Attitudinal Barriers

Definition

Attitudinal barriers are created when our way of thinking negatively affects how we deal with patients. Allowing stereotypes or preconceived notions to impact how we treat patients with disabilities compromises the quality of the care we offer. An example is talking to a patient's personal care attendant, rather than to the patient herself. This takes power away from the patient, and does not respect her desire to be acknowledged and listened to, as other patients would be.

Background Information

Attitudinal barriers do not necessarily arise from bad intentions or lack of clinical skill. Instead, they often signify a lack of comfort or familiarity with disabilities. Attitudinal barriers often occur when assumptions are made about patients. The problem with these assumptions is that they are based on generalizations, rather than on evidence.

Remember that each patient is different. If unsure about a patient's individual needs, it is much more respectful to ask questions than to assume you know. The following are some potentially harmful assumptions:

- Assuming that a patient with a cognitive disability does not work, and not asking them questions about work stress
- Assuming that a patient with a physical disability is not sexually active, and not asking them about sexual health or pregnancy
- Assuming that a patient's severe anxiety is the only cause of their stomach pain

Impact on Patient Care

- Patients will be less satisfied with their care if they encounter attitudinal barriers from health care staff. When providers make assumptions and allow biases to influence their behavior towards patients, there will be a breakdown in communication. Poor communication between patients and staff members will often impact patient care in a negative way.

Tips for Overcoming

- Treat each patient as an individual, rather than a disability diagnosis. For example, when talking to a patient who has a hearing loss, do not assume that they know American Sign Language, can read lips, or have always had the hearing loss. Instead, ask questions and offer accommodations.
- Use person-first language. This shows the patient that you see them as an individual, not as a collection of symptoms. (See clinical scenario below for an example.)
- Speak directly to patients. Do not address questions or remarks to caregivers, family members, or others in the room.

Clinical Scenario

Dr. Jones is discussing her next patient with the nurse in the hall before they enter the exam room together. The nurse explains that the patient is a "wheelchair-bound 47-year-old woman." Dr. Jones points out that it would be more appropriate to refer to the patient as "a 47-year-old woman who uses a wheelchair."

The nurse asks why this phrasing is better. Dr. Jones explains that "wheelchair-bound" has a negative connotation. It also implies that the patient is unable to get out of her wheelchair, which is not necessarily the case. Dr. Jones adds that the patient may feel empowered by the improved mobility that her assistive device delivers.

Resources

Aetna: Dismantling Attitudinal Barriers to Employment of People with Disabilities
http://bit.ly/Yry7z5

Mountain State Centers for Independent Living: Defining Attitudinal Barriers
http://bit.ly/PotjJr

National Collaborative on Workforce and Disability: Attitudinal Barriers for People with Disabilities
http://bit.ly/SzvfiX

Inclusive Health Care was developed by the Institute for Community Inclusion at the University of Massachusetts Boston and Boston Children's Hospital. We have decades of experience in workforce training and specialized consultation related to disability inclusion.

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