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Attitudes Towards and Communications with People with Disabilities in Saudi Arabia: Towards the Sustainability of a Healthy Citizenry

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Abstract: The sustainability of a healthy, well-functioning citizenry depends on the acceptance and inclusion of people with disabilities. We investigated attitudes towards and communications with people with disabilities in Saudi Arabia by securing self-reports from 236 Saudi Arabian adults in a survey developed for this research, alongside demographic variables including gender, disability status, and age. The results indicate minimal effects of attitudes towards and communications with people with disabilities on their quality of life. Additional results indicate the effects of religious factors on attitudes towards and communications with people with disabilities, and also highlight the potential negative social consequences of misconceptions about people with disabilities. Such results indicate a continuing need to educate the Saudi Arabian public about disabilities, if the country is to facilitate and sustain a healthy citizenry.

Keywords: sustainability; disability; communication; attitude; non-disabled; culture; age; gender; Saudi Arabia



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1. Introduction

People with disabilities sometimes experience challenges when they interact with non-disabled people [1]. There are many misconceptions about disabilities (e.g., that people with physical disabilities are cognitively impaired, see [1,2]), and discrimination is more likely when people have less knowledge about disabilities [2]. Misconceptions can affect attitudes towards and communications with people with disabilities, lowering the quality of life for people with disabilities [1]. Very few studies have been conducted in Saudi Arabia to assess attitudes towards people with disabilities and whether these attitudes might affect the quality of home, school, and work life for people with disabilities. The current study addresses these issues, and provides an initial, exploratory, empirical investigation of the possibility that previous contact with people with disabilities, friendship with people with disabilities, and knowledge about disabilities are associated with more positive attitudes towards people with disabilities in Saudi Arabia.

The current study is important not only in addressing a research gap in Saudi Arabia, but also in addressing the challenges of people with disabilities at home, in schools, and in workplaces. Previous research indicates that social factors can affect attitudes towards people with disabilities [3–5]. One practical application of this research is to change the narratives around people with disabilities by replacing negative stereotypes with more accurate information.

1.1. Attitudes Towards People with Disabilities

Some previous research [3] has investigated how the social environment might affect how people interact with and perceive people with disabilities. For example, attitudes towards people with disabilities are predicted by personal contact with people with disabilities, such that greater contact is associated with more positive attitudes [3]. Moreover, gender moderated this association such that greater personal contact increased positive attitudes (i.e., greater liking) towards persons with disabilities more for females than for males [3].

Thus, several factors have been associated with more positive attitudes towards people with disabilities, including knowledge about disabilities, and the frequency and quality of contact with people with disabilities [6]. A study by [7] found that factors such as educational background, career type, socioeconomic status, and individual familiarity were associated with attitudes towards people with disabilities. This study provided evidence that having a relative or friend with a disability was an independent predictor of positive attitudes towards people with disabilities.

A study of college students' attitudes found that previous contact with people with disabilities was associated with more positive attitudes towards people with disabilities [8]. Demographic attributes such as age are also associated with attitudes towards people with disabilities. For example, in a study of children in public and private primary schools, [9] found that non-disabled students of certain age groups reported positive attitudes towards children with disabilities in that same age group. Moreover, having a friend with a disability was associated with a positive attitude towards same-age peers with disabilities [9]. In an investigation of personal demographic attributes, knowledge of disability, and prior contact with people with disabilities, and attitudes towards people with disabilities in places of employment reported a negative correlation between age and positive attitudes towards people with disabilities [1]. People who knew an individual with a disability expressed more positive attitudes towards people with disabilities [1]. Finally, Ref. [1] found a positive correlation between knowledge about disabilities and positive attitudes towards people with disabilities. Consistent with this latter finding, Ref. [10] found that disability-structured teaching programs are successful in improving attitudes towards people with disabilities among students.

