

ATTITUDES OF HEALTHCARE WORKERS TOWARDS DISABLED WOMEN, AFFECTING FACTORS AND ETHICAL DIMENSION: A DESCRIPTIVE AND CROSS-SECTIONAL STUDY

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Abstract: This study was conducted descriptively and cross-sectionally to determine the attitudes of healthcare professionals towards disabled women, the factors affecting them, and to evaluate their ethical dimensions. This descriptive study was conducted between 08/01/2022 and 10/31/2022 with midwives, nurses, and doctors working at the hospitals in Kahramanmaraş/Turkey. The sample size of the study was calculated with G*Power, and 307 healthcare professionals were included in the study. The research data were collected with the Personal Information Form and the Disabled Woman Attitude Scale. The data were analyzed with the SPSS for Windows 22.0 statistical package program. The total mean age of the participants was 33.60 ± 7.51 , the mean score of the disabled women and their private lives sub-dimension was 23.97 ± 5.72 , the mean score of the disabled women and disadvantages sub-dimension was 12.68 ± 4.37 , the mean score of the disabled women and social support sub-dimension was 14.88 ± 3.33 , the mean score of the disabled women and gender sub-dimension was 9.33 ± 3.18 and the total mean score of the scale was 60.87 ± 13.17 . In this study, it was observed that the attitudes of health workers towards disabled women were positive and that receiving training for disabled individuals and gaining experience in the care and treatment of disabled individuals positively affected the attitudes towards disabled women.

Keywords: disabled woman, doctor, ethics, midwife, nurse

Actitudes de los profesionales de la salud hacia las mujeres con discapacidad, factores que las afectan y dimensión ética: un estudio descriptivo y transversal

Resumen: Este estudio se realizó de forma descriptiva y transversal para determinar las actitudes de los profesionales de la salud hacia las mujeres con discapacidad y los factores que las afectan, y evaluar sus dimensiones éticas. Este estudio se llevó a cabo entre el 1 de agosto y el 31 de octubre de 2022 con matronas, enfermeras y médicos que trabajaban en los hospitales de Kahramanmaraş, Turquía. El tamaño de la muestra del estudio se calculó con G*Power, e incluyó a 307 profesionales de la salud. Los datos de la investigación se recopilaron con el Formulario de Información Personal y la Escala de Actitudes hacia la Mujer Discapacitada. Los datos se analizaron con el programa estadístico SPSS para Windows 22.0. La media de edad total de las participantes fue $33,60 \pm 7,51$; la de la subdimensión mujeres discapacitadas y su vida privada fue $23,97 \pm 5,72$; la de la subdimensión mujeres discapacitadas y desventajas fue $12,68 \pm 4,37$; la de la subdimensión mujeres discapacitadas y apoyo social fue $14,88 \pm 3,33$; la de la subdimensión mujeres discapacitadas y género fue $9,33 \pm 3,18$, y la media total de la escala fue $60,87 \pm 13,17$. En este estudio se observó que las actitudes de los trabajadores de la salud hacia las mujeres con discapacidad fueron positivas y que recibir formación sobre discapacidad y adquirir experiencia en el cuidado y tratamiento de personas con discapacidad afectaron positivamente las actitudes hacia las mujeres con discapacidad.

Palabras clave: mujer con discapacidad, médico, ética, matrona, enfermera

Atitudes de trabalhadores de cuidados à saúde em relação a mulheres com deficiências, fatores que influenciam e dimensão ética: um estudo descritivo e transversal

