Healthcare Professional Attitude and Social Support: How Do They Affect the Self-esteem of Physically Disabled People?

Farhana Fakhira Ismail¹, Zaswiza Mohamed Noor², Siti Mariam Muda³, Norny Syafinaz Ab Rahman¹,⁴

¹Department of Pharmacy Practice, Kulliyyah of Pharmacy, IIUM Kuantan, Pahang, Malaysia, ²Faculty of Pharmacy and Health Sciences, UniKL Royal College of Medicine Perak, Malaysia, ³Kulliyyah of Nursing, IIUM Kuantan, Pahang, Malaysia, ⁴Qualitative Research-Methodological Application in Health Sciences Research Group, Kulliyyah of Pharmacy, International Islamic University Malaysia, Kuantan, Pahang, Malaysia

Context: The attitude of healthcare professionals and social supports give big influence toward self-esteem of physically disabled people. Aims: To explore how impairments could affect the self-esteem of physically disabled people and how healthcare professionals and social support boost their self-esteem. Materials and Methods: This study was conducted qualitatively whereby face-to-face interviews were conducted among 10 participants with physical disabilities. Participants were recruited from two rehabilitation centres in Kuantan, namely Community-based rehabilitation and rehabilitation, occupational therapy, and physiotherapy of public hospital in Kuantan. Interviews were conducted using the developed interview guide that explored on the disabled peoples’ self-esteem and motivation, feelings toward attitude of the healthcare professionals, and satisfaction toward the physical, services, and social support from the healthcare professionals. Thematic analysis was done to identify the themes emerged from the interview transcripts. Results: Five males and five females with age ranging from 31 to 58 years were interviewed. Five are still working or studying post impairments. Participants claimed being low self-esteem resulted from negative perception from the society, issue of rejection, being discriminated, and difficulty in getting support from the society. Most of the participants asserted that they gained their motivation and self-esteem due to the continuous support from various groups, such as their spouses, family members, colleagues, employers, and healthcare professionals. Conclusions: Despite heavy workload and stressful working environment, positive attitude showed by the healthcare professionals is highly praised. Hence, this will indirectly improve the self-esteem, motivation, and rehabilitation progress of physically disabled people.

Keywords: Healthcare professional, physical disabled people, self-esteem, social, support

Submitted: 31-Dec-2019
Revised: 20-Apr-2020
Accepted: 18-May-2020
Published: 05-Nov-2020

INTRODUCTION

People with disabilities (PWD) refer to people with impairments, which may include physical, sensory, or mental impairments (also known as intellectual impairments).[1] Due to their impairments, PWD will have activity limitations and participation restrictions. Consequently, it is common that PWD often face difficulties and require support from their surroundings. There are two major factors that may affect an individual’s quality of life, namely the environmental and personal factors.[2] These two factors can be either helpful or harmful to a particular person. The environmental factors include product and

Address for correspondence: Dr. Norny Syafinaz Ab Rahman, Kulliyyah of Pharmacy, International Islamic University Malaysia, Jalan Sultan Ahmad Shah, Bandar Indera Mahkota, 25200 Kuantan, Pahang, Malaysia. E-mail: norny@iium.edu.my

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Ismail FF, Mohamed Noor Z, Muda SM, Ab Rahman NS. Healthcare professional attitude and social support: how do they affect the self-esteem of physically disabled people?. J Pharm Bioall Sci 2020;12:5681-90.
technology, natural and built environment, systems, government policies, relationships, attitudes, and cultures. Whereas, personal factors such as motivation and self-esteem influence the way a person participates in society. One of the environmental factors that would increase the quality of life is attitude. Attitude can be defined as belief, which will lead to either positive or negative reactions. It has three components, which are affective, behavioural, and cognitive.

Due to the impairments faced by PWD, they keep on having challenges in many areas of their lives, and many of these challenges involve the attitudes of people. The attitude involves the way we think or feel about certain people or situations. It is a product of beliefs, feelings, dispositions, and values. Life experiences, including the relationships that we build with people around us, would able to shape an individual's attitude. For example, by having family members, close relatives, or friends who are disabled would affect their attitude toward PWD. It was reported that 29% of PWD would like to see a change in the general public's attitudes, 23% would like to see a change from the local authority or government staffs, followed by 23% demand a change from the health and social care staff.