In an investigation of whether classroom inclusivity is associated with attitudes towards students with disabilities, the researchers found that students in inclusive classes reported more positive and welcoming attitudes towards people with disabilities compared to students in non-inclusive classes [11]. This and related research thus suggests that personal and classroom moral identity are associated with more positive attitudes towards people with disabilities [11].

1.2. Communications with People with Disabilities

Attitudes towards people with disabilities can affect communications with them [12], such that more positive attitudes are associated with more positive communications. Depending on the type of disability, challenges in communication may exist, such as between people with functional hearing and people without functional hearing [12]. These and related communication challenges are more likely to be circumvented when people have more positive attitudes towards those with disabilities [5].

Communication challenges affect not only people with physical disabilities but also those with cognitive disabilities. For example, people with cognitive disabilities experience challenges in communication, ranging from understanding to difficulties in the use of spoken, written, and signed language [13]. These difficulties can negatively impact people with cognitive disabilities insofar as communicative competence affects quality of life variables such as self-esteem, determination, social inclusion, personal relationships, and emotional security [13].

A study identified several variables associated with communications with people with disabilities, including geographical location, gender, religion, socioeconomic status,

and age [5]. These variables affected communication and, in turn, were associated with lower self-esteem, audience-based communication apprehension, and lesser contact with people with disabilities. For example, people from different socioeconomic and educational backgrounds interact differently with people with disabilities based on their knowledge of disabilities and their degree of contact with people with disabilities.

Negative attitudes (e.g., presumptions of incompetence) towards people with disabilities disempower them and may lead to their social exclusion and isolation [2]. This can occur in the home, workplace, school, and other social settings. One class of impediments to employment for people with disabilities is negative attitudes that prospective employers have of people with disabilities [4]. These attitudes are often derived from negative stereotypes and lack of accurate knowledge about people with disabilities [4]. This situation calls for attitudinal changes, for example, by providing accurate information that challenges misconceptions about people with disabilities [4].

Negative attitudes towards people with disabilities present obstacles for them to attain social equality [14]. One study in China found that caregivers for people with disabilities who provided care for a longer duration had more negative attitudes towards people with disabilities. This finding is in contrast to the results of studies reviewed above indicating that longer duration of interactions with people with disabilities was associated with more positive attitudes towards people with disabilities. However, this apparent inconsistency was resolved with the finding that people who had *lived with* someone with disabilities for a longer duration had more positive attitudes towards people with disabilities [14].

In the workplace, more agreeable people had more positive communications with people with disabilities [12]. Further, disability support services for establishing and facilitating positive communications in the workplace reduce the risk of social exclusion for employees with disabilities [13]. Additionally, Ref. [15] found that employers sometimes have concerns about employing people with disabilities. In the case of women with disabilities, some employers report concerns about overprotective families (i.e., family members monitoring the whereabouts of the woman, to ensure her safety), an issue that can interfere with the woman's employment [15,16].

In a study of attitudes towards people with disabilities in the health sector, Ref. [17] found that negative attitudes of healthcare providers towards people with disabilities hindered rehabilitation whereas positive attitudes led to more successful rehabilitation. Other factors that may be associated with attitudes towards people with disabilities included educational background and religious beliefs. Nevertheless, this study in Saudi Arabia found that healthcare professionals reported similar positive attitude towards people with disabilities as do their healthcare counterparts globally [17].

Most research addressing attitudes towards and communication with people with disabilities has been conducted in Western, industrialized countries and cultures (see previous citations, above). Very little research has investigated these issues in a Middle Eastern country or culture, in general, or in Saudi Arabia, specifically. The objective of the current research, therefore, was to investigate attitudes towards and communications with people with disabilities in Saudi Arabia. We secured self-report data from Saudi Arabian adults to provide an initial, empirical assessment of attitudes towards and communications with people with disabilities in Saudi Arabia.

2. Methods

The current study surveyed with convenience sampling Saudi Arabia adults residing in one of several provinces. We secured self-reports of attitudes towards and communications with people with disabilities and also explored how these attitudes and communications might affect people with disabilities (see following sections for details on the survey).