Resumo: Esse estudo foi realizado descritivamente e transversalmente para determinar as atitudes de profissionais de cuidados à saúde em relação a mulheres com deficiências, os fatores que as influenciam e avaliar suas dimensões éticas. Esse estudo descritivo foi realizado entre 01/08/2022 e 31/10/2022 com parteiras, enfermeira e médicos trabalhando nos hospitais em Kahramanmaraş, Turquía. O tamanho amostral do estudo foi calculado com G*Power e 307 profissionais de cuidados à saúde foram incluídos no estudo. Os dados da pesquisa foram coletados com o Personal Information Form e a Disabled Woman Attitude Scale. Os dados foram analisados com o programa do pacote estatístico SPSS for Windows 22.0. A idade média dos participantes foi $33,60 \pm 7,51$, o escore médio das mulheres deficientes e sua subdimensão vidas privadas foi $23,97 \pm 5,72$, o escore médio das mulheres deficientes e sua subdimensão prejuízo foi $12,68 \pm 4,37$, o escore médio das mulheres deficientes e sua subdimensão apoio social foi $14,88 \pm 3,33$, o escore médio das mulheres deficientes e sua subdimensão gênero foi $9,33 \pm 3,18$ e o escore médio total da escala foi $60,87 \pm 13,17$. Nesse estudo observou-se que as atitudes de trabalhadores de cuidados à saúde em relação a mulheres com deficiências foram positivas e que receber treinamento para indivíduos com deficiência e adquirir experiência no cuidado e tratamento de indivíduos com deficiência afetou positivamente as atitudes em relação a mulheres com deficiência.

Palavras chave: mulheres deficientes, médico, ética, parteira, enfermeira

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Introduction

Disability is a condition that is congenital or acquired, significantly restricts an individual's life functions for any reason and also affects physical, mental, psychological, and social reasoning(1). With the increase in the world population, and chronic diseases, the disabled population is also increasing day by day. While the ratio of disabled people to the world population is estimated to be 15%, it is reported that 80% of disabled people live in developing countries(2,3). According to the results of a comprehensive research conducted in 2002 on disability in our country, 12.29% of the total population consists of disabled individuals(4). In the 2015 report of the Türkiye Statistical Institute (TUSI), it was reported that the rate of disabled people is 5.9% for men and 7.9% for women(5). According to the report published by the Prime Ministry Disabled People Administration, it was stated that the ratio of female disabled individuals to the total population is 13.4%, 44.5% of disabled women are married and 40% are of reproductive age(4).

Disabled individuals constitute a disadvantaged group in society. Disabled women are exposed to both the negative situation stemming from being disabled and the disadvantages and gender discrimination brought by being a woman(6,7). It is reported that female disabled individuals have lower rates of participation in education and work life and utilization of health care services compared to men, the level of poverty is higher(2).

Disabled women need more support, education and care from health personnel than male disabled individuals due to their reproductive functions. In addition, pregnancy planning, the pregnancy process, birth and the postpartum period are of special importance for these women (8). However, many physically disabled women cannot access the health services they need due to various obstacles such as environmental and physical limitations, lack of education and economic difficulties(9,10). Disabled women not only face financial and physical obstacles in accessing health services, but also are exposed to discriminatory and disrespectful behaviors of health workers. A systematic review of qualitative studies to determine the barriers that women

with disabilities face in accessing health services revealed that these women face a variety of sociocultural (incorrect assumptions, negative attitudes, being ignored, being judged, violence, abuse, insults, rudeness, and low health literacy), financial (poverty, unemployment, high transportation costs), structural (lack of insurance coverage, inaccessible equipment and transportation, lack of information, lack of access to information, lack of transparency), and communication problems(11). When evaluated ethically, the attitudes of health professionals towards women with disabilities should be considered from a human rights perspective. Access to health services for women with disabilities requires an approach based not only on physical treatment but also on psychosocial support and social equality(12). In this context, the attitudes of health professionals must be shaped by respecting the dignity and independence of individuals with disabilities. The ethical responsibilities of healthcare professionals in the care of disabled women should include not only physical recovery but also supporting the individual's social role, identity, and sense of self(13).

The attitudes of health workers should be developed based on professional codes of ethics, ethical principles, and an empathetic approach, as these attitudes will facilitate the access of women with disabilities to health services while also contributing to the adoption of a more equitable approach in society.

