
2. Visible physical defects: May be something the person was born with, or it may be the result of illness or injury. It is located so that, when the person is fully clothed, it is still readily apparent.
3. Hidden physical defects: May be something the person was born with, or it may be the result of illness or injury. However, when the person is fully clothed, the defect is not apparent by

observation.

4. Normal: Anyone who does not have a visible or hidden physical defect, and who is accepted by society as physically right and good.

5. Stigma: A physical handicap.

6. Significant Others: Those others who have a marked impact on the socialization process of an individual.

7. Acceptance: "A warm regard for him as a person of unconditional self-worth--of value no matter what his condition, his behavior, or feelings."¹¹

8. Discriminate: "To act toward someone or something with partiality or prejudice."¹²

9. Prejudice: A preconceived negative attitude toward a person or group of persons.

10. Repulsive: Arousing aversion or disgust.

¹¹ Carl R. Rogers, On Becoming a Person (Boston: Houghton Mifflin Co., 1961), p. 34.

¹² Funk and Wagnalls, Standard Encyclopedic Dictionary (Chicago: J. G. Ferguson Publishing Co., 1966), p. 182.

CHAPTER II

METHODOLOGY

This chapter is devoted to a description of the procedure used to carry out this study. The survey method was used.

Data Collection

A questionnaire was developed by the researcher and distributed to sixty-six (66) registered nurses and to twelve (12) senior student nurses in one Montana hospital.

Sixty-three (63) of these questionnaires were distributed to teachers in three (3) different schools, but in the same school district in Montana. All teachers who had taught less than one year were instructed to indicate this on the questionnaire. This information was utilized in making comparisons between young first year teachers and young senior student nurses.

A total of forty-seven (47) questionnaires were returned by the teachers. Fifteen (15) were completed by first year teachers and thirty-two (32) were filled out by teachers who had taught for more than one year.

Respondents were asked to score the questionnaire with "Yes," "No," and "Can't Answer." Prior to handing out the questionnaire, eleven (11) questions out of fifty (50) were arbitrarily chosen as particularly revealing of covert attitudes toward persons with physical

defects. These items comprise the questions used for analysis and comparison of nurses' and teachers' attitudes on this subject.

1. (question 3 on questionnaire) I am prone to prejudice.
2. (question 4 on questionnaire) A visible defect would be harder to bear than a hidden one.
3. (question 10 on questionnaire) Would you hire a person with a repulsive physical defect as a baby-sitter?
4. (question 14 on questionnaire) Would you feel guilty if you had a defective child?
5. (question 20 on questionnaire) It is repulsive to be in close contact with a person who has a very noticeable physical defect.
6. (question 25 on questionnaire) The degree of the defect is of little importance with regard to the person's relationship with others.
7. (question 26 on questionnaire) Persons with visible physical defects would tend to be better accepted by blue-collar than by professional workers.
8. (question 29 on questionnaire) Visible physical defects have a tendency to be repulsive.
9. (question 39 on questionnaire) It is better if people with hidden physical defects can keep it a secret.

10. (question 42 on questionnaire) Persons with hidden physical defects would tend to be better accepted by blue-collar than by professional workers.
11. (question 47 on questionnaire) It is easier to have a comfortable relationship with persons whose defects are hidden.

For each of these questions, responses were predefined as indicating a positive or negative attitude toward these persons. Percentages were then computed for each question within each of four groups; 1) Registered Nurses, 2) Student Nurses, 3) Experienced Teachers, and 4) First Year Teachers.

Responses to each of the eleven (11) items chosen were compared. The particular relationships scrutinized were; the attitudes of registered nurses as compared to experienced teachers, and the attitudes of young student nurses as compared to young first year teachers.

In addition, question number 35 (I have a relative with a visible defect) and question number 49 (I have a relative with a hidden physical defect) were analyzed to determine if nurses and teachers were more accepting of the handicapped person if they have relatives in either category.

CHAPTER III

DATA AND ANALYSIS

The data were collected from questionnaires returned by one-hundred and three (103) respondents, for a seventy-three (73) percent return.

Analysis of the rate of return by groups reveals that sixty-seven (67) percent of the registered nurses, one-hundred (100) percent of the student nurses, fifty-two (52) percent of the teachers with more than one year's experience, and twenty-four (24) percent of the first year teachers completed the questionnaire.

Eleven (11) questions were chosen prior to handing out the questionnaires, as indicators of covert feelings. It was felt that the degree of acceptance on the part of nurses and teachers toward persons with visible and hidden physical defects could be demonstrated by these questions. The other thirty-nine (39) questions were asked in hopes of stimulating and thereby uncovering hidden feelings.

Analysis of responses to these items is summarized in the tables which follow.

Item Analysis of Pertinent Questions by Groups

1. (question 3 on questionnaire)

I AM PRONE TO PREJUDICE.

Since eighty-eight point two (88.2) percent of the registered

nurses, as compared to fifty-eight point four (58.4) percent of the student nurses, sixty-five point six (65.6) percent of the teachers, and sixty-six point six (66.6) percent of the first year teachers, felt that they were free from prejudice, it seemed reasonable to expect that the registered nurses would manifest more accepting attitudes toward the handicapped than would the other three groups. On the basis of this expectation, the other pertinent questions were analyzed.

(Table 1)

Table 1
Responses to Question 3 on Questionnaire
(I am prone to prejudice)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	39	88.2	7	58.4	21	65.6	10	66.6
Yes	2	4.5	5	41.6	7	21.8	3	20.0
Can't Answer	3	6.8	0		4	12.1	2	13.3

2. (question 4 on questionnaire)

A VISIBLE DEFECT WOULD BE HARDER TO BEAR THAN A HIDDEN ONE.
(IN A RELATIVE)

It seemed that, to the unprejudiced person, a visible defect would not have a markedly different impact than a defect which was hidden. To view the degree of visibility of the handicap as

functionally related to the trauma of its presence was felt to be an indicator of a negative attitude toward the physically handicapped.

Since eighty-eight point two (88.2) percent of the registered nurse respondents had previously indicated that they were free from prejudicial attitudes (Table 1), it was somewhat startling to find that forty point nine (40.9) percent felt that a visible defect in a relative would be harder to bear than a hidden one.

Thus, nearly half of the registered nurse sample indicated two things: a) that they were unprejudiced, and b) that a visible defect would be harder to bear in a relative than would a hidden defect. By contrast, fifty-three point three (53.3) percent of teachers with over a year's teaching experience report this apparent paradox, as do fifty-eight point four (58.4) percent of the student nurses, and eighty (80) percent of first year teachers. (Table 2)

Table 2
Responses to Question 4 on Questionnaire
(A visible defect would be harder to bear than a hidden one)
(In a relative)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	19	43.8	5	41.6	12	37.5	3	20.0
Yes	18	40.9	7	58.4	17	53.3	12	80.0
Can't Answer	7	15.9	0		3	9.3	0	

3. (question 10 on questionnaire)

WOULD YOU HIRE A PERSON WITH A REPULSIVE PHYSICAL DEFECT
AS A BABY-SITTER?

It was felt that the unprejudiced professional person would require additional information before rendering a negative response to this item. However, twenty-two point seven (22.7) percent of the registered nurse group, forty-one point six (41.6) percent of the student nurses, forty point six (40.6) percent of experienced teachers, and forty (40) percent of first year teachers stated that they would not hire a person with a repulsive physical defect as a baby sitter. This would seem to indicate that sizeable numbers of professional persons feel that contact with physical defects might have an injurious effect upon their children. (Table 3)

Table 3

Responses to Question 10 on Questionnaire
(Would you hire a person with a repulsive physical defect
as a baby-sitter?)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	10	22.7	5	41.6	13	40.6	6	40.0
Yes	14	31.8	3	25.0	7	21.8	4	26.6
Can't Answer	20	45.4	4	33.3	12	37.5	5	33.3

4. (question 14 on questionnaire)

WOULD YOU FEEL GUILTY IF YOU HAD A DEFECTIVE CHILD?

Awareness of human behavior and a sound scientific background are characteristic of those with professional education. This should, it was felt, tend to eliminate feelings of guilt as a reaction to defective offspring on the part of teachers and nurses.

Analysis of this question made it apparent that the wording was such that the answers were strongly biased toward a negative response.

Under the circumstances, it was interesting to note that a few nurses and teachers still responded affirmatively!

Table 4

Responses to Question 14 on Questionnaire
(Would you feel guilty if you had a defective child?)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	29	65.9	6	50.0	21	65.6	8	53.3
Yes	2	4.5	3	25.0	4	12.1	2	13.3
Can't Answer	13	29.5	3	25.0	7	21.8	5	33.3

5. (question 20 on questionnaire)

IT IS REPULSIVE TO BE IN CLOSE CONTACT WITH A PERSON WHO HAS A VERY NOTICEABLE PHYSICAL DEFECT.

