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Attitudes of direct support professionals and management staff towards intellectual disability in specialised services

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Abstract

Background: Attitudes towards intellectual disability play an important role in the social inclusion and well-being of persons with intellectual disability. Few studies have examined attitudes of staff working in the specialised service industry, which may have an even greater impact. This study aimed to better understand these attitudes.

Methods: A sample of 157 direct support professionals and 38 managers working with persons with intellectual disability completed the Attitudes Toward Intellectual Disability Questionnaire (ATTID; Morin, Rivard, et al. (2013). *Journal of Intellectual Disability Research*, 57, 279–292). Attitudes were assessed along affective, cognitive, and behavioural dimensions.

Results: Results revealed generally positive attitudes in both groups, but more paternalistic attitudes among managers and less positive attitudes in the general population. Positive attitudes were associated with level of education, frequency and quality of contact, and knowledge about intellectual disabilities.

Conclusion: Workplace training programs addressing the aetiology of intellectual disability and interventions promoting self-determination may help enhance staff attitudes towards intellectual disability.

KEYWORDS
attitudes, direct support professionals, inclusion, intellectual disability, management staff

1 | INTRODUCTION

General public attitudes towards individuals with an intellectual disability can have a significant impact on the inclusion, opportunities, and overall quality of life of this population (Burge et al., 2007; Findler et al., 2007; Verdonschot et al., 2009). Attitudes of key agents working in the intellectual disability service industry, such as direct support professionals and management staff, may have an even greater influence on the well-being and community participation of persons with intellectual disability (Mansell & Beadle-Brown, 2012; Venema et al., 2016). Direct support professionals generally work closely with persons with intellectual disability, providing emotional support and assisting them in tasks of daily living (Giesbers et al., 2019; van Asselt-Goverts et al., 2013). Through a supportive relationship, persons with intellectual disability can learn to strengthen their self-esteem, engage in meaningful activities, and feel less isolation (Mansell et al., 2007). Direct support professionals not only influence the learning and social opportunities available to the persons with whom they work, but also facilitate interaction and participation with other members of society (Bigby & Wiesel, 2015; Channon, 2014).

Managers in the same service industry often have an indirect, albeit important, relationship with persons with intellectual disability. Through practice leadership, managers provide modelling, coaching, support, and motivation to their staff which enables them to deliver quality services to persons with intellectual disability (Beadle-Brown et al., 2015; Mansell et al., 1994). The nature of these services, and how persons with intellectual disability are generally treated, may vary based on different skills and attitudes towards intellectual disability, such as those related to empowerment and self-determination (Tartakovsky et al., 2013). Therefore, it is important for staff who work with this population to have positive attitudes towards intellectual disability to ensure the inclusion and overall well-being of people with intellectual disability.

2 | BACKGROUND

2.1 | Social inclusion of persons with intellectual disability

The social inclusion of people with intellectual disability has been studied extensively and advocated for globally over the past few decades (Ouellette-Kuntz et al., 2010; Verdugo et al., 2012). Although there are several definitions of social inclusion as it pertains to individuals with intellectual disability, two essential components, as defined by Simplican et al. (2015), must be considered: interpersonal relationships and community participation. Specifically, social inclusion underlies full and equitable access to community resources and activities, as well as having relationships with family, friends, and acquaintances, but most importantly, a sense of belonging to a group and thus participation and engagement in society (Cobigo et al., 2012). In contrast, social exclusion is described as a lack of opportunity to participate in social, community, economic, or political life, leading to a breakdown or loss of social relationships, and thus excluding the individual from social support (Cobigo et al., 2012). Negative attitudes towards a group such as people with intellectual disability are considered a barrier to their social inclusion as it promotes stigma, a key aspect of exclusion (Abbott & McConkey, 2006; Merrells et al., 2018; Scior et al., 2016).

2.2 | The multidimensional concept of attitudes

The construct of 'attitude' was first described by Allport (1935) as an evaluative response based on the appraisal of a neutral stimulus. Three fundamental and interrelated dimensions characterise the nature of this response: cognitive, affective and behavioural (Findler et al., 2007; Rosenberg et al., 1960; Zanna & Rempel, 1988). The cognitive dimension refers to any mental representation of the attitudinal object or person, such as thoughts, beliefs, and opinions. The affective dimension relates to positive, negative or neutral emotions associated to the attitudinal object or person. The behavioural dimension represents the tendency to act in a certain way when presented with the attitudinal object or person (Antonak & Livneh, 2000; Findler et al., 2007). This multidimensional perspective reflects the tripartite model of attitudes (Rosenberg et al., 1960) which illustrates how attitudes influence the way people feel, think and behave towards others (McCaughey & Strohmer, 2005).