The attitudes of healthcare professionals towards disabled women are very important in disabled women's application to healthcare institutions and in receiving quality healthcare services. The people closest to disabled women are healthcare professionals. There are studies in the literature examining the attitudes of students studying in the field of health and healthcare professionals towards disabled individuals(14-18). However, no study has been found in which the attitudes of healthcare professionals towards disabled women, the factors affecting them, and the attitudes of healthcare professionals towards disabled women are investigated and their ethical dimensions are discussed together. In this context, it is thought that our study is original and will make a positive contribution to the literature, disabled

women and health workers. In this context, it is thought that our study is original and will contribute positively to the literature, disabled women and healthcare professionals.

Aim

This study was conducted to determine the attitudes of health care workers towards women with disabilities and the influencing factors and to evaluate the ethical dimension of the attitudes of health care workers towards women with disabilities.

Research questions

1. What are the attitudes of healthcare professionals towards disabled women?
2. What factors affect the attitudes of healthcare professionals towards disabled women?
3. What is the ethical dimension of the attitudes of healthcare professionals towards disabled women?

Methods

Type of the research

This research is a descriptive and cross-sectional study.

Place and time of the research

The study was conducted between 01.08.2022 and 31.10.2022 in Kahramanmaraş, City Hospital, State Hospital and Maternity and Children's Hospital located in southeastern Turkey.

Universe and sample of the research

The universe of the research consists of 1518 midwives, nurses and doctors working in the relevant hospitals. The sample size universe of the research was calculated using the known sample calculation formula. As a result of the calculation, the sample size was determined to be 307, and the study was conducted with 307 midwives, nurses and doctors. Healthcare workers who agreed to participate in the study, health care workers who worked in the hospital where the study was

conducted and who agreed to participate in the study were included in the study. Healthcare workers who were on leave, on sick leave, working in another institution with an assignment during the data collection period, who gave inconsistent answers and who did not want to participate in the study were not included in the study.

Data collection tools

The data in the study were collected with the Personal Information Form, which questions the socio-demographic characteristics of the participants and the Disabled Woman Attitude Scale (DWAS).

The personal information form was prepared by the researchers by reviewing the literature(19-22). It consists of a total of 12 questions, including personal information (9 questions) and the status of being a relative of a disabled person, their status of receiving education regarding the care of disabled individuals, and their experiences regarding the care and treatment process (4 questions).

DWAS is a scale that determines the attitudes of healthcare professionals and students towards disabled women. DWAS is a 5-point Likert-type scale consisting of 17 items and 4 factors developed by Yılmaz and Ören (2021)(23). Each item in DWAS is scored from 1 to 5. The statements were asked to be rated between 1 (strongly agree) and 5 (strongly disagree). The number 1 indicates high negativity towards completely agreeing, and the number 5 indicates completely disagree indicates low negativity. The lowest score received from DWAS is 17, and the highest score is 85. A low score indicates high negativity for disabled women, while a high score indicates low negativity. The Cronbach's alpha value of the scale was found to be 0.817 and the test-retest correlation value was found to be 0.992(23). In this study, Cronbach's alpha coefficient was found to be 0.91.

Data collection

Data were collected by the assistant researcher using the face-to-face interview method. Before the survey was administered, the health worker was informed about the study and written and

verbal consent was obtained. The surveys were filled out at the participants' convenience and took an average of 10 minutes.

Analysis of the data

Data were analyzed using the Statistical Program for Social Science 22.0 (SPSS) program. In the analysis of the study, frequency, percentage, mean, and standard deviation statistical methods were used as descriptive statistics. The Shapiro-Wilk test was performed and it was determined that the data did not show normal distribution. Since the data did not show a normal distribution, analysis was performed with nonparametric tests. In the comparison of dependent and independent variables, the Mann-Whitney-U test was used to evaluate the difference between the means of 2 groups, and the Kruskal-Wallis test was used to evaluate the difference between the means of 3 or more groups. The statistical significance value was taken as $p < 0.05$.