These findings were supported by previous studies, which asserted that PWD were not receiving sufficient support from the healthcare professionals. According to the Disability Rights Education and Defence Fund Report (2007), PWD were facing bad treatment, inadequate and denied care from the healthcare professionals. This happened due to the lack of knowledge and professional training. Healthcare professionals were not equipped with sufficient skills to handle PWD. This aspect was not emphasized since PWD are considered as a minority group. As PWD are having limitations and participation restrictions, the support from various groups should be given to them. One of the support groups, which is very crucial in helping PWD in terms of their self-esteem and motivation, is the healthcare professionals.

Thus, this study aimed to explore how impairments could affect the self-esteem of physically disabled people and how healthcare professional and social supports boost their self-esteem.

**Subjects and Methods**

PWD were identified, approached, and invited to participate in this qualitative research. Face-to-face in-depth interviews were conducted with 10 PWD. The participants were recruited using purposive sampling method. Only people with physical impairment were chosen in this study as they can respond well to the interview questions. Hence, those with sensory and cognitive impairments such as mental illness or learning disabilities were excluded from this study.

The number of respondents was determined once the data saturation was achieved. Therefore, the number of respondents was considered enough when there were no new themes or patterns generated. Interviews were conducted using an interview guide developed by taking into consideration findings from previous researches. Based on the research questions, open-ended and semi-structured questions were prepared to give the opportunity to the respondents to freely give their opinions and express their feelings. Probing questions were included in the interview guide. These probing questions were used during the interview session when the participants did not respond to the initial question given. Part 1 of the interview asked about the background of respondents in terms of their family, education, and job. Part 2 of the interview guide focused on the support from healthcare professionals and how the respondents feel about the attitude of the healthcare professionals. The interview guide also explored how they feel about attitude and treatment in the healthcare settings that give an impact toward their self-esteem and motivation. Part 3 of the interview guide was focused on the support from healthcare professionals and how the respondents feel about the attitude of the healthcare professionals. The interview guide also explored how they feel about attitude and treatment in the healthcare settings that give an impact toward their self-esteem and motivation.

The interviews were audio-taped and transcribed verbatim. The transcripts were evaluated using thematic analysis. This study was registered under the National Medical Research Register (NMRR) with registration number of NMRR 16-2479-33732 and was approved by the Medical Research Ethics Committee.

**Results**

Ten participants (aged 31–58) were involved in this study. Five of them are male and another five are female. All participants have different types of disability, but all of them are physically impaired. The seven major themes emerged are shown in Table 1 with the selected quotations from the interviews. All themes contribute to PWDs’ self-esteem and motivation.

**Theme 1: Being a PWD affect self-esteem and motivation**

**Self-esteem**

Participants were asked about their feelings toward themselves. Most of the participants described their feelings related to the day they were amputated or having the impairments. Self-esteem is classified as either they were having low or high self-esteem. The thought of committing suicide is one of the consequences resulting
**Table 1: Selected excerpts from interviews according to different themes**

### Being a PWD affect self-esteem and motivation

**Self-esteem**

“(You became a dead wood. There was a lot of pressure on me, tension, a lot of stress. Even thought of committing suicide . . .)” (Raj; 54 years old; both legs were amputated)

“I am sorry to say this. This society, when they see disabled people, they feel something is wrong. Then our confidence level gone. Actually disabled people are better than normal people. Society looks down on us.” (Amir; 31 years old; paralysed from waist and below).

**Motivation**

“I’ve been sitting for the past two years, tomorrow when I can stand up. Maybe I will try to get 1 or 2 steps, don’t talk about walking, don’t talk about running now. Stand up first. When we were born, we couldn’t turn our body left and right, so now I’m learning what I do 56 years ago. . . . I need to put it into practice.” (Raj; 54 years old; both legs were amputated)

“Can, even go to the gym also can. Slowly. Actually it depends on us. Our own selves, need to be high spirited. When we are not motivated, even if the facilities are there, we won’t do it.” (Shaharuddin; 41 years old; one leg amputated).

### Sensitivity and care

**Emotional disturbance**

“Because I’ve seen 2 days, 3 days after the amputation, they are gone, they passed away. I tell you, it’s not easy. It’s not easy. Because it only can be felt by a person who has gone through it. We can say it is painful, but people won’t know.”. (Raj; 54 years old; both legs were amputated).