2.3 | Public attitudes towards persons with intellectual disability

The past 50 years have seen major policy and legislative changes regarding people with intellectual disability (United Nations, 2006). The movement against segregation and towards inclusion, which led to the deinstitutionalization of persons with intellectual disability, has promoted an increased awareness around disabilities (Bigby et al., 2006). Despite these initiatives, the literature reflects negative attitudes towards intellectual disability among the general population in a variety of contexts and cultures (Ahlborn et al., 2008; Antonak & Livneh, 2000; Campbell et al., 2003; Loo, 2001; McCaughey & Strohmer, 2005; Scior, 2011). Negative attitudes towards persons with intellectual disability pertain to prejudice, stigma and discrimination, which impede the inclusion of persons with disabilities (Heatherton et al., 2000), while individuals who have positive attitudes towards persons with intellectual disability believe in their right to self-determination and participation as equal members of society (Stier & Hinshaw, 2007).

Studies have shown that the general population can feel discomfort and uncertainty on how to act in the presence of persons with intellectual disability (Gilmore et al., 2003; McCaughey & Strohmer, 2005), be reluctant to socially interact with people with intellectual disability due to anxiety (Scior, 2011) and believe persons with intellectual disability should be excluded from society and sheltered from community life (Scior et al., 2010, 2020). Negative attitudes of the general population can vary according to demographic characteristics of individuals; older individuals and those with a lower level of education desire greater social distance in situations involving people with intellectual disability (Ouellette-Kuntz et al., 2010). Furthermore, studies have indicated that experience and frequency of contact with people with intellectual disability may influence attitudes towards disabilities (Keith et al., 2015; Morin, Crocker, et al., 2013; Scior et al., 2010). In fact, the intergroup contact theory (Allport, 1979; Pettigrew, 1998) suggests that frequent social interaction between different members of social groups can improve prejudicial attitudes, such as developing more positive perceptions and reducing stigma.

Nevertheless, positive attitudes towards intellectual disability have been documented such as the general population's acknowledgment that people with Down syndrome should be able to work (Pace et al., 2010) and have sexual rights (Cuskelly & Bryde, 2004). In a transnational study of public attitudes towards inclusion of people with intellectual disability, the general population in 17 countries were found to mostly endorse the rights of people with intellectual disability (Slater et al., 2020). Morin, Crocker, et al. (2013), reported positive

public attitudes towards people with intellectual disability along affective, cognitive and behavioural dimensions. However, the authors noted that the general population still felt sadness and pity towards persons with intellectual disability, and that causes of intellectual disability were generally misunderstood. It is important to note that sadness and pity are not helpful attitudes towards people with intellectual disability because they can perpetuate stereotypes and paternalistic attitudes. Feeling sorry or pitying someone with intellectual disability may inadvertently reinforce a perception of them as helpless or incapable. This can hinder their inclusion and self-determination by undermining their autonomy and potential for growth. Instead of fostering empowerment and inclusion, these attitudes may contribute to social exclusion and a lack of opportunities for individuals with intellectual disability to fully participate in society on their own terms.

2.4 | Direct support professionals' attitudes towards persons with intellectual disability

Direct support professionals' role requires regular and meaningful interactions with persons with intellectual disability and it is expected for them to think, feel and act in a respectful and helpful manner towards them (Henry et al., 2004; Venema et al., 2016). However, direct support professionals attitudes are not always positive and may be influenced by different factors, such as training, attitudes of their colleagues, organisational values and negative experiences with clients (Henry et al., 2004; Knotter et al., 2016). Unfavourable direct support professionals' attitudes towards persons with intellectual disability that have been documented include the belief that segregated activities are necessary for clients and that clients should stay in group homes to receive assistance (Jones et al., 2008); having negative perceptions of their decision-making abilities (Horner-Johnson et al., 2015); sheltering and overprotecting due to perceived vulnerability of this population (Golding & Rose, 2015); as well as considering social integration as disadvantageous, with risks of inducing physical harm and fear (Venema et al., 2016). Furthermore, less favourable direct support professional attitudes have been associated with higher degrees of severity of intellectual disability, with staff perceiving active participation and choice as not achievable for persons with severe to profound intellectual disability (Bigby et al., 2008). When compared to the general population, direct support professionals' attitudes seem to be more positive (Yazbeck et al., 2004) with cultural, educational and demographic variables having a significant impact (Henry et al., 2004; Ouellette-Kuntz et al., 2010).