Ethics approval and consent to participate

The research was approved by Cukurova University Faculty of Medicine Non-Interventional Clinical Research Ethics Committee on June 2022, 50/3. Institutional permission from the hospitals; written and verbal informed consent was obtained from the participants. Permission to use the scale has been obtained. The study was carried out in accordance with the Declaration of Helsinki.

Findings

The socio-demographic characteristics of the healthcare workers participating in the study are shown in Table 1. Accordingly, the average age of the healthcare workers was 33.60 ± 7.51 (min:24, max:60), 52.8% were 31 years old and above, 77.2% were female, 59.3% were married, 52.8% had children, 73.0% were nurses, 52.8% had a bachelor's degree, and 59.0% had worked for 6 years or more. It was also determined that 70.7% did not have a disabled relative, 53.7% did not receive training on the care of disabled individuals during their education, 73.3% did not receive in-service training on the care of disabled individuals while working, 90.2% did not receive training to facilitate communication with

disabled individuals or caregiving, and 65.1% did not have experience in the care, monitoring or treatment of disabled individuals (Table 1).

Table 1. Descriptive Characteristics of Healthcare Workers (N: 307)

Descriptive Characteristics	n	%
Age average 33.60 ± 7.51		
30 years and below	145	47.2
31 years and above	162	52.8
Gender		
Female	237	77.2
Male	70	22.8
Marital status		
Married	182	59.3
Single	125	40.7
Children		
No children	145	47.2
Have children	162	52.8
Occupation		
Physician	27	8.8
Midwife	56	18.2
Nurse	224	73.0
Educational status		
High school-Associate degree	97	31.6
Undergraduate	162	52.8
Postgraduate	48	15.6
Working period		
5 years and below	126	41,0
6 years and above	181	59,0
Having a relative with a disability		
Yes	90	29.3
No	217	70.7

Having received training on caring for disabled people during education		
Yes	142	46.3
No	165	53.7
Having received in-service training on caring for disabled people while working		
Yes	82	26.7
No	225	73.3
Having received training to communicate with disabled people or to facilitate caring for them		
Yes	30	9.8
No	277	90.2
Having had experience in caring for, monitoring or treating disabled individuals		
Yes	200	65.1
No	107	34.9

Table 2 shows the distribution of the participants' mean scores from the DWAS and its sub-dimensions. It was determined that the health workers' mean DWAS women with disabilities and their private lives sub-dimension score was 23.97 ± 5.72 , their mean disabled women and disadvantages sub-dimension score was 12.68 ± 4.37 , their mean disabled women and social support sub-dimension score was 14.88 ± 3.33 , their mean disabled women and gender sub-dimension score was 9.33 ± 3.18 , and their mean total scale score was 60.87 ± 13.17 (Table 2).

Table 2. Distribution of mean scores of healthcare professionals from DWAS and its sub-dimensions (N: 307)

DWAS and Sub-dimensions	Min	Max	X \pm SD
Disabled Women and Their Private Lives	6	30	23.97 \pm 5.72
Disabled Women and Disadvantages	4	20	12.68 \pm 4.37
Disabled Women and Social Support	4	20	14.88 \pm 3.33
Disabled Women and Gender	3	15	9.33 \pm 3.18
DWAS Total Score	17	85	60.87 \pm 13.17

X: Average, SD: Standard Deviation, Min: Minimum, Max: Maximum.

When the DWAS subdimensions and total scores of the participants were compared according to the sociodemographic characteristics, it was determined that there was a significant difference between the participants' ages and disabled women and private lives, disabled women and social support subdimensions, between occupation and disabled women and social support, disabled women and gender subdimensions, between educational status and disabled women and social support, disabled women and gender subdimensions, and between years of employment and disabled women and gender subdimensions ($p \leq 0.05$). Between the status of receiving training on the care of disabled people during education and disabled women and private lives, disabled women and disadvantages, disabled women and social support, disabled women and gender subdimensions and DWAS total score; between the status of receiving in-service training on the care of disabled people while working and disabled women and social support, disabled women and gender subdimensions and DWAS total score; It was determined that there was a significant difference between the status of receiving education that will facilitate communication or caregiving

