Measuring the Attitudes of Human Service Professionals Toward Deafness

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THE ATTITUDES TO DEAFNESS SCALE is a 22-item measure of attitudes toward people who are deaf designed for use with human service professionals. Attitude statements were generated from personal accounts by deaf people in the literature and from a focus group in which deaf people discussed their experience of hearing people's attitudes toward them. A 60-item scale was administered to a group of 121 clinical and forensic psychologists during their training. Item analysis was conducted to select items that effectively distinguished participants with a positive attitude from those with a negative attitude toward deaf people. The scale may be used in any context where a professional group comes into contact with people who are deaf.

There are few instruments designed to assess attitudes toward people who are deaf (Berkay, Gardner, & Smith, 1995). In the present article, we discuss the currently available tools as well as the need for an instrument relevant to human service professionals in particular. The Attitudes to Deafness Scale (Cowen, Bobrove, Rockway, & Stevenson, 1967) is the most widely used measure and was developed by adapting a scale designed to measure attitudes to blindness. By adding a further 20 items, Cowen and colleagues hoped to customize the measure so that it would also pertain to deafness, but they did not consult people who were deaf for their experiences or views. While its items relate to hearing people's attitudes toward deaf people in terms of ability and equality, they make no reference to cultural or linguistic issues. Cowen and colleagues ascertained its validity by asking five "clinically trained judges" to indicate whether the items reflected a positive or negative attitude toward deafness. We take the view that it is more appropriate to consult with a group of deaf people to establish a measure about issues of which they have direct experience: It is arguable that omitting to do this in itself reflects an undesirable attitude toward people who are deaf.

Although not specifically designed to address deafness issues, the Attitudes Toward Disabled Persons Scale (Furnham & Lane, 1984) has also been adapted for this purpose. In the adaptation of measures that have been de-

veloped for use with people with other kinds of disabilities, there is an assumption that attitudes toward people who are deaf involve the same issues and constructs as attitudes toward people with disabilities in general. This assumption has been challenged by Kiger (1997), who examined attitudes toward people who are deaf and concluded that these attitudes are structurally different from attitudes toward groups with other disabilities. In considering the structure of attitudes toward people who are deaf, Kiger looked at stereotypes, emotions, and values as separate components of attitudes. Participants in Kiger's research were asked to list several characteristics they felt described a "typical" deaf person, and then rate each descriptor on a scale, in terms of whether they perceived it to be a positive or negative characteristic. Second, participants were required to list their feelings regarding "typical persons who are deaf" and then evaluate them as positive or negative. Third, participants were asked to "indicate the values, customs, and traditions whose attainment is either facilitated or blocked" by typical persons who are deaf. Responses to each of the components were scored and combined to give an attitude score. Comparing the structure of these scores with the structure of scores relating to attitudes toward people with other disabilities, Kiger concluded that "the structure of attitudes towards persons who are deaf [is] systematically different from the structure of attitudes towards persons with other disabilities" (p. 559).

Berkay, Gardner, and Smith (1995) developed a measure to assess hearing people's beliefs about deaf adults, called the Opinions About Deaf People Scale. The main construct within the measure is the comparison of deaf and hearing people's capabili-

ties: that is, whether deaf people are perceived to be equally capable as or less capable than hearing people. To generate items for the measure, Berkay and colleagues interviewed people who were deaf and reviewed literature reporting hearing people's misconceptions about the capabilities of deaf people. This is a well-researched and well-developed measure, which the authors have made available for common use. It does, however, examine only one facet of hearing people's beliefs about people who are deaf: their opinions about deaf people's capabilities as compared with those of hearing people. Attitudes toward the deaf could incorporate many other factors, such as whether deaf people are viewed as impaired and whether they are seen as culturally different. The authors themselves are clear regarding the purpose of the Opinions About Deaf People Scale, stating that it was not designed to measure general attitudes toward people who are deaf.

Deafness in the Mental Health Context

A wealth of emerging research strongly suggests that people who are deaf are more likely to experience mental health problems than hearing people, yet few mental health professionals are adequately prepared to work with this population (Sign, 1998). In the British context in which we work, the Health Advisory Service of the National Health Service concluded in a 1998 report that the main impediments to providing appropriate diagnosis, treatment, and care to people who are deaf are mental health professionals' inability to communicate effectively with this client group and these professionals' lack of awareness regarding Deaf culture. The report recommends that more deaf people be trained and employed within

mental health services and that more hearing staff be trained to communicate with and gain a better understanding of the needs of deaf people. Although both the Sign study and the Health Advisory Service report comment on the lack of knowledge, experience, and expertise of mental health professionals in relation to people who are deaf, there is no assessment of these professionals' attitudes toward this population.