2.5 | Management staff attitudes towards persons with intellectual disability

Manager's attitudes are an important part of their work, as they influence their individual style and approach, but also reflect the organisational culture and the values of the institution for which they work (Mansell & Beadle-Brown, 2012). These are used as standards which inform practice; for example, an organisational culture focused on inclusion, social participation, and self-determination of people with intellectual disability ensures that these same values are reflected in interventions delivered. In a study by Henry et al. (1996), attitudes of supervisors and managers in community intellectual disability agencies were found to be more favourable towards inclusion that those of direct support professionals. Authors believed that as per organisational theory, persons in higher managerial positions may show more positive attitudes towards intellectual disability due to being committed to and focused on organisational values (Henry et al., 1996). Furthermore, it was found that less direct contact with persons with intellectual disability, and hence limited exposure to day-to-day challenges, could explain more positive attitudes towards intellectual disability when compared to frontline workers. More recently, generally positive attitudes of supervisors working in the field of intellectual disability were established and found to also be consistent with direct support professional attitudes in the same setting (Jones et al., 2008). These supervisors were reportedly involved in 50% of "hands-on" contact with persons with intellectual disability.

Unfortunately, the current state of knowledge regarding the attitudes of managers working in intellectual disability service institutions is limited. More research would be valuable to better understand the attitudes of managers towards intellectual disability, as well as ensuring their consistency with attitudes of direct support professionals.

3 | AIMS

The primary purpose of this study is to identify and better understand attitudes towards intellectual disability of direct support professionals and managers working in specialised settings and the factors that may influence them. As a secondary objective, we are interested in also understanding how these attitudes compare to those of the general population from existing data (Morin, Rivard, et al., 2013). We aim to ultimately help target interventions that can modify or improve these attitudes as needed and help contribute to the empowerment and inclusion of persons with intellectual disability. Thus, the research questions guiding the present study are:

1. What are the attitudes towards intellectual disability of direct support professionals and management staff working in institutions offering specialised services to persons with intellectual disability?
2. Do attitudes towards intellectual disability of direct support professionals and management staff in these settings differ?
3. How do these attitudes compare to existing attitudes towards intellectual disability of the general population in the same geographical area?
4. Do sociodemographic variables have an influence on direct support professional and managers attitudes towards intellectual disability?

4 | METHODS

4.1 | Recruitment and study sample

Data for the current study were collected from the public healthcare system in Quebec, Canada, encompassing a total of 22 integrated health and social services centres across 16 regions. A convenience sample of 195 participants, including 157 direct support professionals (62.1% specialised educators, 22.4% social workers, 15.4% other support staff) and 38 managers was recruited from facilities offering specialised services in intellectual disability in 12 randomly selected health and social services centres (see Table 1 for socio-demographic characteristics of the participants). Recruitment sites were randomly selected using a random online generator. Twelve centres were initially randomly selected, and a second round of random selection was conducted which added four more centres; this was done to increase the participant sample with hopes of reaching the originally targeted sample size of 200 participants needed for statistical power (80%) as determined by G*Power analysis software, version 3 (Faul et al., 2007). Out of the total of 16 centres contacted, 12 agreed to participate and 4 refused due to unavailability within the site to engage in research at that given time.

Interested and eligible participants were provided with access to an anonymous and confidential online platform containing a consent form and an electronic version of the *Attitudes Toward Intellectual Disability Questionnaire* (ATTID; Morin, Crocker, et al., 2013). Inclusion criteria required being a direct support professional who works in direct contact to support clients with intellectual disability; or to be a manager in the organisation, whether it be on the frontline or in more upper levels of management; working a minimum of 15 h a week.

4.2 | General population sample

The comparison sample used in the current study originates from a separate study conducted by Morin, Rivard, et al. (2013) using the ATTID questionnaire. Data pertaining to the attitudes of the general population in Quebec, Canada were obtained from the results of that study. The general population sample was composed of 1605 participants. Participants were randomly selected, stratified by region through postal codes to have a representative sample and invited to take part in a telephone interview conducted by a specialised polling firm. Inclusion criteria for participation in the study were to be 18 years or older and understand French or English. The participation rate achieved was of 50% (see Morin, Rivard, et al., 2013 for more details about recruitment methods, sampling procedures and demographic data).