Table 3. Distribution of DWAS total and sub-dimensions mean scores of healthcare workers according to their descriptive characteristics (N: 307)

Descriptive Characteristics	DWAS				
	Disabled women and their private lives	Disabled women and disadvantages	Disabled women and social support	Disabled women and gender	Total
	X±SD	X±SD	X±SD	X±SD	X±SD
Age					
30 years and below	25.05±5.05	12.91±4.44	15.32±3.16	9.20±3.18	62.49±12.15
31 years and above	25.05±5.05	12.48±4.31	14.48±3.43	9.45±3.19	59.43±13.91
p	0.002	0.462	0.020	0.316	0.061
Z	-3.031	-.735	-2.333	-1.002	-1.875
Gender					
Female	23.86±5.88	12.84±4.37	14.93±3.37	9.46±3.23	61.10±13.50
Male	24.35±5.19	12.14±4.34	14.71±3.20	8.90±2.99	60.11±12.06
p	0.820	0.238	0.427	0.133	0.378
Z	-.227	-1.181	-.794	-1.501	-.882
Marital status					
Married	23.74±5.68	12.85±4.20	14.89±3.32	9.53±3.07	61.03±12.74
Single	24.30±5.79	12.43±4.60	14.86±3.35	9.04±3.33	60.64±13.83
p	0.282	0.470	0.867	0.187	0.797
Z	-1.075	-.723	-.167	-1.319	-.257
Child					
No child	24.24±5.70	12.46±4.56	14.93±3.36	9.04±3.22	60.68±13.53
Child Yes	23.73±5.75	12.88±4.19	14.83±3.31	9.59±3.13	61.04±12.88
p	0.413	0.412	0.659	0.093	0.935
Z	-.819	-.821	-.659	-1.681	-.081
Profession					
Physician	24.88±3.60	11.81±4.39	13.40±3.02	8.51±2.47	58.62±8.48
Midwife	22.82±6.62	13.35±4.71	15.16±3.54	10.48±3.65	61.82±16.01
Nurse	24.15±5.67	12.62±4.27	14.99±3.28	9.15±3.07	60.91±12.87
p	0.540	0.274	0.015	0.005	0.212
KW	1.233	2.587	8.441	10.764	3.102
Education Status					
High School-Associate Degree	23.31±6.67	12.82±4.73	14.79±3.81	9.18±3.57	60.12±16.08
Undergraduate	24.29±5.17	12.66±4.09	14.99±3.07	9.44±2.96	61.38±11.43
Postgraduate	24.22±5.45	12.47±4.59	14.68±3.16	9.29±3.11	60.68±12.31
p	0.822	0.697	0.500	0.868	0.518
KW	0.392	0.722	1.387	0.282	1.316