2.1. Participants

In total, 236 respondents participated. Participants comprised a convenience sample identified via word-of mouth and snowball sampling. There were no inclusionary criteria,

other than current Saudi Arabian citizenship and residence. We secured information on several participant demographic variables, including gender (male, female), disability status (disabled, non-disabled), and age (young, old). Table 1 presents a summary of the available demographic characteristics for the sample. Females, non-disabled people, and individuals older than 60 years comprised the majority of the participant sample. A limitation of this sample is that participants older than 60 years and participants without a disability comprised more than half the sample.

Table 1. Available demographic characteristics for the study sample.

Variable	Attribute	Total
Gender	Male	95
	Female	141
	N	236
Age	Less than 20 years	41
	21–30 years	52
	31–40 years	21
	41–50 years	9
	51–60 years	13
	Older than 60 years	100
	N	236
Disability	Disabled	18
	Non-disabled	218
	N	236

2.2. Data Collection Tool and Procedures

No existing measure included items addressing precisely the issues we intended to explore in the current research. Thus, the data were collected with a self-report survey developed for this study (see Appendix A), with items assessing attitudes towards and communications with people with disabilities, along with items assessing perceptions of the effects of these attitudes and communications on people with disabilities. These different assessment domains will be addressed in the Results, which will refer to responses to items assessing culture, attitudes, and communications analyzed in interaction with participant demographic variables. We constructed the items to secure specific information we were interested in assessing in the context of the current research. Because this survey was constructed specifically for this study, there is no previous psychometric information to report. Moreover, we analyze responses to individual items included on the survey. We do not combine items into a general scale or into sub-scales and, therefore, we do not report psychometric information (e.g., reliability, validity). Such psychometric information is not relevant given that we are interested in responses to specific items constructed for the purposes of the current research.

The survey was administered online, and prospective participants were identified through emails and social media. The survey included a section assessing participant demographic information, including gender, disability status, and age. Participants provided informed consent prior to participating. This research was reviewed and approved by the Scientific Research Ethics Committee at the University of Jeddah (application number UJ-REC-236, approval date 3 April 2024). The online survey was conducted during six days (30 May 2024–5 June 2024) between 8:00 am and 11:00 pm, to accommodate respondent availability. Nominal monetary compensation was provided after study completion.

3. Results

Descriptive and inferential statistics were used to analyze the data, as reported below. The first section presents the results of the descriptive analyses for the survey items (see Table 2), and the second section presents the results for the inferential analyses for selected items linked to attitudes, communication, and effects on people with disabilities as a function of three demographic variables. In the case of inferential analyses, a *t*-test for independent mean differences was used, with α set to 0.05 (two-tailed; see Table 3). We provide discussion and commentary on these results in the Section 4.

Table 2. Descriptive summary of survey items.

Code	Question	Mean	Md	SD
Q1	My heart goes out to people in wheelchairs.	4.29	5	0.84
Q2	I feel sympathetic toward people who are visually disabled.	3.60	4	0.72
Q3	I try to be sensitive while communicating with people with disabilities.	3.27	3	0.69
Q4	I assume that people with disabilities deserve special consideration.	3.27	3	0.89
Q5	People who look or act differently scare me.	3.09	3	0.91
Q6	I sometimes think that people who claim to have emotional problems are faking it.	3.24	3	0.78
Q7	I tend to talk with people with disabilities in a different tone of voice.	3.17	3	0.81
Q8	People with disabilities should be spoken to normally.	3.41	3	0.85
Q9	I tend to be more patient while communicating with people with disabilities.	3.36	3	0.82
Q10	I get angry more quickly at people with disabilities.	3.11	3	0.92
			Yes	No
Q11	Disability discrimination is not a big issue.		153	84
Q12	I understand that how I communicate with people with a disability affects them.		133	103

3.1. Descriptive Analysis

Table 2 presents a descriptive summary of responses to the survey items. Apart from Q1, which had a mean response of 4.29 (linked to attitude and in agreement with the item), the other items generated a mean response of about 3.30. Item Q11, which is linked to the effects of attitudes towards people with disabilities, had a strong response of “yes”.