In analyzing this question, it seemed obvious that it, also, was worded in such a manner as to receive a response biased toward the negative, regardless of actual feelings. Again it was somewhat surprising to note that any of the respondents indicated that they found it repulsive to be in close contact with defective persons.

The researcher was faced with the possibility that the only true feelings were expressed by those who did respond in this way or indicated that they were unable to answer the question. Since the wording of the question could be expected to elicit a biased response, no meaningful analysis of feelings could be done. (Table 5)

Table 5

Responses to Question 20 on Questionnaire
(It is repulsive to be in close contact with a person who has a very noticeable physical defect.)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	41	93.1	9	75.0	25	78.1	10	66.6
Yes	1	2.2	1	8.3	4	12.1	1	6.6
Can't Answer	2	4.5	2	16.6	3	9.3	4	26.6

6. (question 25 on questionnaire)

THE DEGREE OF THE DEFECT IS OF LITTLE IMPORTANCE WITH REGARD TO THE PERSON'S RELATIONSHIP WITH OTHERS.

It seemed reasonable to expect that professional people, who indicate little or no prejudice, would also understand that the degree to which a defect effects one's relations with others is a function of the individual's perception of others' image of him. Consequently, "yes," (the degree of the defect is of little importance) was the expected response. However, comments indicated that both the "yes" and "no" answer said the same thing. Analysis therefore became irrelevant. (Table 6)

Table 6

Responses to Question 25 on Questionnaire
(The degree of the defect is of little importance with regard to the person's relationship with others.)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	17	38.6	7	58.4	18	56.2	6	40.0
Yes	16	36.3	1	8.3	8	25.0	3	20.0
Can't Answer	11	25.0	4	33.3	6	18.7	6	40.0

7. (question 26 on questionnaire)

PERSONS WITH VISIBLE PHYSICAL DEFECTS WOULD TEND TO BE BETTER
ACCEPTED BY BLUE-COLLAR THAN BY PROFESSIONAL WORKERS.

It was felt that awareness of the content of professional education would lead professionals to feel that the handicapped would be better accepted by professionals than by blue-collar workers. This supposition was borne out by responses. However, twenty (20) percent of the first year teachers felt that the blue-collar workers would be more accepting. (Table 7)

Table 7

Responses to Question 26 on Questionnaire
(Persons with visible physical defects would tend to be better
accepted by blue-collar than by professional workers.)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	30	68.1	6	50.0	21	65.6	7	46.6
Yes	2	4.5	1	8.3	3	9.3	3	20.0
Can't Answer	12	27.2	5	41.6	8	25.0	5	33.3

8. (question 29 on questionnaire)

VISIBLE PHYSICAL DEFECTS HAVE A TENDENCY TO BE REPULSIVE.

It seemed that since a visible physical defect can be as minor as a mole or a slight limp, or as major as a missing limb or other disfiguring anomaly, no professional person would respond that such

defects tend to be repulsive.

However, eighteen point one (18.1) percent of the registered nurse group, twenty-five (25) percent of the student nurses, twenty-eight point one (28.1) percent of experienced teachers, and thirty-three point three (33.3) percent of first year teachers responded affirmatively to this item. (Table 8)

Table 8

Responses to Question 29 on Questionnaire
(Visible physical defects have a tendency to be repulsive)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	23	52.2	6	50.0	16	50.0	5	33.3
Yes	8	18.1	3	25.0	9	28.1	5	33.3
Can't Answer	13	29.5	3	25.0	7	21.8	5	33.3

9. (question 39 on questionnaire)

IT IS BETTER IF PEOPLE WITH HIDDEN PHYSICAL DEFECTS CAN KEEP IT A SECRET.

It seemed reasonable to predict that professional unprejudiced persons would understand that the act of keeping a defect hidden in itself imposes a strain on the individual, and in no way functions to lessen the problems of coping with the presence of the defect. Part of the job of nurses and teachers is to relate feelings of understanding

and acceptance. This is often a difficult task, and could be further hampered by unconscious feelings that defects should be kept hidden.

Results showed that over nine (9) percent of nurses and teachers with one year or more of experience felt that it would be better to keep a hidden physical defect a secret. The younger groups showed more awareness of the implications inherent in this question, with twenty (20) percent of the first year teachers, and none (0) of the student nurses indicating that they felt that a hidden defect should be kept secret. Perhaps the ever increasing emphasis on behavioral science in nursing education is beginning to show concern for human welfare. (Table 9)

Table 9
Responses to Question 39 on Questionnaire
(It is better if people with hidden physical defects can keep it a secret.)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	30	68.1	8	66.6	21	65.6	5	33.3
Yes	4	9.1	0		3	9.3	3	20.0
Can't Answer	10	22.7	4	33.3	8	25.0	7	46.6

10. (question 42 on questionnaire)

PERSONS WITH HIDDEN PHYSICAL DEFECTS WOULD TEND TO BE BETTER
ACCEPTED BY BLUE-COLLAR THAN BY PROFESSIONAL WORKERS.

As with question 7 (Table 7) it was felt that professional

persons would expect that blue-collar workers would tend to be less accepting than professionals. However, over thirty (30) percent of the combined professional group felt that persons with hidden physical defects would be better accepted by blue-collar workers. The researchers had no explanation to offer. (Table 10)

Table 10

Responses to Question 42 on Questionnaire
(Persons with hidden physical defects would tend to be better accepted by blue-collar than by professional workers.)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	26	59.1	5	41.6	18	56.2	9	60.0
Yes	2	4.5	1	8.3	4	12.1	1	6.6
Can't Answer	16	36.3	6	50.0	10	31.2	5	33.3

11. (question 47 on questionnaire)

IT IS EASIER TO HAVE A COMFORTABLE RELATIONSHIP WITH PERSONS
WHOSE DEFECTS ARE HIDDEN.

Since part of the process of the helper-helped relationship which exists, both between nurse and patient and between teacher and student, is the revealing of defects which are usually hidden to these professionals, the researcher wondered what their actual feelings were with regard to such revelations.

Responses to this question would seem to indicate that not all nurses wish to have their attention drawn to the defects of others, as

is indicated by the thirty-six point three (36.3) percent of registered nurses and fifty (50) percent of student nurses who revealed that it was more comfortable to be in contact with those whose defects are hidden. However, the nurses are not alone in these feelings, for forty point six (40.6) percent of experienced teachers and forty-six point six (46.6) percent of first year teachers expressed similar sentiments. (Table 11)

Table 11
Responses to Question 47 on Questionnaire
(It is easier to have a comfortable relationship with persons
whose defects are hidden.)

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	16	36.3	4	33.3	12	37.5	2	13.3
Yes	16	36.3	6	50.0	13	50.6	7	46.6
Can't Answer	12	27.2	2	16.6	7	21.8	6	40.0

An overview of this analysis of chosen questions seems to indicate that nurses' attitudes toward the handicapped may fall short of the ideals taught in their professional education. However, while nurses appear to have slightly more positive attitudes, the parallel seems to indicate no major differences are noted between registered nurses and experienced teachers. (Figure 1) Even less consistent deviation is seen between student nurses and first year teachers. (Figure 2) A possible explanation may be that feelings about the handicapped are more due to cultural or maturational learning rather than a professional or cognitive learning.