Working Period					
5 years and below	24.10±5.60	12.79±4.40	14.96±3.33	8.92±3.25	60.77±12.84
6 years and above	23.88±5.82	12.60±4.35	14.82±3.33	9.62±3.10	60.95±13.43
p	0.958	0.655	0.673	0.027	0.690
Z	-.053	-.447	-.422	-2.208	-.398
Having a disabled relative					
Yes	24.70±4.50	12.64±4.36	15.44±2.88	9.54±3.14	62.33±11.67
No	23.67±6.14	12.70±4.38	14.64±3.47	9.25±3.20	60.27±13.73
p	0.548	0.982	0.087	0.602	0.651
Z	-.601	-.023	-1.713	-.522	-.651
Receiving training on caring for disabled people during education					
Yes	25.47±4.33	13.31±4.57	15.50±2.93	9.83±3.33	64.14±11.06
No	22.67±6.43	12.13±4.12	14.34±3.55	8.90±2.99	58.07±14.19
p	0.000	0.033	0.017	0.020	0.002
Z	-3.921	-2.133	-2.382	-2.331	-3.138
Receiving in-service training for caring for disabled people while working					
Yes	24.96±4.50	13.46±4.60	15.75±3.30	10.00±3.28	64.18±12.30
No	23.61±6.08	12.40±4.26	14.56±3.28	9.09±3.12	59.67±13.30
p	0.184	0.096	0.011	0.046	0.021
Z	-1.329	-1.664	-2.529	-1.994	-2.304
Communication with disabled individuals or receiving training that will facilitate caregiving					
Yes	25.63±5.09	14.00±4.75	15.93±3.52	10.23±3.82	65.80±14.81
No	23.79±5.77	12.54±4.31	14.76±3.29	9.24±3.10	60.34±12.90
p	0.071	0.095	0.029	0.134	0.032
Z	-1.807	-1.669	-2.187	-1.497	-2.139
Experience of caring for. Monitoring or treating disabled individuals					
Yes	24.89±4.81	13.06±4.25	15.30±3.01	9.68±3.12	62.93±11.39
No	22.26±6.83	11.98±4.52	14.10±3.74	8.69±3.20	57.03±13.17
p	0.002	0.059	0.023	0.015	0.009
Z	-3.129	-1.887	-2.281	-2.433	-2.614

X: Average, SD: Standard Deviation, Z: Mann Whitney U test, KW: Kruskal Wallis Test.

with disabled people and the disabled women and gender sub-dimensions and the DWAS total score, and between the status of having experience in caring for, monitoring or treating disabled individuals and the disabled women and their private lives, disabled women and social support, disabled women and gender sub-dimensions and the DWAS total score ($p \leq 0.05$) (Table 3).

Discussion

This study aimed to determine the attitudes of healthcare professionals towards disabled women, and also to reveal whether the attitudes of the participants differed in terms of some variables. In our study, the total DWAS score average of healthcare professionals was found to be 60.87 ± 13.17 (Min:17- Max:85). Considering that the lowest scale score was 17 and the highest scale score was 85, it can be said that the healthcare professionals participating in the study had a positive attitude towards disabled women. Similarly, Edis and Ketten reported in their study that healthcare professionals have positive attitudes towards disabled women(24). Unlike our study, a study conducted in Nepal revealed that healthcare professionals have negative attitudes towards disabled women and that their knowledge and skills regarding the care of these women are inadequate. In a study examining the attitudes of healthcare professionals towards disabled individuals, it was found that these attitudes are generally positive(18). Apaydın and Barış (2021) also reported that healthcare professionals have positive attitudes towards disabled individuals(17). In addition, another study conducted with physicians and nurses indicated that there is a moderately positive attitude towards disabled individuals(26). According to our study findings, although young participants have higher DWAS scores than older age groups, no significant relationship was found between age and DWAS score average ($p > 0.05$). Similarly, in the most comprehensive study conducted in our country to measure attitudes towards the disabled, it was reported that young people have more positive attitudes than older people(27). Similar results were found in another study conducted in our country(26).

In our study, although there was no significant difference between the gender of the participants

and the DWAS score average, it was observed that women had more positive attitudes than men. When the literature was examined, studies conducted showed that there was no difference in the attitudes of both genders towards the disabled(15,28). A study conducted in our country showed that there was a significant difference between the gender of healthcare professionals and the DWAS score averages and that the score averages of women were higher than those of men(24). Similar studies show that women have more positive attitudes towards disabled individuals than men(16,28,29). The reason why women have more positive attitudes towards disabled women may be due to the fact that they generally adopt a more sensitive and supportive approach towards disabled individuals due to factors such as empathy, social roles, personal experiences and awareness. In our study, no significant relationship was found between the marital status and number of children of the participants and the DWAS score average ($p > 0.05$). Similar to our study, Çıtlı and Kılıç (2019) also reported that the participants' status of marriage and having children did not have a significant effect on their attitudes towards disabled individuals(26).