The Aim of the Present Study
The lack of a contemporary sensitive measure specifically designed to assess attitudes toward people who are deaf is a clear shortfall in the literature. The aim of the present study was to develop a reliable measure that could be used to assess mental health professionals' attitudes toward people who are deaf based on previous reports as well as the experiences of people who are deaf. We were also concerned to make the instrument useful and applicable beyond the boundaries of the mental health profession so that it would apply to all professionals working with people who are deaf.

Method
Item Generation
Attitude statements were generated both by a focus group and by examination of the literature. The group consisted of six people who were deaf. They were members of the Deaf community who were approached by a deaf colleague. Following acquisition of individual fully informed consent, the group met with the researcher and a qualified interpreter for about 2 hours. All of the participants were female and ranged from 22 to 45 years of age; two were qualified mental health professionals. The topic of the focus group was introduced and participants then responded to general

questions about their experience of hearing people's attitudes toward deafness and some questions specific to hearing mental health professionals' attitudes. The discussion was transcribed, and those comments and views showing consensus were used to create items for the scale. Recent literature documenting personal accounts of deaf people was read to gain an understanding of their experiences (e.g. Erting, Johnson, Smith, & Snider, 1994; Taylor & Bishop, 1991). Comments and views that occurred frequently in the literature or had also been expressed in the focus group were also used to generate items for the scale. For example, Craddock (1991), in an account of her schooling as a deaf child, commented on communication using British Sign Language (BSL): "No single method will work for everyone, but to exclude BSL is unfair to deaf children and damaging to the Deaf community" (p. 101). This view was apparent in the focus group, as well as elsewhere in the literature (e.g., Erting et al., 1994; Mason, 1991).

Our literature review and focus group feedback strongly suggested that many deaf people consider a negative attitude toward them to be one that reflects a "disability" or "impairment" model of deafness. All members of the focus group objected to deafness being viewed as a medical problem. For example, one focus group member said, "It's just like, you know, 'You're deaf, you're medical, you need to be made better.'" A more desirable attitude would be one in which people who are deaf were recognized as "able," and equal to hearing people. For example, a focus group member commented, in regard to hearing people's attitudes, "It would be nice for me to just be considered an equal." A positive attitude would be

one in which Deaf culture were acknowledged and respected. As one focus group member commented, "Deaf people believe that they have a right to their own culture and language, and hearing people are very dismissive of a deaf culture and being treated as a minority." The views expressed within the focus group were supported by the literature documenting personal accounts of attitudes toward deafness. For example, deaf television presenter Clive Mason, writing about his own views, describes deaf people as "an oppressed linguistic minority group." He claims, "It is society that handicaps deaf people, not deafness itself" (Mason, 1991, p. 206). The negativity of this widespread "disability model" highlighted issues of equality, ability, culture, and language as we mapped several attitude domains.

Item Selection and Participants

The content of the questionnaire included a definition of deafness followed by the item pool of 60 attitude statements arranged in random order. Participants were instructed to respond to each statement by indicating on 6-point Likert scale the extent to which they agreed or disagreed with the statement. There was no midpoint on the scale, so all responses indicated either a positive or negative attitude to some degree. There were equal numbers of positively and negatively valenced items. A sample of 121 psychologists gave fully informed consent to take part; 75 of these were enrolled in a doctoral course in clinical psychology and 46 were forensic psychologists. Of the 121 questionnaires, 90 were completed in full and returned, a rate of 74%. As all participants were working in mental health care settings, they were considered to be an appropriate sample on which to develop the measure.

Instrument Construction

The data analysis was based on a procedure described by Likert (1967) and on recommendations made by Oppenheim (1992) in his writings on attitude measurement. When we scored the measure, responses to statements were given a score from 1 to 6 or 6 to 1, depending on whether an individual statement reflected a positive or negative attitude. A score of 6 indicated the most positive response to an attitude statement, and a score of 1 the most negative. An item analysis was then conducted to ascertain which items should remain in the final measure. The purpose of the item analysis was to select, from the 60 items, those that would most effectively distinguish participants with a positive attitude toward deaf people from those with a negative attitude. The distribution of responses was plotted for each of the 60 items. Approximately half of the items were skewed, with 90% or more of participants' responses indicating a positive attitude, thereby offering little discriminatory power. Where less than 10% of participants responded either positively (i.e., with a score of 1–3) or negatively (4–6), an item would be discarded; thus, 31 items were left with normal distributions.