Figure 1

Comparison of the Amount of Agreement of Responses Between
Registered Nurses and Experienced Teachers
To Selected Questions

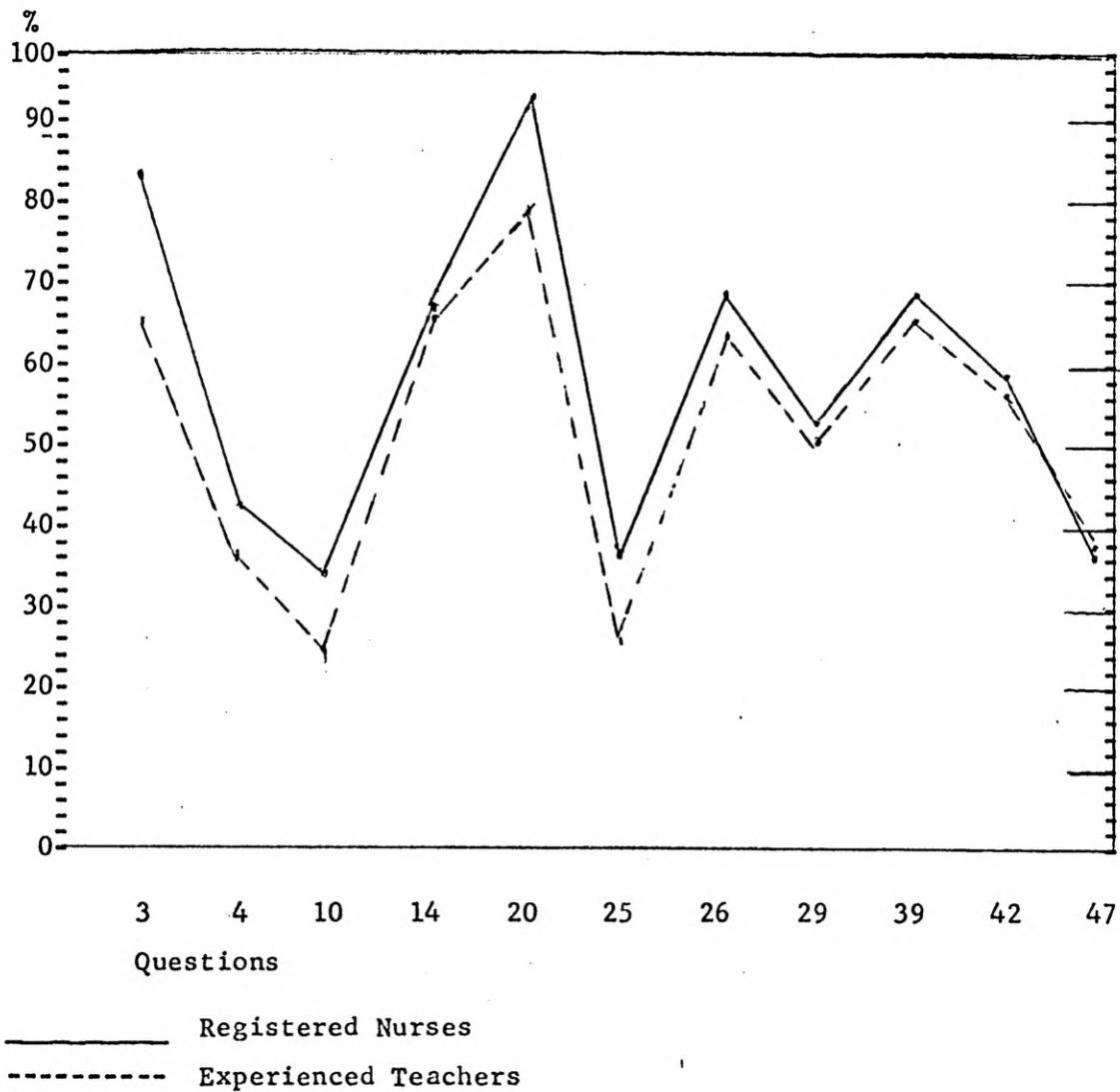
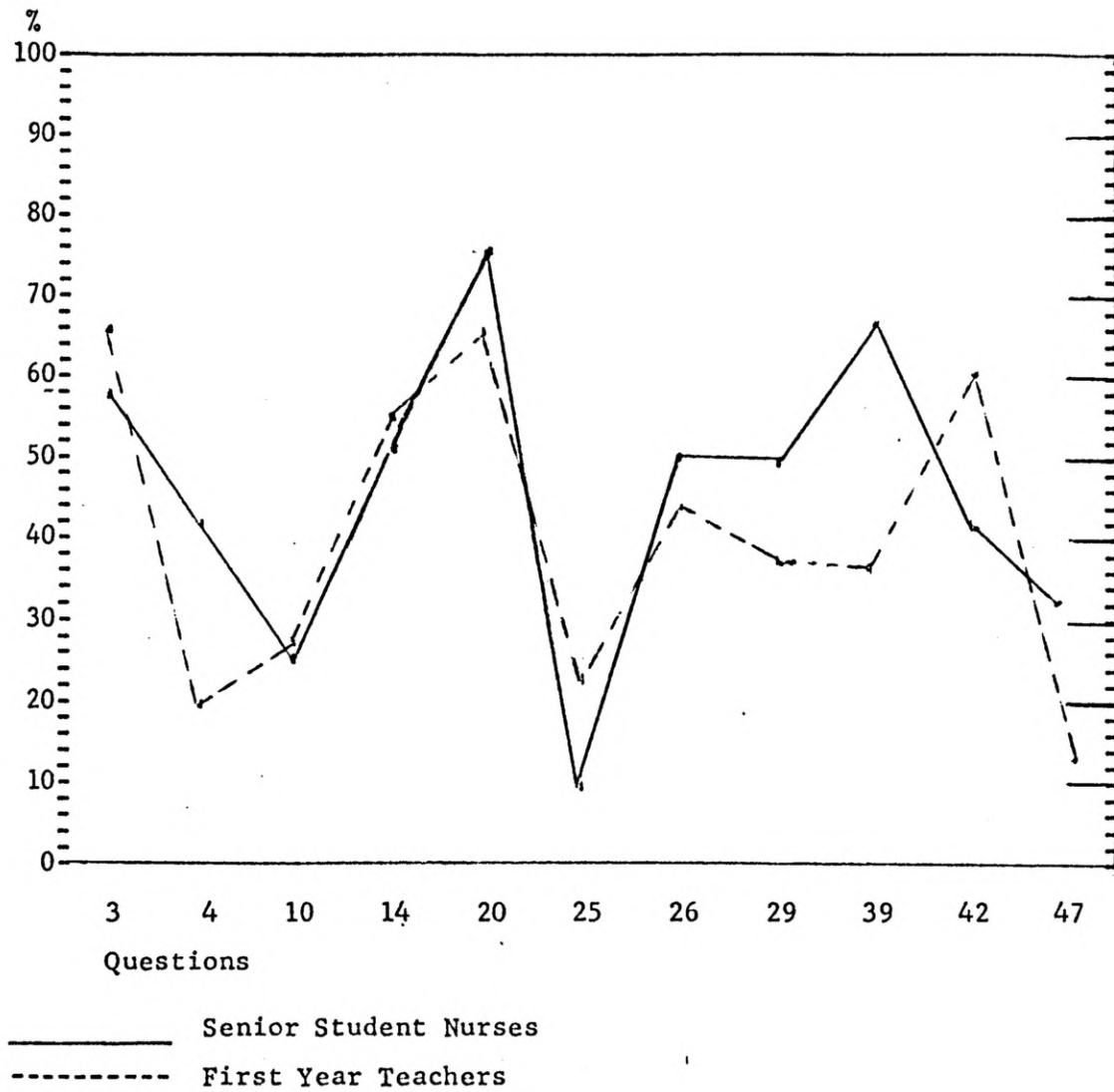


Figure 2

Comparison of Amount of Agreement of Responses Between
Senior Student Nurses and First Year Teachers
To Selected Questions



To determine if nurses and teachers tend to be more accepting if they have relatives with visible physical defects, respondents were asked whether they had such a relative.

Table 12

Responses to Question 35 on Questionnaire
(I HAVE A RELATIVE WITH A VISIBLE PHYSICAL DEFECT)

RN's (n=44)		SN's (n=12)		Experienced Teachers (n=32)		First Year Teachers (n=15)	
Yes	%	Yes	%	Yes	%	Yes	%
19	43.8	4	33.3	14	43.7	2	13.3