3.2. Inferential Analyses

In this section, we present the results of *t*-tests for independent means for items according to three categorical variables [gender: male vs. female, disability status: disabled vs. non-disabled, and age group: younger (40 years and below) vs. older (41 years and older); categories constructed to provide relatively equally sized groups] with alpha set to 0.05 (two-tailed). To focus the results, we investigated responses to survey items that specifically reference attitudes (Q1), communications (Q3), and possible effects on people with disabilities (Q11), as shown in Table 3.

Table 3. Effects of gender, disability status, and age on attitudes, communications, and possible effects.

Attitudes			
	Degree of Freedom	t-Value	p-Value
Gender Males vs. Females N = 236	234	−2.987	0.003
Disability Status Non-Disabled vs. Disabled N = 236	234	−2.368	0.018
Age Young (40 years and below) vs. Old (41 years and above) N = 236	234	0.636	0.525
Communications			
	Degree of Freedom	t-value	p-value
Gender Males vs. Females N = 236	234	−3.715	0.0002
Disability Status Non-Disabled vs. Disabled N = 236	234	−1.666	0.097
Age Young (40 years and below) vs. Old (41 years and above) N = 236	234	−1.000	0.318
Possible Effects			
	Degree of Freedom	t-value	p-value
Gender Males vs. Females N = 236	234	1.224	0.221
Disability Status Non-Disabled vs. Disabled N = 236	234	1.370	0.171
Age Young (40 years and below) vs. Old (41 years and above) N = 236	234	0.569	0.569

As displayed in Table 3, with regard to attitudes, significant differences were identified for gender and disability status but not for age. With regard to communications, a significant difference was identified for gender but not for disability status or age. And with regard to possible effects, no significant differences were identified for gender, disability status, or age.

4. Discussion

The descriptive and inferential analyses provide different summaries of the results, highlighting the utility of using two different forms of analyses. One reason for differences in the results across the demographic variables may be the unbalanced sample sizes for the categorical variables. For instance, our convenience sample included more participants without disabilities than participants with disabilities. This may produce bias if there are distinct values and beliefs of the different participant groups.

4.1. Attitudes Towards People with Disabilities

The results for gender and disability status suggest minimal impact on attitudes towards people with disabilities in Saudi Arabia. Males and females, as well as people with disabilities and people without disabilities, agree that attitudes towards and communications with people with disabilities could affect their well-being. These effects could be associated either with positive or negative attitudes towards people with disabilities. Males and females were equally empathetic towards people with physical disabilities [see also [18]]. In the current study in Saudi Arabia, age was not associated with attitudes towards people with disabilities, which is interesting because we might have anticipated different attitudes depending on participant age. Consistent with the current results, Ref. [19] found that Middle Eastern attitudes towards people with disabilities did not vary with participant age; that is, respondents 60 years and younger did not differ in their attitudes towards people with disabilities from those older than 60 years. One accounting of attitudes towards people with disabilities in different age groups might recognize the relevance of religious beliefs. This is explained by a model whereby disability is viewed as a pathological individual problem, disability is linked to supernatural beings, and worldly efforts cannot address these issues [20]. In Saudi Arabia, the majority religion is Islam. According to the Saudi Arabia 2022 International Religious Freedom Report, 85–90% of the approximately 21 million Saudis are Sunni Muslims, and Shia Muslims comprise 10–12% of the population. Thus, although males and females, as well as those of different disability statuses, may believe that age is associated with attitudes towards people with disabilities, the expressed views are different (i.e., revealing lack of impact of attitudes on those with disabilities) due perhaps to cultural and religious beliefs that affect different age groups similarly. On the issue of attitudes, additional factors, such as personality traits, might be considered in future research.