4.3 | Measure: The ATTID

The ATTID is a validated self-report instrument which evaluates attitudes towards intellectual disability in different populations based on the multidimensional model of attitudes addressing affective, cognitive and behavioural dimensions (Findler et al., 2007). The ATTID is composed of 67 items, each rated on a five point Likert-scale (1 = completely agree, 5 = completely disagree) and based on a five factors structure which reflects the three-dimensional model of attitudes: factors along the cognitive dimension are, (1) *knowledge of causes* and (2) *knowledge of capacity and rights of individuals with intellectual disability*, along the affective dimension factors are (3) *discomfort* and (4) *sensitivity or compassion*, and along the behavioural dimension (5) *interaction* (Morin, Crocker, et al., 2013). The lower the score obtained on the different items and factors, the more positive the attitude towards persons with intellectual disability is considered. The ATTID also contains a section of 14 items aimed at obtaining participants' sociodemographic information. The ATTID displays excellent internal consistency with Cronbach's alpha for the entire questionnaire being 0.92 and shows good to excellent test–retest reliability ($r = 0.62–0.83$ for the five factors) (Morin, Crocker, et al., 2013).

4.4 | Analyses

Three sets of analyses were performed with the data obtained. Firstly, to evaluate direct support professionals and management staff attitudes towards persons with intellectual disability as reported by the ATTID, descriptive analyses were performed. Second, independent groups t-tests were used to compare direct support professionals and management staff attitudes towards intellectual disability, while one-sample t-tests were performed to compare each group's attitudes to those of the general population. Lastly, to understand the influence of sociodemographic variables on participants' attitudes towards intellectual disability, independent group t-tests and chi-squared tests were conducted. Furthermore, correlations and analyses of variance (ANOVA) were done to establish associations between attitudes and the sociodemographic variables that were significantly different between groups. Analyses of covariance were performed (ANCOVA) to control for these variables.

5 | RESULTS

5.1 | Sociodemographic variables

Table 1 presents sociodemographic characteristic for direct support professionals and management staff who participated in the study, as well as significant differences found between the two samples. Chi-squared test results are associated to categorical variables (sex, perceived knowledge about intellectual disability, perceived quality of relationships with persons with intellectual disability and training received related to intellectual disability) and p values to continuous variables (age, level of education, income, frequency of contact with persons with intellectual disability and work experience related to intellectual disability).

TABLE 1 Sociodemographic characteristics per participant sample.

Variable and categories	Direct support staff		Management staff		Test value χ^2	*p* value
	n	%	*n*	%		
Gender					.741	
Women	133	84.7	33	86.8		
Men	24	15.3	5	13.2		
Age group (years)						.025*
18–29	33	21	1	2.6		
30–39	51	32.5	13	34.2		
40–49	49	31.2	18	47.4		
50–59	21	13.4	6	15.8		
60+	3	1.9	0	0		
Level of education						<.001***
Secondary school diploma	2	1.3	0	0		
College diploma	74	47.1	5	13.2		
University diploma	49	31.2	22	57.9		
Graduate studies	32	20.4	11	28.9		
Individual income (CAD)						.005**
< $20,000	1	0.6	0	0		
$20,000–$39,999	4	2.5	1	2.6		
$40,000–$59,999	29	18.5	2	5.3		
$60,000–$79,999	34	21.7	2	5.3		
$80,000–$99,999	18	11.5	8	21.1		
>$100,000	53	33.8	24	63.2		
N/A	17	10.8	1	2.6		
Perceived knowledge about intellectual disability					.881	
Not much	16	10.2	3	7.9		
Quite a bit	72	45.9	17	44.7		
A lot	69	43.9	18	47.4		
Perceived quality of relationship with persons with intellectual disability					<.001***	
Excellent	67	42.7	20	52.6		
Good	87	55.4	12	31.6		
Neutral	3	1.9	6	15.8		
Frequency of contact with persons with intellectual disability						.261
Never	10	6.4	2	5.3		
Sometimes	13	8.3	8	21.1		
Often	39	24.8	8	21.1		
Very often	95	60.5	20	52.6		
Work experience related to intellectual disability						.018*
Less than 12 months	7	4.5	8	21.1		
1–4 years	50	31.8	10	26.3		
5–10 years	24	15.3	7	18.4		
More than 10 years	75	47.8	12	31.6		
Received training related to intellectual disability					<.001***	
Yes	123	78.3	19	50		
No	34	21.7	19	50		

When comparing participant samples, significant differences were found between age, level of education, annual income, work experience, perceived quality of relationships with persons with intellectual disability and training. Direct support professionals were found to be younger, less educated, earning a lower income, perceiving a lower quality in their relationships with persons with intellectual disability, yet with more years of experience and training than management staff.

5.2 | Attitudes as determined by the five factors of the ATTID

Means, standard deviations and percentages of responses calculated for each group of participants, by type (positive, neutral and negative attitudes) and per factor are displayed in Tables 2 and 3. Positive attitudes are assumed to be represented by scores of 1 and 2, neutral attitudes by a score of 3 and negative attitudes by scores of 4 and 5.