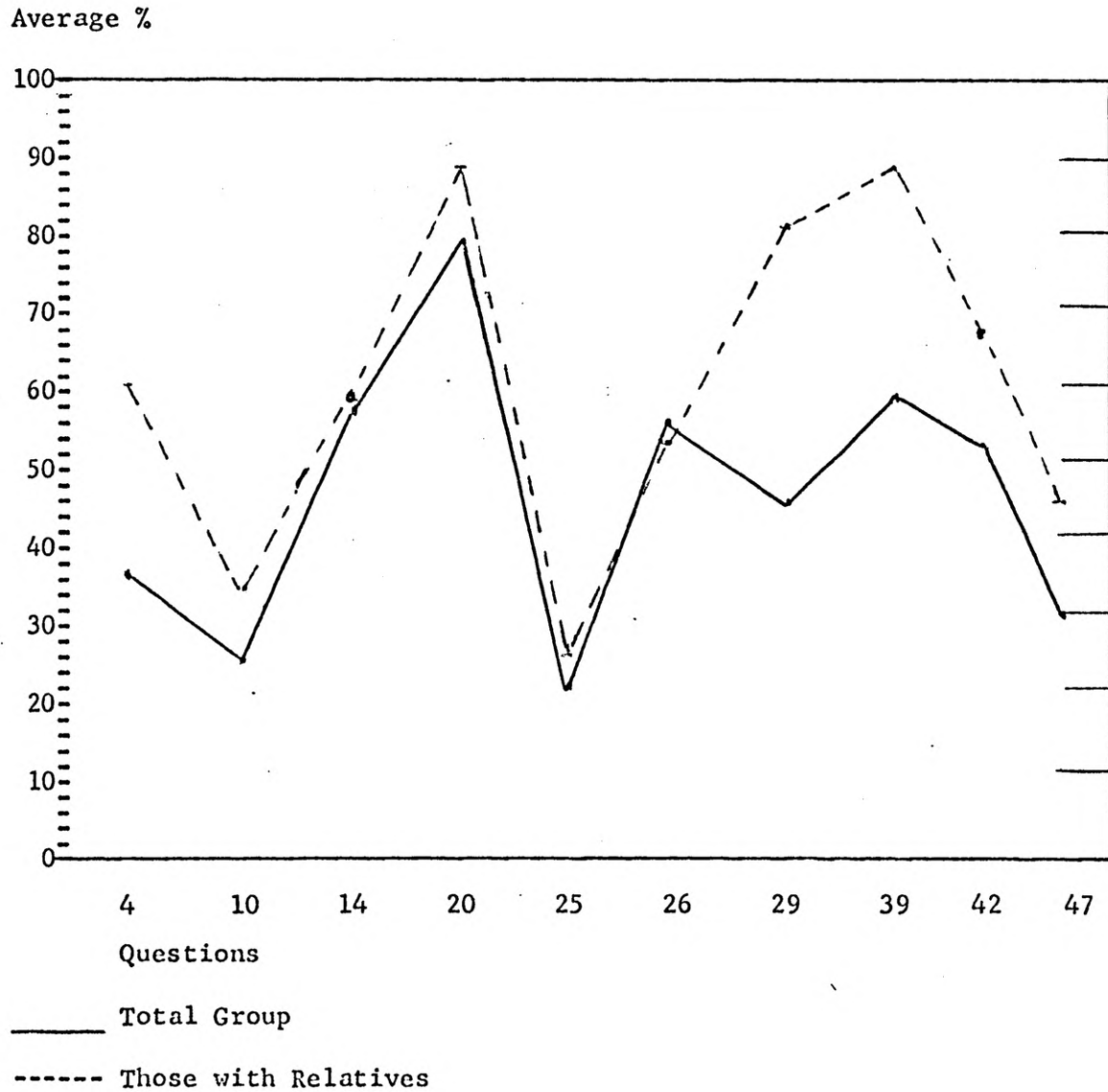
Comparison of those persons who had a relative with a visible physical defect to the entire sample population revealed that there appeared to be higher degrees of acceptance on the part of those who had a relative with a visible physical defect.

An exception was question 26 (Persons with a visible physical defect would tend to be better accepted by blue-collar than by professional workers.) Of the total sample population, fifty-seven (57) percent answered affirmatively, whereas fifty-four point two (54.2) percent of those with relatives with visible defects felt that professionals were more accepting.

Figure 3 shows the response of those persons who indicated that they had a relative with a visible defect compared to the response of the total sample on selected questions.

Figure 3

Attitudes of Acceptance of Those With Relatives With Visible
Physical Defects Compared to Total Sample
Response to Selected Questions



To determine if nurses and teachers tend to be more accepting if they have relatives with hidden physical defects, respondents were asked whether they had such a relative.

Table 13
Responses to Question 49 on Questionnaire
(I HAVE A RELATIVE WITH A HIDDEN PHYSICAL DEFECT)

RN's (n=44)		SN's (n=12)		Experienced Teachers (n=32)		First Year Teachers (n=15)	
Yes	%	Yes	%	Yes	%	Yes	%
8	18.1	1	8.3	5	15.6	0	

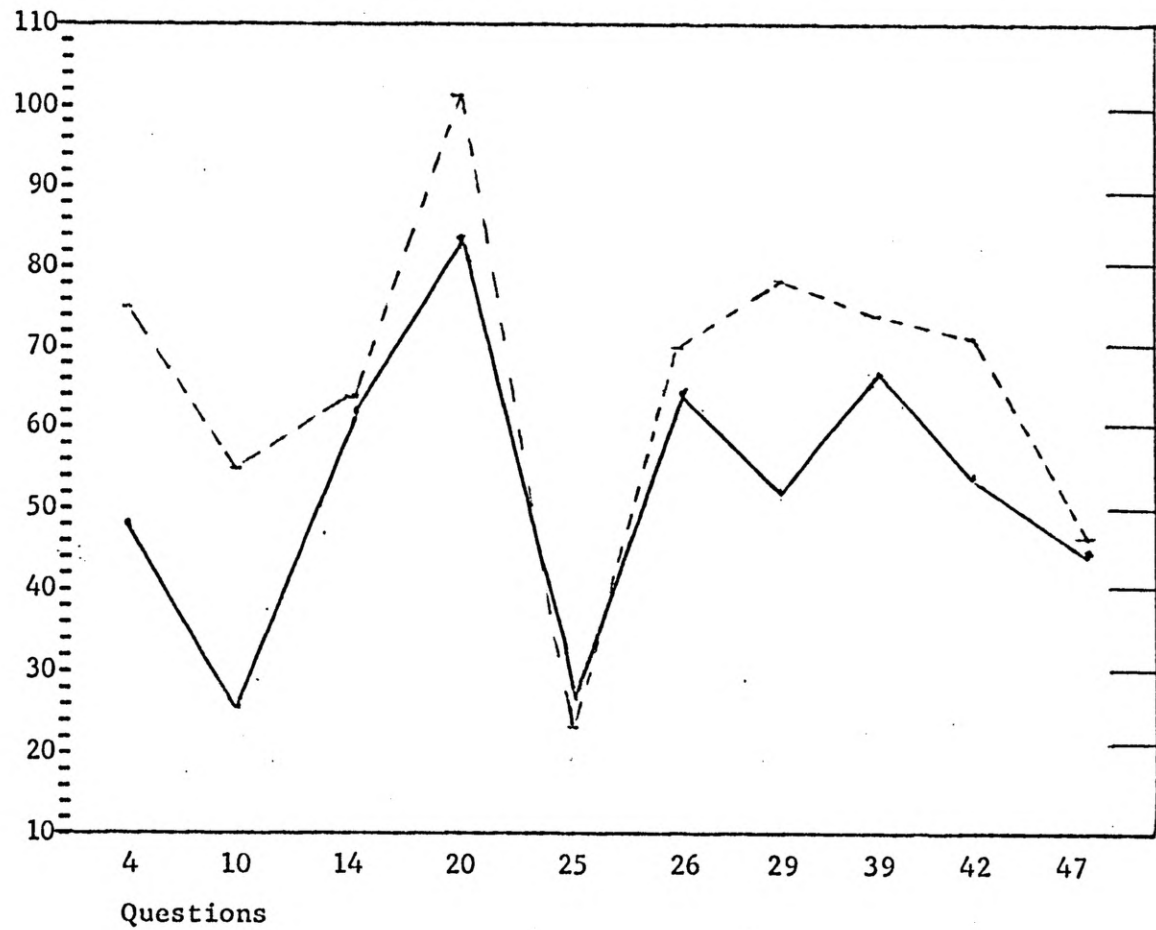
Comparison of those persons who had a relative with a hidden physical defect to the entire sample population revealed that there seemed to be higher degrees of acceptance on the part of those who had a relative with a hidden physical defect than by those who did not. The one exception was question twenty-five (25). (The degree of the defect is of little importance with regard to the person's relationship with others.) In responding to this question, persons who had relatives with hidden physical defects answered yes slightly more often than did the entire group.

Figure 4 shows the response of persons who indicated that they had a relative with a hidden physical defect compared to the response of the total sample on selected questions.

Figure 4

Averages of Attitudes of Acceptance of Those With Relatives
With Hidden Defects Compared to Total Sample

Average % of Expected Response



—— Whole Group

----- Those Who Had Relatives With Hidden Physical Defects

Treatment of Comments to Questions #36 and #50

A difficult but interesting area to analyze was the comments made by the participants who wrote answers to express their feelings to question #36: How would you feel if you had a child with a visible physical defect? And to question #50: How would you feel if you had a child with a hidden physical defect? Many of the comments were duplicated by more than one person from each group.

In general the comments were felt to be reasonable expressions of the feelings a professional person might expect to experience at the birth of a defective child. However, two comments which were received from more than one respondent are worthy of note. These are (1) feelings of guilt, expressed by two student nurses and one experienced teacher; and (2) not as hopeless as with a visible defect, which was offered by four registered nurses, three student nurses, two experienced teachers, and one first year teacher.