In our study, no significant relationship was found between the participants' professions and the DWAS score average, and it was determined that midwives had a more positive attitude towards disabled women than nurses and doctors ($p > 0.05$). In a study conducted with healthcare professionals, it was determined that the profession did not affect attitudes towards disabled women. In addition, in the same study, it was determined that midwives and nurses had a more positive attitude towards disabled women than doctors and other healthcare professionals(24). It is thought that this situation is because the majority of nurses and midwives are women and therefore have better empathy with disabled women

There was no significant relationship between the participants' education level and the DWAS score average ($p > 0.05$). The study conducted by Akça et al. (2024) with healthcare professionals also showed that there was no statistically significant difference between education level and attitudes towards disabled people(28). The literature is similar to our findings(24,26).

There was no significant relationship between the length of service of healthcare professionals and the DWAS score average ($p>0.05$). In another study, there was no statistically significant difference between the length of service and attitudes towards disabled women(24). Contrary to our study, there are also studies showing that there is a significant difference between the length of service and the attitude towards disabled individuals(26,28).

In our study, there was no significant relationship between the participants' status of having a disabled relative and the DWAS score average ($p>0.05$). However, the attitudes of disabled women were found to be higher in participants with disabled relatives than in those without disabled relatives. In the study by Edis and Keten (2024), it was found that healthcare professionals who have a disabled individual in their family have lower attitudes towards disabled women than those who do not(24). In addition, Kılıç and Çıtlı (2019) showed that nurses and doctors who have a disabled individual in their family have lower attitudes towards disabled individuals than those who do not(26). In a study conducted to determine the attitudes of healthcare professionals towards disabled individuals, it was stated that healthcare professionals who have a disabled individual in their family or close circle have lower attitudes towards disabled individuals than those who do not(18). Some studies show that interacting with disabled individuals positively affects attitudes towards these individuals(25,30). In our study, it was determined that participants who have a disabled relative have more positive attitudes towards disabled women than those who do not have a disabled relative. This situation reflects the effect of interaction with disabled individuals. In addition, a significant relationship was found between the status of having experienced care, monitoring, or treatment of disabled individuals and the DWAS score averages in our study ($p<0.05$). The mean DWAS scores of those who had experience in caring for, monitoring, or treating disabled individuals were found to be higher than those who did not have experience.

A notable finding in our study is that education is an important factor in the attitudes of healthcare professionals towards disabled women. In this

study, it was observed that there was a statistically significant difference between the average DWAS scores and the status of receiving training on the care of disabled individuals during education, receiving training on the care of disabled individuals while working, and receiving training to communicate with disabled individuals or to facilitate caregiving. Participants who received training on the care of disabled individuals during education, received in-service training on the care of disabled individuals while working, and received training to communicate with disabled individuals or to facilitate caregiving showed more positive attitudes towards disabled women. In the study conducted by Ayyıldız and Ulupınar (2019) with nurses working in primary care, it was reported that more than half of the nurses did not receive training on the disabled during their education(31). In the study conducted by Apaydın and Barış (2021) to determine the attitudes and awareness of healthcare professionals towards disabled individuals, it was determined that 73.4% of the participants did not receive any courses, seminars, or training on working with disabled individuals. In the same study, 80.4% of the participants reported that they wanted to receive training for disabled individuals(17). There are studies in the literature indicating that receiving previous training on disability has positive effects on attitudes towards disabled individuals(14,32,33). In the study by Geçkil et al. (2017), it was reported that empathy activities implemented to understand disabled individuals positively affected the attitudes of student nurses towards disabled individuals(34). In a study conducted in Istanbul, it was determined that 7 out of 10 healthcare professionals had difficulty communicating with disabled individuals and that the majority of healthcare professionals had not received any training on disabled individuals either before or in the institution where they worked(17). In the systematic review conducted by Evans et al. (2023) to investigate the effects of educational interventions on the attitudes and empathy levels of nursing and medical students towards disabled individuals, the effectiveness of the disabled health course, the disability education module with bedside training and the wheelchair workshop intervention was evaluated. At the end of the study, it was shown that the disabled health course, which uses the emotional learning

method based on transformative learning theory, significantly improves attitudes towards disability among nursing students(35). In this context, it is of great importance that education programs in the field of health increase awareness about providing respectful and equal services to individuals with disabilities. Pre-graduate and post-graduate education programs help healthcare professionals develop their attitudes by providing them with knowledge and skills on how to communicate and care for individuals with disabilities more effectively.