**Employment**

“Like in Japan, Japanese people even give work to disabled people. Here, they do not want to take disabled people” (Amir; 31 years old; paralysed from waist and below)

**Dependency**

“If I want to drink water, somebody must hold the glass for me. If I want to get up from bed, somebody must take me, my wife takes me to my bath, I couldn’t sit at the toilet bowls, I’m not shy to say this. Somebody used to hold urine can for me. I used to pass motion on the bed.” (Raj; 54 years old; both legs were amputated)

**Inaccessible to healthcare**

“The reason is because, there is no doctor. There was one doctor suggested to go to HKL. Indeed, it is very good over there, because they have special building for neuro. But, because it is too far, plus I am disabled, I need to drive by my own, I feel like I am not ready yet. So need to be with the doctor here . . .” (Asiah; 33 years old; paralysed one whole body)

### Challenges faced by PWD

**Emotional disturbance**

“Feeling, indeed I am crying. don’t know, don’t know how to say it, and I cannot think properly.” (Rahmah; 53 years old; paralysed from waist and below, post incidence of stroke)

**Employment**

“Like in Japan, Japanese people even give work to disabled people. Here, they do not want to take disabled people” (Amir; 31 years old; paralysed from waist and below)

**Dependency**

“I am sorry to say this. This society, when they see disabled people, they feel something is wrong. Then our confidence level gone. Actually disabled people are better than normal people. Society looks down on us.” (Amir; 31 years old; paralysed from waist and below)

**Inaccessible to healthcare**

“The reason is because, there is no doctor. There was one doctor suggested to go to HKL. Indeed, it is very good over there, because they have special building for neuro. But, because it is too far, plus I am disabled, I need to drive by my own, I feel like I am not ready yet. So need to be with the doctor here . . .” (Asiah; 33 years old; paralysed one whole body)

### Negative and positive support toward PWD

“Our society, they think disabled people cannot do anything. It’s wrong. Not only teenagers, even elderly, they are afraid with disabled people. Not only kids. Some teenagers are fine. But some, even worse, do not want to come near to disabled people. They even run away, they afraid of being infected.” (Amir; 31 years old; paralysed from waist and below)

“But I’m very grateful to my family, my wife. My children, they are the one who really supported me, my son actually. Especially my son. He’s the one who put a lot support, courage, he told me, “you’ve gone so many things in life, why are you giving up so easily?” (Raj; 54 years old; both legs were amputated)

“One more thing, parents who have disabled children, even got disabled children, they don’t really care of their children. Even, their own child. Not really take a good care at all.” (Amir; 31 years old; paralysed from waist and below)

“I still got my allowance, even I go or not. Meaning to say it is my “rezeki” right. But I really feel, I am happy, I can meet my friends, my boss said like that to me, you can just come, means, no need to feel compelled, I come from 2 pm, until 4.30, then I go back. I feel happy. I did not feel confined, isolated from my friends.” (Rahmah; 53 years old; paralysed from waist and below, post incidence of stroke)
**Table 1: Continued**

| **Being a PWD affect self-esteem and motivation** |
|------------------------------------------------|
| “It was just the staffs. They said, just directly to me (imitation of crying tone), when I went to photocopy the documents, suddenly she asked, “you are already confirmed as OKU right, why do you bother to come to office, just stay at home”, she said like that. “If I were you, I just stay at home, OKU right?” (Asiah; 33 years old; paralysed one whole body) |
| *With our condition, for example we can no longer work. We don’t have financial support, that would make us more stress.”* (Shaharuddin; 41 years old; one leg amputated) |

**Health Professionals’ Attitude toward PWD**

| “Yup, Nurses, most of them are little bit show off.” (Amir; 31 years old; paralysed from waist and below) |
| “It was just the pharmacy department that I am dissatisfied, although, few of them are fine, there are few are fine, but there was also those who are not alert, with the environment, especially for those who came by using walking stick, wheelchair.” (Asiah; 33 years old; paralysed one whole body) |
| “I don’t think there’s any difference, just sometimes, few nurses, when their mood was not fine, when they are busy, they treat..not really good” (Kamarul; 31 years old; one leg amputated) |
| “The only difference between new staffs and old staffs, was experience, that’s all.” (Shaharuddin; 41 years old; one leg amputated) |