An over-all summary of those comments which were received from more than one person is found in Table 14, page 30.

Many of the comments were entirely individual and were not duplicated by others in their own group or by any participant from the other groups. In fairness to these people the researcher was unwilling to add these comments to the above list where several persons showed similar feelings. It was not the intention of the researcher to point directly at any one person's feelings but to show as fairly as

Table 14

Comments Received From More Than One Respondent

	Question #36				Question #50			
	RN's	SN's	Exp. Tchr.	lst yr Tchr.	RN's	SN's	Exp. Tchr.	lst yr Tchr.
1. Feel very bad or feel terrible	6	1	3		2	1	1	
2. Would accept it	4	2	3	2	6		3	
3. Help the child adjust and live as normally as possible	13	2	11	4	12	33	13	3
4. Love him anyway		1	7	1			5	1
5. Feelings of guilt		2	1			2	1	
6. Not as hopeless as with a visible defect					4	3	2	1
7. Depends on defect	4	1			4	1	1	
8. Love and care for him the same as the others	8		3	1	5	1	1	1
9. Can't say	5	3	7	3	8	2	5	3
10. Feelings of responsibility to child and myself			3	1			2	2
11. Sorry for the child			2	1				4
12. Feelings would vary, change and mature			2				2	

possible the comments mentioned. These comments are listed below:

1. I feel these questions are repulsive.
2. Poorly written questionnaire.
3. Believe I could treat him as any other child without qualms or repulsive feelings.
4. Believe I could accept this person as he is without feelings of pity or shame.
5. Would feel challenged.
6. Grateful that he was alright otherwise.
7. He could keep it a secret.
8. Would depend on how the other family members felt about him.
9. Have such a child who has given us more than we have given her.
10. Would tend to be over-protective.
11. Would want the child institutionalized.
12. Sad because of the future care and love it would require of me.
13. Accept it as God given.
14. Doubt that I would reject the child.
15. This entire problem depends on the ability of the individual to accept his or her defect.
16. Everyone has some defect--minor or major--eyes, voice tone, or walk.

17. Disappointed.
18. Treat him with compassion.
19. I would be concerned, maybe even repulsed by a child like this.
20. Feel a little ashamed.
21. Hope others would accept him.

In analyzing the data, the null-hypothesis, (There is no difference in the perception and acceptance of professional nurses concerning persons with visible and hidden physical defects as opposed to the perception and acceptance of these physically handicapped people on the part of teachers in the public school system), is supported by the findings that no difference in the perception and acceptance of nurses and teachers toward the handicapped was established.

It must be remembered that the data collected was from a very small area which may have a tendency to bias the findings. However, the researcher felt that the study revealed some important data, among them the need for further research in this area and a question concerning the impact of education on feelings and attitudes, since many of the participants seemed to covertly indicate, in some form or another, that they would just as soon not talk about such problems as the handicapped; that this was the "other guy's problem".

CHAPTER IV

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

The problem examined in this study was: to compare professional nurses and teachers as to their perception and acceptance of persons with visible and hidden physical defects. The purpose was to investigate the responses of nurses and teachers, as to their perception and acceptance of the less-than-normal, the handicapped, the stigmatized--all persons with visible or hidden physical defects.

The survey method was used. Questionnaires were returned by forty-four (44) registered nurses, twelve (12) senior student nurses, thirty-two (32) experienced teachers, and fifteen (15) first year teachers.

Of the fifty (50) questions, only eleven (11) were chosen for analysis. The remaining thirty-nine (39) were included in the questionnaire as masking items. All answers to these items were compared to responses to question #3, I AM PRONE TO PREJUDICE. (Table 1, page 12.)

The majority of the participants who answered the questionnaire felt they were not prejudiced. Yet eight (8) registered nurses, three (3) senior student nurses, nine (9) experienced teachers and five (5) first year teachers answered YES to question #29: VISIBLE PHYSICAL DEFECTS HAVE A TENDENCY TO BE REPULSIVE. (A visible defect can be as simple as glasses or a mole, or as major as missing limbs or unsightly

scars.) In analyzing the responses to question #14: WOULD YOU FEEL GUILTY IF YOU HAD A DEFECTIVE CHILD?, two (2) registered nurses, three (3) senior student nurses, four (4) experienced teachers and two (2) first year teachers stated YES they would feel guilty if they had a defective child. Several individuals stated that they would feel shame, revulsion, or be grateful if a defect could be kept a secret or hidden.

On the basis of the questions chosen for analysis, the null hypothesis was retained, as no major differences were noted between nurses and teachers with regard to their perception and acceptance of persons with visible and hidden physical defects.

Conclusions

Analysis of data indicated that: 1) little difference showed between the expressed attitudes of nurses as opposed to those of teachers. And, 2) that both of these professional groups fall short of the ideal in their acceptance of the handicapped person.

However, in the course of the research some valuable and interesting material, extraneous to the hypothesis proposed, was revealed. This first became apparent when compiling the responses to question #39 on the questionnaire, (IT IS BETTER IF PEOPLE WITH HIDDEN PHYSICAL DEFECTS CAN KEEP IT A SECRET). (Table 9, page 20) No student nurse answered this item affirmatively. With this result in mind, student nurse responses to the entire questionnaire were scrutinized. It was

found that on nine (9) items, one hundred (100) percent of the student nurses responded in a manner that would reflect attitudes of acceptance toward the handicapped person. Other major conclusions were as follows:

1. It appeared that participants who had relatives with physical defects tended to respond with a more accepting attitude toward the handicapped person.
2. Further research is needed in the area studied.
3. Indications show more education is needed in this area, although one must question the impact of education in changing attitudes.
4. A larger population could prove more conclusive.
5. The area of assessing attitudes is extremely delicate.

Recommendations

If the researcher were to replicate this study, she would:

1. Develop a better examining tool, and increase sample size.
2. Do personal interviews, with open-ended questions.
3. Have fewer questions.
4. Interview persons with physical defects regarding formation of self-image, with emphasis on significant others.
5. Compare levels of acceptance of student nurses to those of experienced nurses.

APPENDICES

APPENDIX A

Table 15

Individual Question Analysis

The following data shows the over-all test results, treating each question individually.

1. MY FIELD OF INTEREST OR OCCUPATION IS NURSING.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No					32	100	15	100
Yes	44	100	12	100				

2. I AM IN A POSITION IN WHICH I CARE FOR CHILDREN WITH PHYSICAL DEFECTS.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	27	61.1	11	91.6	24	75.0	14	93.3
Yes	17	38.6	1	8.3	6	18.7	1	6.6
Can't Answer	0		0		2	6.2	0	

Table 15 (continued)

3. I AM PRONE TO PREJUDICE.

Expected answer Yes, based on common knowledge that discrimination or prejudice is a common form of human behavior. Not always practiced openly but nevertheless present in deep-seated cultural attitudes. For further explanations, refer to page 2..

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	39	88.2	7	58.4	21	65.6	10	66.6
Yes	2	4.5	5	41.6	7	21.8	3	20.0
Can't Answer	3	6.8	0		4	12.1	2	13.3

4. A VISIBLE PHYSICAL DEFECT WOULD BE HARDER TO BEAR THAN A HIDDEN ONE.

This question is analyzed on page 12, Table 2.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	19	43.8	5	41.6	12	37.5	3	20.0
Yes	15	34.0	7	58.4	17	53.3	12	80.0
Can't Answer	7	15.9	0		3	9.3	0	

Table 15 (continued)

5. I FIND IT EASIER TO RELATE TO A PERSON WITH A HIDDEN DEFECT THAN A VISIBLE ONE.

Expected answer No, based on low rate of prejudice.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	30	68.1	5	41.6	11	34.3	7	46.6
Yes	8	18.1	5	41.6	13	40.6	7	46.6
Can't Answer	6	13.6	2	16.6	8	25.0	1	6.6

6. I TEND TO AVOID PERSONS WITH PHYSICAL DEFECTS.

Expected answer No, based on low rate of prejudice, and education.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	42	95.6	10	83.3	26	81.2	13	86.6
Yes	1	2.2	2	16.6	3	9.3	1	6.6
Can't Answer	1	2.2	0		3	9.3	1	6.6

Table 15 (continued)

7. I TEND TO TREAT A PERSON WITH A PHYSICAL DEFECT DIFFERENTLY FROM OTHER PEOPLE.

Expected answer No, based on low rate of prejudice or Can't Answer, because not enough information is given about the person with the defect.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	34	77.2	7	58.3	18	56.2	11	73.3
Yes	6	13.6	4	33.3	10	31.2	4	26.6
Can't Answer	4	9.9	3	25.0	4	12.1	0	

8. WOULD YOU HIRE A PERSON WITH A BADLY DISFIGURED FACE?

Expected answer Can't Answer because not enough information is given. It was felt that some deep-seated feelings may show.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	2	4.5	3	25.0	4	12.1	1	6.6
Yes	25	56.8	7	58.3	17	53.1	6	40.0
Can't Answer	17	38.6	2	16.6	11	34.3	8	53.3

Table 15 (continued)

9. WOULD YOU LET YOUR CHILD PLAY WITH A MENTALLY RETARDED CHILD?

Expected answer Yes, based on low rate of prejudice and education.