We then calculated the participants' total scores, which reflected the extent to which they had responded with a positive or negative attitude overall. Two groups were then identified: the high scorers (those whose total score fell within the top quartile) and the low scorers (those whose total score fell within the bottom quartile). An independent sample t test was used to calculate how both groups responded to each of the remaining 31 items. Where there was a significant difference (p < .05) in the way the two groups responded to an item, the item was retained for further analysis. The 22 items

that contributed most to the difference in scores between the two groups (see Table 1) were retained, as they were considered most likely to discriminate between those with positive attitudes and those with negative attitudes. Internal consistency of the remaining items was examined using Cronbach's alpha, and was found to be acceptable at .71.

Discussion

The outcome of the design and testing procedure was a 22-item instrument with acceptable internal consistency. The concurrent validity of the measure was difficult to establish because existing measures would not be appropriate to serve as an external criterion, as we felt that they were either outdated or not designed and developed for the measurement of general attitudes toward deafness. This being the case, we put emphasis on establishing the content validity of the measure, producing a set of items that provided a well-balanced range of statements pertinent

to the attitude construct (Oppenheim, 1992). Content validity is therefore a result of the process of statement generation and selection, and is supported by the internal reliability of the measure. In particular, the instrument differs from previously published scales in that it is based on the experiences of people who are deaf themselves and represents an attempt to cover the breadth of positive and negative attitudes these report. Reflecting a sensitivity to issues of relative ability and disability, their responses echo the approach of Berkay et al. (1995) but also highlight cultural, linguistic, and rights-based concerns. Now a politicized and aware cultural group, people who are deaf can and should expect professionals to have an awareness of these concerns, and the scale appropriately reflects these. Previously devised scales either neglect their views, showing a preference for those of trained experts, or are simply not contemporaneous in their content and concerns.

We have reported evidence of the scale's validity elsewhere, in a study examining knowledge of deafness and contact with deaf people (Cooper, Rose, & Mason, 2003). Although we found that attitudes toward deaf people were unrelated to knowledge of deafness, a relationship was found between attitudes and the amount of contact professionals had with deaf people of an equal or higher status. These results offered some evidence for the "contact" hypothesis that positive attitudes may be developed by particular kinds of social engagement. Furthermore, professionals who had received training in deafness or deaf issues showed more positive attitudes on the measure.

The Attitudes to Deafness Scale is intended for use with all human service professionals who may work with people who are deaf. In our clinical/research context we have used it with mental health workers and hope, for example, to use it to evaluate the impact of training regarding deaf issues. We hope that part of its future value lies in a potential to identify different attitudes toward people who are deaf and in the exploration of how these attitudes are formed and maintained, so as to help shape more positive attitudes in the future.

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Table 1
Attitudes to Deafness Scale

1.	Deaf couples should receive genetic counseling to avoid having deaf children.
2.	Deaf children should learn to speak to communicate with hearing parents.
3.	I would like to have more deaf friends.
4.	Deaf schools and deaf clubs create deaf "ghettos."
5.	Deaf people should learn speech rather than sign language.
6.	Deaf people are handicapped.
7.	More research should be done to find cures for deafness.
8.	Deaf children should be taught in sign language.
9.	Hearing children of deaf parents are at risk of emotional deprivation.
10.	Deaf people are safe drivers.
11.	I would like to have more deaf colleagues.
12.	Deaf people should learn to lipread.
13.	Interpreters should be available for deaf people at work.
14.	Deaf people should automatically receive help in their home environment.
15.	All deaf people should be offered corrective surgery.
16.	Training more professionals to work with deaf clients would be a waste of time.
17.	Having a deaf colleague would cause problems in the workplace.
18.	Deaf people are physiologically impaired.
19.	Deaf people should not be viewed as "impaired."
20.	I would like to see more deaf people at the clubs/societies I attend.
21.	Having a deaf friend would be difficult.
22.	Deaf people have their own culture.

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