**Hospital’s Facilities and Services for PWD**

| “Here, toilet and everything are like usual. It is fine. Like in our hospital got toilet for PWD, it is fine. So far, the facilities are enough. Not really advance, and not really bad.” (Shaharuddin; 41 years old; one leg amputated) |
| “I think for toilet.. is a bit lacking, the problem is we are PWD, it must have, that place for (showing the sign of holder). But few toilets have it. Just at this area, I come over and over, really not fine. Must have hanger to support, we don’t have it here, we don’t have it in this area. But they have it at the other side.” (Rahmah; 53 years old; unable to walk and move, post-incidence of stroke) |
| “This hospital needs more improvements for patient’s facilities, means that not all right, for patient’s facilities, means that not all patients can walk, so for patients who are, for the routes, should have it (mentioning about the ramp), from one place to another, for here, from here to there, there are routes for those who are using wheelchair, no problem at other places.” |

**Implication of Attitude and Services toward PWD**

| “when we encounter these kind of people, we as patients will feel really demotivated, feel like myself is useless” (Asiah; 33 years old; paralysed one whole body) |
| “Quite a long time I did not go to physio, because one thing is the parking was so difficult to find, because now my dad was gone, no one can send me there, it was difficult to find the parking spots.” (Mei Mei; 30 years old; paralysed from waist and below) |
| *That is the thing that sometimes makes patients are lazy to see the doctors. Changing doctors. Perhaps, government is indeed like that. Not like private, they fix with one doctor . . .”* (Asiah; 33 years old; paralysed one whole body) |
| “Yaa, because you see the way you talk to you, they interact with you, gives you self-confidence. It gives you self-confidence. When every people tell you. Don’t worry, we are here. There’s a small boost up, the next time you hear it again, it boosts you up a bit.” (Raj; 54 years old; both legs were amputated) |

*After I came here (PDK) and join the activities, I am able to learn, I can wear clothes which have button by myself, I can loosen up the buttons. So I can be independent a lot. So I can accept the fact this is a test. So I already feel, happy now, not like before,*

from a low self-esteem attitude. Having low self-esteem might be due to external pressure. One participant experienced a lot of pressure due to his limitation to move around as both of his legs were amputated.

On the other hand, another participant mentioned about the negative perception from the society that lowers down his confidence level. The participant was diagnosed with impairment since birth and he highlighted the issue of rejection by the society. They can feel the negative stigma from the society, which then led to loss of confidence. In addition, another participant reported to have the feeling of fear within herself. She needs to use the wheelchair due to the latest fall that affected her hips and made her unable to walk.

**Motivation**

The participants are identified to having a low or high motivation for doing or achieving something in their life. The high motivation is clearly described by some of the participants. Those participants with high motivation were also identified when they have clear vision, especially in terms of their vision to achieve in their life.

Most of the participants asserted that they gained their motivation and self-esteem due to the continuous support from various groups, such as their spouses, family members, colleagues, employers, and the higher authority.

**Theme 2: Sensitivity and care**

**Frustration and hope**

The participant described his loneliness while facing difficulties when he mentioned that other people could not feel the pain that he felt. The same participant indirectly expressed his difficulties as PWD when he was asked about his hope for the society. The participant used his lower tone and sad voice while expressing his hopes for the society. His eye contacts showed his
sincerity and all the statements were really expressed from his heart. His inner voice regarding treatments toward PWD is hoped to be heard by the community.

**Disappointment**

One of the participants asserted about being discriminated by the society. The participant looked mad and increased his voice tone when he mentioned that some people were afraid of being infected. He also mentioned that as one among the disabled people, he just wants to be accepted by the society. The participant looked sad and extremely disappointed when he mentioned that the society did not understand what they want.

**Hopeless**

One of the participants shared about her difficulties to walk. This participant suffered from multiple sclerosis and had a history of brain tumour. She underwent an operation to remove one part of her brain which later made her unable to control her balancing. She mentioned about her hope to walk like a normal person.

While mentioning about her hope to recover, she knew that she would not have the opportunity to fully recover from multiple sclerosis. The participant showed sad facial expression and her tone of voice expressed her acceptance toward the reality (that the chance to recover is minimal). Then, she added that it is fine if she is able to walk normally again, hence she will not be troubling other people.