It was felt that some deep-seated feelings may show.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	1	2.2	0		4	12.1	0	
Yes	36	81.8	11	91.6	24	75.0	11	73.3
Can't Answer	7	15.9	1	8.3	4	12.1	4	26.6

10. WOULD YOU HIRE A PERSON WITH A REPULSIVE PHYSICAL DEFECT AS A
BABY-SITTER?

This question is analyzed on page 14, Table 3.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	10	22.7	5	41.6	13	40.6	6	40.0
Yes	14	31.8	3	25.0	7	21.8	4	26.6
Can't Answer	20	45.4	4	33.3	12	37.5	5	33.3

Table 15 (continued)

11. WOULD YOU MARRY A PERSON WITH A DEFECT OF THE SEXUAL ORGANS?
(SEVERE IMPAIRMENT)

Opinion question to uncover feelings. Obviously it is a poor question since it lacks much information.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	16	36.3	6	50.0	14	43.7	7	46.6
Yes	9	20.4	2	16.6	4	12.1	0	
Can't Answer	19	43.8	4	33.3	14	43.7	8	53.3

12. WOULD YOU MARRY A PERSON WHO COULD NOT REPRODUCE?

Opinion question to uncover feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	9	20.4	4	33.3	4	12.1	3	20.0
Yes	21	47.7	2	16.6	15	46.8	6	40.0
Can't Answer	14	31.8	6	50.0	13	40.6	6	40.0

Table 15 (continued)

13. IS IT POSSIBLE FOR PERSONS WITH DEFECTS TO LIVE FULL, HAPPY LIVES?

Expected answer Yes, based on education.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	3	6.8	1	8.3	1	3.1	0	
Yes	40	90.9	11	91.6	26	81.2	13	86.6
Can't Answer	1	2.2	0		5	15.6	2	13.3

14. WOULD YOU FEEL GUILTY IF YOU HAD A DEFECTIVE CHILD?

This question is analyzed on page 15, Table 4.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	29	65.2	6	50.0	21	65.6	8	53.3
Yes	2	4.5	3	25.0	4	12.1	2	13.3
Can't Answer	13	29.5	3	25.0	7	21.8	5	33.3

Table 15 (continued)

15. A CHILD WITH A "HARE-LIP" SHOULD BE INSTITUTIONALIZED. (AT BIRTH)

Expected answer No, based on educational background.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	43	97.7	11	91.6	30	93.7	14	93.3
Yes	0		0		0		0	
Can't Answer	1	2.2	1	8.3	2	6.2	1	6.6

16. A CHILD WHOSE SEX CANNOT BE DETERMINED AT BIRTH SHOULD BE INSTITUTIONALIZED.

Expected answer Can't Answer, since the question lacks information.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	37	84.0	12	100	24	75.0	6	40.0
Yes	1	2.2	0		0		0	
Can't Answer	6	13.6	0		8	25.0	9	60.0

Table 15 (continued)

17. A CHILD BORN WITHOUT ARMS WOULD BE BETTER OFF DEAD.

Expected answer No or Can't Answer, it is a poor question because it lacks information. It was asked to stimulate feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	36	81.8	10	83.3	29	90.6	12	80.0
Yes	3	6.8	1	8.3	0		0	
Can't Answer	5	11.3	1	8.3	3	9.3	3	20.0

18. MENTALLY RETARDED CHILDREN SHOULD BE INSTITUTIONALIZED.

Expected answer Can't Answer since each child would have to be dealt with on an individual basis. The researcher wished to find out if personal feelings are stronger than modern methods of caring for the mentally retarded.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	17	38.6	9	75.0	14	43.7	5	33.3
Yes	7	15.9	0		4	12.1	2	13.3
Can't Answer	20	45.4	3	25.0	14	43.7	8	53.3

Table 15 (continued)

19. CHILDREN WITH PHYSICAL DEFECTS SHOULD BE PLACED IN SPECIAL CLASSES, WHERE THEY CAN BE WITH THEIR OWN KIND.

Expected answer No or Can't Answer, since the question lacks information.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	23	52.2	6	50.0	18	56.2	10	66.6
Yes	11	25.0	3	25.0	6	18.7	3	20.0
Can't Answer	10	22.7	3	25.0	8	25.0	2	13.3

20. IT IS REPULSIVE TO BE IN CLOSE CONTACT WITH A PERSON WHO HAS A VERY NOTICEABLE PHYSICAL DEFECT.

This question is analyzed on page 16, Table 5.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	41	93.2	9	75.0	25	78.1	10	66.6
Yes	1	2.2	1	8.3	4	12.1	1	6.6
Can't Answer	2	4.5	2	16.6	3	9.3	4	26.6

Table 15 (continued)

21. THE MAIN PROBLEM ANYONE WOULD HAVE WITH ANY KIND OF A VISIBLE PHYSICAL DEFECT WOULD BE HIS APPEARANCE.

Opinion question to uncover feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	33	75.0	9	75.0	21	65.6	7	46.6
Yes	5	11.3	2	16.6	6	18.7	7	46.6
Can't Answer	6	13.6	1	8.3	5	15.6	1	6.6

22. MOST PEOPLE WITH VISIBLE PHYSICAL DEFECTS SUFFER FROM SELF-PITY.

Opinion question to uncover feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	21	47.7	6	50.0	28	87.5	5	33.3
Yes	7	15.9	2	16.6	2	6.2	4	26.6
Can't Answer	16	36.6	4	33.3	12	37.5	6	40.0

Table 15 (continued)

23. REJECTION BY PEERS IS NOT ONE OF THE SERIOUS PROBLEMS OF PEOPLE WITH VISIBLE PHYSICAL DEFECTS.

Very poor question, since any answer could mean yes or no.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	22	50.0	9	75.0	16	50.0	10	66.6
Yes	12	27.2	2	16.6	9	28.1	2	13.3
Can't Answer	10	22.7	1	8.3	7	21.8	3	20.0

24. MOST PERSONS WITH VISIBLE PHYSICAL DEFECTS HAVE DIFFICULTY IN THEIR RELATIONS WITH OTHERS. THIS IS MAINLY BECAUSE OF THEIR OWN SELF-IMAGE.

Opinion question.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	16	36.3	4	33.3	8	25.0	2	13.3
Yes	13	29.5	4	33.3	14	43.7	7	46.6
Can't Answer	15	34.0	4	33.3	10	31.2	6	40.0

Table 15 (continued)

25. THE DEGREE OF THE DEFECT IS OF LITTLE IMPORTANCE WITH REGARD TO THE PERSON'S RELATIONSHIP WITH OTHERS.

This question is analyzed on page 17, Table 6.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	17	38.6	7	58.4	18	56.2	6	40.0
Yes	16	36.3	1	8.3	8	25.0	3	20.0
Can't Answer	11	25.0	4	33.3	6	18.7	6	40.0

26. PERSONS WITH VISIBLE PHYSICAL DEFECTS WOULD TEND TO BE BETTER ACCEPTED BY BLUE-COLLAR THAN BY PROFESSIONAL WORKERS.

This question is analyzed on page 18, Table 7.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	30	68.1	6	50.0	21	65.6	7	46.6
Yes	2	4.5	1	8.3	3	9.3	3	20.0
Can't Answer	12	27.2	5	41.6	8	21.8	5	33.3

Table 15 (continued)

27. VISIBLE PHYSICAL DEFECTS ARE HARDER TO ACCEPT IN PERSONS OF THE OPPOSITE SEX.

Opinion question.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	31	70.4	4	33.3	19	59.3	5	33.3
Yes	4	9.1	6	50.0	6	18.7	5	33.3
Can't Answer	9	20.4	2	16.6	7	21.8	5	33.3

28. VISIBLE DEFECTS WHICH ARE PRESENT AT BIRTH ARE HARDER TO ACCEPT THAN THOSE WHICH ARE ACQUIRED. (EX. AMPUTATION, LOOSING AN EYE, ETC.)