The attitudes of healthcare professionals towards women with disabilities are of great importance in providing healthcare services in a fair, equal and respectful manner. According to ethical principles, every individual has equal rights. However, women with disabilities have to struggle not only with physical disabilities but also with gender-based discrimination and social prejudices. This makes it difficult for them to access healthcare services and can result in a violation of their right to health(36-38). Healthcare professionals need to see women with disabilities as individuals, not only from a medical perspective but also from an ethical perspective, showing human respect. The insensitivity and prejudices in the approach of healthcare professionals to individuals with disabilities violate the principle of autonomy. Autonomy, one of the medical ethical principles, emphasizes the right of individuals to make their own healthcare decisions; however, women with disabilities may have difficulty exercising these rights due to the exclusionary attitudes of healthcare professionals towards them(39-41). Justice is one of the fundamental principles in health ethics. Women with disabilities are often excluded and ignored from society due to both their gender and their disability. This creates significant obstacles to their access to health services. Therefore, it is not only a professional responsibility but also an ethical obligation for health professionals to approach individuals with disabilities based on empathy and understanding. This approach will contribute to eliminating inequalities in health services(37,41,42). In addition, health professionals need to receive training on disability to prevent the violation of the rights of individuals with disabilities in social and health services(40,43). This

training increases the awareness of healthcare professionals, enables them to adopt a more ethical approach and ensures that women with disabilities can fully benefit from healthcare services. As a result, an ethically correct attitude in healthcare services will contribute to the achievement of social justice by ensuring that women with disabilities are treated based on equal rights, with respect and empathy.

Research limitations

This study is limited to midwives, nurses, and doctors working in secondary healthcare institutions in Adana, Turkey, and can only be generalized to this group. In addition, the fact that the study was conducted only in secondary health institutions, not all health personnel were included in the study, and the socio-economic, and educational level of the participants constitute the limitations of the study.

Conclusion

The attitudes of health workers towards women with disabilities are very important in ensuring that women with disabilities receive quality and qualified care from health services. The attitudes of health workers towards women with disabilities are directly related to basic ethical principles such as gender equality, accessibility and equal access to health services. Individuals with disabilities encounter various difficulties while benefiting from health services, and this situation can become even more complicated for women. The obstacles experienced by women with disabilities in accessing health services are shaped by both physical and social obstacles. In this context, the ethical evaluation of the attitudes of health workers towards women with disabilities plays an important role both in ensuring that professional health practices are compatible with human rights and in increasing the quality of health services. In this context, health personnel should exhibit a holistic approach in line with ethical principles in the care of women with disabilities and fulfill their professional responsibilities for all patients. In our study, the total mean score of DWAS used to determine the attitudes of healthcare professionals towards disabled women was found to be 60.87 ± 13.17 (Min:17-Max:85). Considering that the lowest

scale score was 17 and the highest scale score was 85, it can be said that healthcare professionals participating in the study had a positive attitude towards disabled women. It was determined that those who received in-service training on the care of disabled individuals during their education and while working, received training on communicating with disabled individuals or facilitating caregiving, and had experience in the care, monitoring, or treatment of disabled individuals, had a more positive attitude towards disabled women. It can be suggested that the education curricula of healthcare professionals be updated and supported with various teaching methods regarding the treatment and care of disabled individuals, and regular in-service training be provided in order to meet the educational needs of healthcare professionals. Finally, it is also suggested that qualitative research be conducted to examine the attitudes of healthcare professionals towards disabled women in more depth.

Competing interests

The author declare no competing interests.

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