Another participant mentioned about his feelings after being amputated. Being amputated with both legs was really difficult for him, and he described it with the statement being in the jail is better. This statement showed that he is trapped in his own body and being unable to move and walk like other people is worse than being jailed.

**Dependency**

One of the participants expressed her feelings of being demotivated and pressured since she could not move properly after having a stroke. She also asserted her dependency on other people, as she could not do most of her daily routines by herself.

A heavy psychological burden was clearly shown when she mentioned that she was always crying. She was also unable to describe the feeling of demotivation and pressure that she felt. The pain and burden were indeed unbearable.

**Theme 3: Challenges faced by PWD**

**Emotional disturbance**

Psychological and emotional disturbances were among of the challenges faced by PWD due to their impairment. Another participant experienced so much pressure to the extent that he wanted to commit suicide due to the unbearable pressure (as explained in Theme 1).

**Employment**

One of the participants was diagnosed with a disability since birth and unemployed mentioned about the employment problem faced by PWD. Based on the previous literatures, no opportunity in education and employment problem were some of the main challenges faced by PWD. These two factors then led to poverty among PWD.

**To rely on other people**

Besides that, being dependent on other people is also one of the barriers encountered by PWD. Due to the limitation faced by PWD, they tend to rely on other people to perform their daily routines.

**Inaccessible to healthcare**

One participant admitted that she was unable to access her preferred healthcare setting due to her limitation as a disabled person. She highlighted that the main problems were the distance and also the need for her to drive on her own. The transportation problem is one of the barriers for PWD to access the healthcare setting.

**Restriction to achieve goals**

This participant asserted about his goal and the restriction due to his mobility problem. This participant expressed his goal was to be an engineer and was about to apply for a competency license. However, one of the requirements in obtaining the license is that he must be physically fit. He expressed his restriction to achieve what he wanted to was due to his mobility impairment. This participant was amputated when he was involved in an accident a few years ago.

**Theme 4: Negative and positive support toward PWD**

**Community Support**

One of the participants mentioned that he receives poor support from the community. In addition to that, one of the participants claimed that she was offended by the attitude of the society. The negative attitude affected her feeling about herself. She was offended even though she initially was able to accept her condition.

**Family support**

Although the negative perception from the society exists, the participants asserted that they receive good and significant supports from the family members. However, one of the participants with a disability since birth mentioned about the poor family support given to the PWD.
Employers’ support
For the participants who worked before they have the impairments, they also mentioned about the support from their employers. The opportunity to continue working gave a big impact to this participant as she highlighted that she was able to meet her friends and engaged with the society. Her participation in the society contributed to her happiness.

Colleagues’ support
The negative attitude received at the workplace is also claimed by one of the participants, when she was still working previously.

Friends’ support
Based on the previous literatures, besides family, the support from friends was also very crucial to the PWD. Receiving support from his friends, this participant claimed that his motivation and spirit were good. He also mentioned that he was not suffering from depression. Depression is one of the consequences of having a low self-esteem attitude. A person with low self-esteem tends to be depressed and have the feelings of anxiety and uncertainty. This will be discussed more within the scope of self-esteem in the Discussion section.

Financial support
Financial condition also helps in reducing the pressure faced by the physically disabled people. One of the participants emphasized the importance of financial support, which really helped him to cope with difficulties. Having a stable financial condition is one of the factors that lead to high self-esteem attitude. The people with high self-esteem will be able to cope with difficulties.

Support from other PWD
The participants also mentioned about the support received from other PWD who were facing the same challenges. The support from this group affected their motivation significantly. In addition to that, this participant reported to be motivated when he realized that other disabled persons’ impairment is worse than him.

Theme 5: Health professionals’ attitude toward PWD
The participants were asked about their opinions with regard to the attitude of healthcare professionals toward the PWD. Some of the participants claimed that there were negative attitude displayed by certain professionals. Despite a few negative attitudes claimed by the participants, majority of the participants claimed that there is positive attitude displayed by the healthcare professionals. Another participant also asserted that she has no problem with regard to the attitude of the healthcare professionals. A few participants admitted that the senior healthcare professionals were advanced in terms of their experience and knowledge.