Opinion question.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	33	75.0	9	75.0	20	62.5	5	33.3
Yes	6	13.6	1	8.3	6	18.7	7	46.6
Can't Answer	5	11.3	2	16.6	6	18.7	3	20.0

Table 15 (continued)

29. VISIBLE PHYSICAL DEFECTS HAVE A TENDENCY TO BE REPULSIVE.

This question is analyzed on page 19, Table 8.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	23	52.2	6	50.0	16	50.0	5	33.3
Yes	8	18.1	3	25.0	9	28.1	5	33.3
Can't Answer	18	40.9	3	25.0	7	21.8	5	33.3

30. PEOPLE WITH VISIBLE PHYSICAL DEFECTS ABOUT THE FACE SHOULD NOT
WORK WITH THE PUBLIC.

Expected answer No, based on low rate of prejudice and educational background. The question was asked to uncover hidden feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	35	79.5	8	66.6	22	68.7	7	46.6
Yes	3	6.8	1	8.3	3	9.3	1	6.6
Can't Answer	6	13.6	3	25.0	7	21.8	7	46.6

Table 15 (continued)

31. PERSONS WITH REPULSIVE DISFIGURING DEFECTS SHOULD BE INSTITUTIONALIZED.

Opinion question to stimulate and uncover feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	40	90.1	10	83.3	29	90.6	13	86.6
Yes	1	2.2	1	8.3	1	3.1	0	
Can't Answer	3	6.8	1	8.3	2	6.2	2	13.3

32. PERSONS WHO HAVE GIVEN BIRTH TO A DEFECTIVE CHILD SHOULD NOT HAVE MORE CHILDREN.

Expected answer No, or Can't Answer, based on educational background, since it is known that not every birth defect is a genetic defect.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	34	77.2	11	91.6	25	78.1	8	53.3
Yes	0		0		2	6.2	2	13.3
Can't Answer	10	22.7	1	8.3	5	15.6	5	33.3

Table 15 (continued)

33. IF GIVEN A CHOICE, I WOULD RATHER NOT ASSOCIATE WITH PERSONS HAVING VISIBLE PHYSICAL DEFECTS.

Opinion question to stimulate and uncover feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	40	90.1	10	83.3	25	78.1	11	73.3
Yes	0		0		5	15.6	2	13.3
Can't Answer	4	9.1	2	16.6	2	6.2	2	13.3

34. I AM NOW ACQUAINTED WITH, OR HAVE KNOWN A PERSON WITH A VISIBLE DEFECT THAT I COULD NOT ACCEPT.

Opinion question to find out if anyone had an unpleasant experience that might tend to bias their feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	41	93.1	12	100	30	93.7	14	93.3
Yes	0		0		2	6.2	1	6.6
Can't Answer	3	6.8	0		0		0	

Table 15 (continued)

35. I HAVE A RELATIVE WITH A VISIBLE PHYSICAL DEFECT.

The question was asked to find out if the individuals who had relatives with visible defects had a tendency to be more accepting.

Analysis is given on pages 25 and 26.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	24	54.5	8	66.6	18	56.2	13	86.6
Yes	19	43.8	4	33.3	14	43.7	2	13.3
Can't Answer	1	2.2	0		0		0	

36. HOW WOULD YOU FEEL IF YOU HAD A CHILD WITH A VISIBLE PHYSICAL DEFECT?

Comments written on this question are on pages 29 through 32.

	RN's (n=44)	SN's (n=12)	Exp. Tchrs. (n=32)	1st yr. Tchrs. (n=15)
Answered	34	9	24	9
Blanks	10	3	8	6

Table 15 (continued)

37. BECAUSE THE DEFECT IS HIDDEN, IT HAS LITTLE EFFECT ON THE PERSON'S LIFE.

Opinion question.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	38	86.3	10	83.3	27	84.3	9	60.0
Yes	1	2.2	0		1	3.1	4	26.6
Can't Answer	5	11.3	2	16.6	4	12.1	2	13.3

38. THE MAIN PROBLEM FOR A PERSON WITH A HIDDEN PHYSICAL DEFECT WOULD BE THE WAY IN WHICH HE SAW HIMSELF.

Opinion question to uncover deep-seated feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	4	9.1	3	25.0	3	9.3	1	6.6
Yes	35	79.5	9	75.0	26	81.2	12	80.0
Can't Answer	5	11.3	0		3	9.3	2	13.3

Table 15 (continued)

39. IT IS BETTER IF PEOPLE WITH HIDDEN PHYSICAL DEFECTS CAN KEEP IT A SECRET.

This question is analyzed on page 20, Table 9.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	30	68.1	8	66.6	21	65.6	5	33.3
Yes	4	9.1	0		3	9.3	3	20.0
Can't Answer	10	22.7	4	33.3	8	25.0	7	46.6

40. THE DEGREE OF A HIDDEN DEFECT IS PROBABLY THE MAJOR FACTOR IN HOW DISABLING IT WILL BE.

Opinion question.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	7	15.9	5	41.6	9	25.1	2	13.3
Yes	25	56.8	4	33.3	16	50.0	11	73.3
Can't Answer	12	27.2	3	25.0	7	21.8	2	13.3

Table 15 (continued)

41. HIDDEN PHYSICAL DEFECTS OF THE SEX ORGANS WOULD BE HARDER TO ACCEPT THAN ANY OTHERS.

Opinion question to stimulate feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	16	36.3	5	41.6	13	40.6	1	6.6
Yes	8	18.1	4	33.3	8	25.0	6	40.0
Can't Answer	20	45.4	3	25.0	11	34.3	8	53.3

42. PERSONS WITH HIDDEN PHYSICAL DEFECTS WOULD TEND TO BE BETTER ACCEPTED BY BLUE-COLLAR THAN BY PROFESSIONAL WORKERS.

This question is analyzed on page 21, Table 10.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	26	59.1	5	41.6	18	56.2	9	60.0
Yes	2	4.5	1	8.3	4	12.1	1	6.6
Can't Answer	16	36.3	6	50.0	10	31.2	5	33.3

Table 15 (continued)

43. HIDDEN PHYSICAL DEFECTS ARE NO PROBLEM, BECAUSE THEY ARE COVERED UP.

Opinion question asked to reveal deep-seated feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	39	88.2	11	91.6	29	90.6	19	93.3
Yes	2	4.5	0		1	3.1	1	6.6
Can't Answer	3	6.8	1	8.3	2	6.2	0	

44. DEFECTS OF THE SEXUAL ORGANS WOULD NOT BE A PROBLEM, AS LONG AS THE INDIVIDUAL COULD REPRODUCE.

Opinion question asked to reveal deep-seated feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	19	43.8	8	66.6	15	46.8	7	46.6
Yes	3	6.8	2	16.6	5	15.6	2	13.3
Can't Answer	22	50.0	2	16.6	12	37.5	6	40.0

Table 15 (continued)

45. PERSONS WITH DEFECTIVE SEXUAL ORGANS SHOULD BE INSTITUTIONALIZED.

Expected answer No, based on educational background.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	39	88.2	12	100	28	87.5	12	80.0
Yes	0		0		0		0	
Can't Answer	5	11.3	0		4	12.1	3	20.0

46. PERSONS WHO HAVE GIVEN BIRTH TO A DEFECTIVE CHILD, EVEN THOUGH
THE DEFECT IS HIDDEN, SHOULD NOT HAVE ANOTHER CHILD.

Expected answer No, based on educational background, since it is
known that not every birth defect is a genetic defect.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	35	79.5	11	91.6	28	87.5	10	66.6
Yes	0		0		0		1	6.6
Can't Answer	9	20.4	1	8.3	4	12.1	4	26.6

Table 15 (continued)

47. IT IS EASIER TO HAVE A COMFORTABLE RELATIONSHIP WITH PERSONS WHOSE DEFECTS ARE HIDDEN.

This question is analyzed on page 22, Table 11.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	16	36.3	4	33.3	12	37.5	2	13.3
Yes	16	36.3	6	50.0	13	40.6	7	46.6
Can't Answer	12	27.2	2	16.6	7	21.8	6	40.0

48. I AM NOW ACQUAINTED WITH, OR HAVE KNOWN, A PERSON WITH A HIDDEN DEFECT THAT I COULD NOT ACCEPT.

Opinion question, asked to find out if anyone had an unpleasant experience that might tend to bias their feelings.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	38	86.3	12	100	30	93.7	14	93.3
Yes	1	2.2	0		1	3.1	0	
Can't Answer	5	11.3	0		1	3.1	1	6.6

Table 15 (continued)

49. I HAVE A RELATIVE WITH A HIDDEN PHYSICAL DEFECT.

The question was asked to find out if the individuals who had relatives with hidden physical defects had a tendency to be more accepting. Analysis is given on pages 27 and 28.