4.2. Communications with People with Disabilities

Disability status and age did not predict communications with people with disabilities, in contrast to a few results for gender. One possible reason for these results is that there are gender differences in communicating with people with disabilities [21]. Women are more empathetic than men towards people with disabilities, perhaps because of how they would otherwise be perceived by others or perhaps because of genuinely greater empathy of women towards people with disabilities [21]. Disability status and age, on the other hand, did not predict communications with people with disabilities. We might have assumed that disability status would predict communications with people with disabilities. This unexpected result might be explained by the existence of different physical and cognitive disabilities that this study did not distinguish. For example, many people do not know sign language to allow efficient communication with people who have difficulties with hearing [22]. Only a small percentage of a given population report people with disabilities in their immediate families or close social circles [23]. Thus, instead of attempting to communicate with people with disabilities, they may abstain from doing so because they do not know how to do so effectively [22]. Also, regarding communicating with people with disabilities in the workplace, people tend to use the most accepted or available approach (if any are available) and are unlikely to invest in special (and more effective) means of communication [23].

4.3. Possible Effects on People with Disabilities

The current study in Saudi Arabia considered whether attitudes towards people with disabilities might affect their quality of life. Based on the results, gender, disability status, and age do not affect assessments that discrimination is an important issue. A possible explanation for these results might be found in cultural and religious beliefs—especially the belief that disability is divinely orchestrated—and, hence, nothing much can be done. In such cases, men and women, people of different age groups, as well as the non-disabled and disabled, should think this is the case—and this may account for the null results in the

study [18]. Thus, regarding possible effects on the quality of life of people with disabilities, any effects of gender, age, and disability status may be overwhelmed by cultural and religious beliefs. Future research might investigate this possibility.

5. Conclusions and Limitations

We identified mixed results regarding the impacts of attitudes towards and communications with people with disabilities in Saudi Arabia. The inferential analyses produced varying results that prevent a clear conclusion regarding the effects of attitudes towards and communications with people with disabilities on their quality of life. We noted a limitation of the current research in the variable numbers of participants in the different demographic categories. A possible direction for contextualizing the current results is to consider cultural and religious beliefs and their roles in facilitating and maintaining attitudes towards and communications with people with disabilities. Several of the findings might be clarified with reference to culture or religion, taking into account how Islam traditionally views disability (i.e., that it is divinely orchestrated) and noting that few participants report having family members or close friends with disabilities (i.e., little to no direct knowledge of disability). Therefore, we can offer no conclusive statements regarding the effects on quality of life for people with disabilities in Saudi Arabia of attitudes towards or communications with people with disabilities. What we can suggest is a continuing need for educating people about disabilities and the challenges of people with disabilities, in Saudi Arabia and elsewhere.

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Institutional Review Board Statement: Ethical approval was obtained by the Scientific Research Ethics Committee of King Abdulaziz University, protocol 4527929, date of approval: 10 March 2023.

Informed Consent Statement: Informed consent was obtained from all individual adult participants included in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author.

Conflicts of Interest: The authors declare they have no conflicts of interest.

Appendix A

Please indicate the extent to which you agree or disagree with the following statements by ticking the response which matches your opinion.

Item	Statement	Strongly Agree (5)	Agree (4)	Undecided (3)	Disagree (2)	Strongly Disagree (1)
1	My heart goes out to people in wheelchairs.					
2	I feel sympathetic toward people who are visually disabled.					
3	I try to be sensitive while communicating with people with disabilities.					
4	I assume that people with disabilities deserve special consideration.					

5	People who look or act differently scare me.
6	I sometimes think that people who claim to have emotional problems are faking it.
7	I tend to talk with people with disabilities in a different tone of voice.
8	People with disabilities should be spoken to normally.
9	I tend to be more patient while communicating with people with disabilities.
10	I get angry more quickly at people with disabilities.

Please answer the following questions with a Yes or No.

11. Disability discrimination is not a big issue. _____ Yes ____ No

12. I understand that how I communicate with people with disability affects them. _____ Yes ____ No

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