Both direct support professionals and management staff demonstrated positive attitudes along all five factors, with mean scores ranging from 1.27 (SD = 0.38) to 2.53 (SD = 0.84) for direct support professionals and 1.27 (SD = 0.48) to 2.64 (SD = 0.76) for managers. For both groups, the highest percentage of positive attitudes reported were for factor 1 (discomfort; direct support professional = 95.22%, management = 95.67%) while most negative attitudes were associated to factor 4 (sensitivity/compassion; direct support professional = 25.79%, management = 32.89%), indicating that direct support professionals and managers are very comfortable with individuals with intellectual disability yet still experience some level of sadness or pity towards them.

5.3 | Comparing attitudes among participant samples

Tables 4, 5, and 6 present the results of comparative analyses among all three samples. Differences were found between direct support professionals and management staff reported attitudes (Table 4) on factor 4: sensitivity/compassion, with the former group having significantly more positive attitudes ($t(191) = -2.02$, $p = .045$).

When comparing attitude scores of direct support professional and the general population (see Table 5), significant differences were revealed on all five factors of the ATTID (Factor 1 $t(152) = -17.28$, $p = <.001$; Factor 2 $t(155) = -2.23$, $p = .023$; Factor 3 $t(152) = -9.57$, $p < .001$; Factor 4 $t(154) = -17.07$, $p < .001$; Factor 5 $t(148) = -4.86$, $p < .001$), with direct support professional attitudes receiving lower scores than the general population, thus indicating more positive attitudes.

When comparing attitude scores of management staff and the general population (see Table 6), significant differences were revealed on factors 1, 2, 3 and 4 of the ATTID (Factor 1 $t(37) = -8.29$, $p < .001$; Factor 2 $t(37) = -3.29$, $p < .002$; Factor 3 $t(37) = -5.91$, $p < .001$; Factor 4 $t(37) = -5.73$, $p < .001$), with management staff attitudes receiving lower scores than the general population, thus indicating more positive attitudes.

TABLE 2 Mean, standard deviation and percentages of direct support professionals responses with a positive, neutral or negative attitude as reported by the five factors of the Attitudes Toward Intellectual Disability Questionnaire.

Factor	*M* (SD)	Positive attitude (1 and 2) (%)	Neutral attitudes (3) (%)	Negative attitude (4 and 5) (%)
Factor 1 (Discomfort)	1.27 (0.38)	95.22	2.53	2.25
Factor 2 (Knowledge of capacity and rights)	2.01 (0.50)	74.27	17.06	8.67
Factor 3 (Interaction)	1.85 (0.53)	77.21	13.55	9.24
Factor 4 (Sensitivity/ compassion)	2.15 (0.84)	64.55	9.66	25.79
Factor 5 (Knowledge of causes)	2.53 (0.84)	59.82	16.64	23.54

Abbreviations: M, mean; SD, standard deviation.

TABLE 3 Mean, standard deviation and percentages of management staff responses with a positive, neutral or negative attitude as reported by the five factors of the Attitudes Toward Intellectual Disability Questionnaire.

Factor	*M* (SD)	Positive attitude (1 and 2) (%)	Neutral attitudes (3) (%)	Negative attitude (4 and 5) (%)
Factor 1 (Discomfort)	1.27 (0.48)	95.67	0.99	3.41
Factor 2 (Knowledge of capacity and rights)	1.84 (0.48)	80.33	11.91	7.76
Factor 3 (Interaction)	1.75 (0.55)	80.43	12.52	7.06
Factor 4 (Sensitivity/compassion)	2.42 (0.80)	56.14	10.96	32.89
Factor 5 (Knowledge of causes)	2.64 (0.76)	51.97	19.05	28.98

Abbreviations: M, mean; SD, standard deviation.

TABLE 4 Comparison of attitudes between direct support professionals and management staff.

ATTID factor	Direct support professionals *M* (SD)	Management staff *M* (SD)	*t*	df	*p*	Cohen's *d*
Factor 1 (Discomfort)	1.27 (0.38)	1.27 (0.48)	0.49	189	.622	0.09
Factor 2 (Knowledge of capacity and rights)	2.01 (0.50)	1.84 (0.48)	1.83	192	.069	0.08
Factor 3 (Interaction)	1.85 (0.53)	1.75 (0.55)	1.15	189	.254	0.21
Factor 4 (Sensitivity/compassion)	2.15 (0.84)	2.42 (0.80)	−2.02	191	.045*	−0.37
Factor 5 (Knowledge of causes)	2.53 (0.84)	2.64 (0.76)	−0.89	184	.377	−0.16

Abbreviations: df, degrees of freedom; *M*, mean; SD, standard deviation; *t*, *t* test value.
*$p < .05$.