	RN's (n=44)	%	SN's (n=12)	%	Exp. Tchrs. (n=32)	%	1st yr. Tchrs. (n=15)	%
No	32	72.7	11	91.6	26	81.2	13	86.6
Yes	8	18.1	1	8.3	5	15.6	0	
Can't Answer	4	9.1	0		1	3.1	2	13.3

50. HOW WOULD YOU FEEL IF YOU HAD A CHILD WITH A HIDDEN DEFECT?

Comments written on this question are on pages 29 through 32.

	RN's (n=44)	SN's (n=12)	Exp. Tchrs. (n=32)	1st yr. Tchrs. (n=15)
Answered	35	9	24	9
Blanks	9	3	8	6

APPENDIX B

Table 16

Overall Response of Those Who Have Relatives
With Visible Physical Defects

Questions	RN's 19	SN's 4	Exp. Tchrs. 14	1st yr. Tchrs. 2
4. A visible defect would be harder to bear than a hidden one (in a relative).	13 No 68.4%	3 No 75.0%	7 No 50.0%	1 No 50.0%
10. Would you hire a person with a repulsive physical defect as a baby-sitter?	8 Yes 42.1%	1 Yes 25.0%	6 Yes 42.8%	1 Yes 50.0%
14. Would you feel guilty if you had a defective child?	12 No 63.1%	2 No 50.0%	10 No 71.4%	1 No 50.0%
20. It is repulsive to be in contact with a person who has a very noticeable defect.	18 No 94.7%	3 No 75.0%	12 No 85.7%	2 No 100%
25. The degree of the defect is of little importance with regard to the person's relationship with others.	7 Yes 36.8%	0	3 Yes 21.4%	1 Yes 50.0%
26. Persons with visible physical defects would tend to be better accepted by blue-collar than by professional workers.	10 No 52.6%	2 No 50.0%	9 No 64.2%	1 No 50.0%
29. Visible physical defects have a tendency to be repulsive.	10 No 52.6%	4 No 100%	11 No 78.5%	2 No 100%
39. It is better if people with hidden physical defects can keep it a secret.	15 No 78.9%	4 No 100%	11 No 78.5%	2 No 100%

Table 16 (continued)

Questions	RN's 19	SN's 4	Exp. Tchrs. 14	1st yr. Tchrs. 2
42. Persons with hidden physical defects would tend to be better accepted by blue-collar than by professional workers.	10 No 52.6%	2 No 50.0%	10 No 71.4%	2 No 100%
47. It is easier to have a comfortable relationship with persons whose defects are hidden.	9 No 47.3%	1 No 25.0%	7 No 50.0%	1 No 50.0%

APPENDIX C

Table 17

Overall Responses of Those Who Have Relatives
With Hidden Physical Defects

Questions	RN's 8	SN's 1	Teachers 5
4. A visible defect would be harder to bear than a hidden one (in a relative)	7 No 87.5%	1 No 100%	2 No 40.0%
10. Would you hire a person with a repulsive physical defect as a baby-sitter?	4 Yes 50.0%	1 Yes 100%	1 Yes 20.0%
14. Would you feel guilty if you had a defective child?	7 No 87.5%	0 No	5 No 100%
20. It is repulsive to be in close contact with a person who has a very noticeable defect.	8 No 100%	1 No 100%	5 No 100%
25. The degree of the defect is of little importance with regard to the person's relationship with others.	3 Yes 37.5%	0 Yes	1 Yes 20.0%
26. Persons with visible physical defects would tend to be better accepted by blue-collar than by professional workers.	3 No 37.5%	1 No 100%	3 No 60.0%
29. Visible physical defects have a tendency to be repulsive.	4 No 50.0%	1 No 100%	4 No 80.0%
39. It is better if people with hidden physical defects can keep it a secret.	6 No 75.0%	1 No 100%	2 No 40.0%
42. Persons with hidden physical defects would tend to be better accepted by blue-collar than by professional workers.	5 No 62.5%	1 No 100%	2 No 40.0%
47. It is easier to have a comfortable relationship with persons whose defects are hidden.	4 No 50.0%	0 No	3 No 60.0%

APPENDIX D

QUESTIONNAIRE

The information obtained from this questionnaire will be used in a Nursing Research project in the Graduate School at Montana State University.

Please indicate your answer by placing an X in the appropriate column.

QUESTION	YES	NO	CAN'T ANSWER	COMMENT
1. My field of interest or occupation is nursing.				
2. I am in a position in which I care for children with physical defects.				
3. I am prone to prejudice.				
4. A visible physical defect would be harder to bear than a hidden one. (In a relative)				
5. I find it easier to relate to a person with a hidden defect than a visible one.				
6. I tend to avoid persons with physical defects.				
7. I tend to treat a person with a physical defect differently from other people.				
8. Would you hire a person with a badly disfigured face?				
9. Would you let your child play with a mentally retarded child?				

QUESTION	YES	NO	CAN'T ANSWER	COMMENT
10. Would you hire a person with a repulsive physical defect as a baby-sitter?				
11. Would you marry a person with a defect of the sexual organs? (severe impairment)				
12. Would you marry a person who could not reproduce?				
13. Is it possible for persons with defects to live full, happy lives?				
14. Would you feel guilty if you had a defective child?				
15. A child with a "harelip" should be institutionalized. (at birth)				
16. A child whose sex cannot be determined at birth should be institutionalized.				
17. A child born without arms would be better off dead.				
18. Mentally retarded children should be institutionalized.				
19. Children with physical defects should be placed in special classes, where they can be with their own kind.				
20. It is repulsive to be in close contact with a person who has a very noticeable physical defect.				

The following questions refer to visible defects only. Keep in mind that a visible physical defect may be something the person is born with, or it may be the result of illness or injury. It is located so that, when the person is fully clothed, it is still readily apparent.

QUESTION	YES	NO	CAN'T ANSWER	COMMENT
21. The main problem anyone would have with any kind of a visible physical defect would be his appearance.				
22. Most people with visible physical defects suffer from self-pity.				
23. Rejection by peers is not one of the serious problems of people with visible physical defects.				
24. Most persons with visible defects have difficulty in their relations with others. This is mainly because of their own self-image.				
25. The degree of the defect is of little importance with regard to the person's relationship with others.				
26. Persons with visible defects would tend to be better accepted by blue-collar than by professional workers.				
27. Visible physical defects are harder to accept in persons of the opposite sex.				
28. Visible defects which are present at birth are harder to accept than those which are acquired. (amputation, losing an eye, etc.)				

QUESTION	YES	NO	CAN'T ANSWER	COMMENT
29. Visible physical defects have a tendency to be repulsive.				
30. People with visible defects about the face should not work with the public.				
31. Persons with repulsive disfiguring defects should be institutionalized.				
32. Persons who have given birth to a defective child should not have more children.				
33. If given a choice, I would rather not associate with persons having visible physical defects.				
34. I am now acquainted with, or have known a person with a visible defect that I could not accept.				
35. I have a relative with a visible defect.				
36. How would you feel if you had a child with a visible physical defect? Answer below.				

QUESTION	YES	NO	CAN'T ANSWER	COMMENT
This section of the questionnaire refers to Hidden Physical Defects ONLY. Keep in mind that a hidden physical defect may be something the person was born with, or it may be the result of illness or injury. However, when the person is fully clothed, the defect is not apparent by observation.				
37. Because the defect is hidden, it has little effect on the person's life.				
38. The main problem for a person with a hidden defect would be the way in which he saw himself.				
39. It is better if people with hidden defects can keep it a secret.				
40. The degree of a hidden defect is probably the major factor in how disabling it will be.				
41. Hidden defects of the sex organs would be harder to accept than any others.				
42. Persons with hidden defects would tend to be better accepted by blue-collar than by professional workers.				
43. Hidden physical defects are no problem, because they are covered up.				
44. Defects of the sexual organs would not be a problem, as long as the individual could reproduce.				

QUESTION	YES	NO	CAN'T ANSWER	COMMENT
45. Persons with defective sexual organs should be institutionalized.				
46. Persons who have given birth to a defective child, even though the defect is hidden, should not have another child.				
47. It is easier to have a comfortable relationship with persons whose defects are hidden.				
48. I am now acquainted with, or have known, a person with a hidden defect that I could not accept.				
49. I have a relative with a hidden physical defect.				
50. How would you feel if you had a child with a hidden physical defect? Answer below.				

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