TABLE 5 Comparison of attitudes between direct support professionals and the general population.

ATTID factor	Direct support professionals *M* (SD)	General population *M* (SD)	*t*	df	*p*	Cohen's *d*
Factor 1 (Discomfort)	1.27 (0.38)	1.73 (0.52)	−17.28	152	.001**	−1.40
Factor 2 (Knowledge of capacity and rights)	2.01 (0.50)	2.14 (0.57)	−2.23	155	.023*	−0.18
Factor 3 (Interaction)	1.85 (0.53)	2.27 (0.63)	−9.57	152	.001**	−0.77
Factor 4 (Sensitivity/compassion)	2.15 (0.84)	3.16 (0.79)	−17.07	154	.001**	−1.37
Factor 5 (Knowledge of causes)	2.53 (0.84)	2.85 (0.69)	−4.86	148	.001**	−0.40

Abbreviations: df, degrees of freedom; *M*, mean; SD, standard deviation; *t*, *t* test value.
*$p < .05$; **$p < .01$.

TABLE 6 Comparison of attitudes between management staff and the general population.

ATTID factor	Management staff *M* (SD)	General population *M* (SD)	*t*	df	*p*	Cohen's *d*
Factor 1 (Discomfort)	1.27 (0.48)	1.73 (0.52)	−8.29	37	.001**	−1.40
Factor 2 (Knowledge of capacity and rights)	1.84 (0.48)	2.14 (0.57)	−3.29	37	.002**	−0.53
Factor 3 (Interaction)	1.75 (0.55)	2.27 (0.63)	−5.91	37	.001**	−0.96
Factor 4 (Sensitivity/compassion)	2.42 (0.80)	3.16 (0.79)	−5.73	37	.001**	−0.93
Factor 5 (Knowledge of causes)	2.64 (0.76)	2.85 (0.69)	−1.57	37	.125	−0.25

Abbreviations: df, degrees of freedom; *M*, Mean; SD, standard deviation; *t*, *t* test value.
**$p < .01$.

5.4 | Influence of sociodemographic variables on attitudes

Correlation and analyses of variance revealed significant associations between participant attitudes towards intellectual disability and their level of education, work experience as well as their perceived quality of relationships with persons with intellectual disability. Higher levels of education were correlated to less positive attitudes on factor 1: discomfort, $0.201(189) = 0.005$, $p < .05$, factor 3: interaction, $0.145(189) = 0.045$, $p < .05$ and factor 4: sensitivity/compassion, $0.233(191) = 0.001$, $p < .05$. Furthermore, education was correlated to more positive attitudes on factor 5: knowledge of causes, $-0.213(184) = 0.004$, $p < .05$.

Having more work experience was correlated to more positive attitudes on factor 4: sensitivity/compassion, $-0.199(190) = 0.006$, $p < .05$. To better understand this finding, additional analyses were performed to compare different participant profiles related to education and work experience. Participants with a higher level of education and less reported years of work experience in the field were compared to participants with a lower level of education and more reported years of work experience. Attitudes towards intellectual disability of the former group were found to be significantly less positive for factors 1 (discomfort) and 4 (sensitivity/compassion), when compared to the latter group.

Participants who perceived their relationships with persons with ID to be of higher quality demonstrated significantly more positive attitudes at the $p < .05$ level for factor 1: discomfort ($F(2, 188) = 9.765$, $p = <.001$), factor 3: interaction ($F(2, 188) = 19.363$, $p = <.001$) and factor 4: sensitivity/compassion ($F(2, 190) = 3.774$, $p = .025$). However, when controlling for these sociodemographic variables, analyses of co-variance yielded no significant differences between groups, confirming that differences were not attributable to either being a direct support professional or a manager.

6 | DISCUSSION

Few studies have examined attitudes towards intellectual disability among personnel working in specialised intellectual disability service organisations. Direct support professionals' attitudes towards individuals with intellectual disability are especially important considering the close and influential relationship they share in clinical contexts, such as being a source of emotional support (Giesbers et al., 2019) and promoting opportunities for choice and independence (Channon, 2014). Even fewer studies exist on attitudes towards intellectual disability of managers in these same contexts, who also play an important role in service delivery and client care. The present study aimed to better understand direct support professionals and management attitudes towards persons with intellectual disability to help fill research gaps and inform initiatives to improve attitudes and ultimately, care provided to persons with intellectual disability.

6.1 | Positive staff attitudes towards intellectual disability

Attitudes of direct support professionals and management staff towards persons with intellectual disability were found to be generally and similarly positive along cognitive, affective, and behavioural dimensions, demonstrating that staff who work within organisations offering services to persons with intellectual disability, think, feel, and behave in supportive and constructive ways. Staff from both groups reported highly positive attitudes regarding their comfort, confidence, and openness in interactions with clients. As well, positive attitudes were reported by both groups regarding knowledge of capacity and rights of persons with intellectual disability.

Positive staff attitudes towards intellectual disability could be explained by considering their inherent desire and interest to work with this population. As well, their frequent and direct contact may provide exposure to manifestations of self-determination therefore reinforcing their view of persons with intellectual disability as capable individuals. Unsurprisingly, direct support professionals (85.3%) and managers (73.7%) reported frequent or very frequent regular contact with persons with intellectual disability, supporting earlier mentions that regular contact reduces prejudice for a wide variety of groups (Breau et al., 2021; McManus et al., 2011; Murch et al., 2018; Ouellette-Kuntz et al., 2010; Pelleboer-Gunnink et al., 2017). As per Allport (1979) contact hypothesis, certain conditions for contact can facilitate better group relations, including equal status, common goals, cooperation, and support of authorities. In intellectual disability specialised settings, it is supposed that organisational values and culture reflect these conditions, wherein staff treat persons with intellectual disability with equal care and respect; towards common goals of inclusion, participation, and well-being; in multidisciplinary cooperation and collaboration with team members; and within the framework of cohesive organisational norms and values.

Although managers' attitudes were positive and similar to direct support professionals' attitudes towards intellectual disability, a difference was found in terms of sensitivity and compassion felt towards persons with intellectual disability. It seems that despite reporting comfort around clients, managers exhibit a more paternalistic approach towards intellectual disability when compared to direct support professionals, which could be characterised by some pity or sadness. This finding could be explained by the nature of their relationship with persons with intellectual disability in clinical contexts, which is to be less directly involved in interventions encouraging autonomy, social participation, and self-determination, and having more of an authoritative and supervisory stance. It may be possible that direct support professionals are less likely to feel sadness or pity towards persons with intellectual disability because not only are they more clinically (and thus intimately) involved and engaged in meaningful interactions with them, but they also likely see first-hand their capacities and potential.

It is therefore recommended that specialised environments create opportunities for managers to interact meaningfully with individuals with intellectual disabilities. Promoting direct contact can be facilitated through various means, such as increased clinical engagement or, more realistically for managers, organising inclusive social and recreational events at work. Data from Seewooruttun and Scior (2014) confirm that direct contact is beneficial in interventions aimed at changing attitudes towards intellectual disabilities, considering the nature of this contact (e.g., positive, enjoyable, memorable). Future research could examine direct contact in relation to changing different dimensions of attitudes (i.e., affective, behavioural, and cognitive) (Albaum et al., 2021).

6.2 | Staff attitudes towards intellectual disability in a societal context

As expected, direct support professionals and management staff attitudes were found to be more positive than attitudes of the general population. Indeed, staff working with persons with intellectual disability reported generally less discomfort, more knowledge about capacity, rights and causes of intellectual disability, better quality of interaction and less pity towards individuals with intellectual disability when compared to the general population. This finding confirms other studies that have found different types of care staff having more positive attitudes towards intellectual disability and inclusion than the general population (Meaney-Tavares & Gavidia-Payne, 2012; Morin et al., 2018). Perhaps the general population's lack of contact and familiarity with persons with intellectual disability could explain this finding especially considering the level of exposure staff working in specialised intellectual disability facilities have. Direct support professionals and managers (of which, 65.8% reported they had been direct support professionals previous to their management role) would have more positive attitudes based on their related work experience and exposure. Almost half of the direct support professionals sample (47.8%) and one third of the managers (31.6%) reported having over 10 years of experience in the field of intellectual disability.

Managers and the general population did not differ in their knowledge about causes of intellectual disability. This finding may point to insufficient management training that may not prioritise or include in-depth education on the aetiology of intellectual disability. Additionally, the similar knowledge base could be attributed to the nature of the questionnaire itself, which likely assesses fundamental information that has become widely disseminated in recent years. Nevertheless, it validates the earlier observation for the need to implement more awareness training and education around the aetiology of intellectual disability both in specialised settings and within society.

6.3 | Contact: Quantity or quality?

Further to Allport's theory on the quantity of contact, more recent literature has documented the quality of contact as having an even greater influence on attitudes (Keith et al., 2015; McManus et al., 2011). Studies have shown that when members of a social group experience positivity with members of another social group, it reduces anxiety and improves future interactions (McManus et al., 2011). In the current study, 98.1% of direct support professionals and 84.2% of managers reported good to excellent perceived quality of relationships with persons with intellectual disability. This finding could further explain the positive attitudes reported by the participants in this study and confirms the theory that high quality contact may have an important role in predicting positive attitudes towards intellectual disability.

6.4 | More experience, less pity

Other factors related to attitudes were found to be participants' work experience and level of education, corroborating previous findings that personal variables can influence people's attitudes (Morin, Rivard, et al., 2013; Ouellette-Kuntz et al., 2010; Scior et al., 2010; Yazbeck et al., 2004). In the current study, more work experience in the field of intellectual disability was related to less paternalistic attitudes towards persons with intellectual disability. Further, a higher level of education was associated to more positive attitudes on a cognitive dimension of attitudes (factor 5; knowledge of causes) but less positive attitudes on the emotional dimensions (factor 1: discomfort; factor 3: interaction; factor 4: sensitivity/compassion) of the ATTID. Interestingly enough, higher perceived quality of relationships with persons with intellectual disability was associated to more positive attitudes on these same factors. These findings could indicate that formal educational training contributes to increased theoretical knowledge about intellectual disability while informal vocational training promotes more emotional competency in the context of intellectual disability practice (Eliasson-Lappalainen & Runesson, 2000; Olsson & Gustafsson, 2020). While both formal and informal components of training are important, this perhaps demonstrates the valuable role of workplace (i.e., hands-on) training in staff competence development. This line of reasoning echoes research findings that have shown knowledge and skills specifically required for caring adequately for people with intellectual disability as better acquired through work experience rather than education (Olsson & Gustafsson, 2020). In this study, we are also made aware of the potential positive influence that workplace experience can have on the affective dimension of attitudes towards intellectual disability. Practically, this could translate into important recommendations for clinical settings to emphasise professional experience as a crucial component in the preparation and on-going professional development of specialised personnel, compared to academic experiences and traditional learning methods. This could be implemented by prioritising professional experience over academic status during recruitment, for example.

6.5 | Limitations

Certain limitations could be attributed to the present study. The ATTID is a self-report questionnaire, which could inevitably generate bias and social desirability from respondents. However, it remains a strong psychometric measure of attitudes. Moreover, the samples in the current study are of disproportionate sizes, with the general population sample being much larger than the direct support professional and management staff sample. Yet, homogeneity of samples was established prior to running the statistical analyses. The results obtained remain robust preliminary findings for eventual larger scale research on specialised intellectual disability staff attitudes. Lastly, recruitment for this study began prior to and during the COVID-19 pandemic and its impact on attitudes remains unknown.

7 | CONCLUSION AND FUTURE DIRECTIONS

Results of the present study have important implications for research and practice. A better understanding of direct support professionals and management staff attitudes towards individuals with intellectual disability, and in comparison to the general population, has been provided. Although both groups show very positive attitudes towards individuals with intellectual disability, they generally present more positive attitudes than the general population. Recommendations for clinical settings include accessibility to training programs cantered on psychoeducation of intellectual disability, particularly regarding its aetiology. It may also be valuable for organisations to offer initiatives that enhance empowerment skills, highlighting persons with intellectual disability's capacities to participate in social, occupational and leisure opportunities. This could not only ensure quality care for persons with intellectual disability but also reinforce more positively staff attitudes towards the self-determination of persons with intellectual disability. Promoting and maintaining positive attitudes of staff towards intellectual disability is vital for the success of community inclusion, self-determination and quality of life of persons with intellectual

disability. Future research could further investigate how psychoeducation and empowerment training can change staff attitudes towards intellectual disability. It would be interesting to see if or how their attitudes could be improved and evaluate the quality of services offered as a result. Further, involving persons with intellectual disability themselves in training programs and organisational initiatives may not only reinforce their self-esteem and capacities for collaboration and engagement, but also contribute to improved staff attitudes through valuable practical experience.

Finally, this research also brings to light the importance to continue investing in public awareness and education, as well as promoting quality interactions between people with intellectual disability and those of the general population. These components can improve attitudes towards people with intellectual disability and thus promote the quality of their community integration, daily living and social participation (Morin, Rivard, et al., 2013). Although progress with public attitudes has been noted, the need for increased awareness, knowledge, contact, and forward movement is undeniable.

AUTHOR CONTRIBUTIONS

This study was conducted as part of a doctoral research project. The primary author was the doctoral candidate who conducted the research and wrote this article. The co-other is the scientific director and research chair in intellectual disabilities and challenging behaviours who supervised the research process, contributing meaningful guidance and revisions of all documents, including this article, along the way.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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