Theme 6: Hospital’s facilities and services for PWD
The satisfaction of PWD toward the services and facilities provided by the centre at the public hospital were investigated. The services include the waiting time and medical services given by the healthcare professionals. Meanwhile, the facilities include the toilets, elevators, and appropriate signage. Almost all participants complained about the parking problem in the public hospital. One of the participants complained about the change of doctors at every appointment he attended and he had to repeatedly inform them about his own medical history at each appointment. The frequent change of doctors lead to improper medical management, since no specific doctors are in charge for specific patients.

The problem of the number of ramp and necessity of preparing a bed as mentioned by the participants shall be addressed accordingly to the higher authority.

Theme 7: Implication of attitude and services toward PWD
One of the participants mentioned that the negative attitude displayed by the healthcare professionals had caused them to feel useless. Besides that, one of the participants claimed that she was unable to access into the public hospital due to the parking limit problem. Unfortunately, she was not able to attend her physiotherapy session.

Despite the problems with the system or facilities, a factor that has made patients feel motivated is the attitude of the healthcare professionals. A few participants claimed that the healthcare professionals treated them in a good manner. Hence, it gave an impact on how they feel about themselves.

The attitude is reflected during the interaction, and this participant admitted that his self-confidence increases due to the favourable attitude showed. Another participant mentioned that she is happy to go to the hospital due to the positive attitude showed by the healthcare professionals.

One of the participants claimed that she gained a lot of knowledge from the healthcare professional, which helped her a lot in improving her mobility and gave an impact toward her self-esteem, as she was then able to accept her impairment.
**DISCUSSION**

**Facilities and services provided by public hospital**

The quality of the medical and rehabilitation services is influenced by the attitude toward PWD. Seven out of 10 respondents complained about the parking problem at the public hospital. Besides that, some of the problems claimed by the respondents were the long waiting time, horrible third class wards, poor system of keeping medical records (lead to problem of missing medical records), overcrowded patients, inadequate medical staff, and changing doctors during every appointment contributed to improper medical management. Some of these problems affected the physically disabled people, which demotivate them to turn up for their scheduled appointments.

A systematic review done by Basu et al. compared the services provided in the public and private sectors in the low- and middle-income countries. The review found that the patients preferred the private hospitals because of the shorter waiting period, flexible opening hour, and availability of staff.

A study related to the challenges in the healthcare setting in Malaysia conducted by Thomas et al. reported that the general medical and nursing cares are provided in the small district hospitals; meanwhile, the larger district and regional hospitals provide a wide range of specialist services. In addition, the cheap payment of RM 1 makes the public hospitals accessible to the society. Therefore, playing a role as one of the regional hospitals, the issue of overcrowded patients is a common scenario at public hospitals. One of the respondents mentioned that the overcrowded patients issue led to a limited time acquired by the physiotherapists attending their patients. However, the situation is different in the private sector since it is only accessible to patients that could afford to pay for the services. According to Basu et al., the private hospitals tend to handle patients with higher income with minimal medical needs, meanwhile the private hospital is exclusive for the society who can afford expensive medical bills.

Hence, due to the easy accessibility in terms of cost, it has caused people to choose to come to the public hospitals for the services. This will impact the patients’ waiting time and parking problem. One of the respondents mentioned about the long waiting time at the outpatient pharmacy, even though there is a fast lane specified for the elder people and PWD. She expressed her frustration as she felt that the fast lane is not functioning and defeats the purpose in prioritizing the elder people and PWD. Hence, the effort of the pharmacy department to specify the fast lane for these vulnerable groups should be praised. However, even though there is a fast lane provided, the patients (PWD and elder people) still need to wait for long time.

However, despite the negative comments about the services and facilities provided at the public hospital, there are also some positive remarks received. One of the respondents claimed satisfactory toilets and other facilities in general. Meanwhile, comparing the current facilities with the old ones, one of the respondents was satisfied with the facilities provided. He mentioned that he was comfortable to use the toilet as the space inside the current toilet is bigger compared to the ones in the previous time. Hence, the improvement has been done in terms of the facilities at the public hospital as mentioned by the respondent.

**Self-esteem and motivation of physically disabled people**

Self-esteem is the psychological factor that improves the quality of life. Self-esteem can be defined as how much a person values, likes, accepts, feels, and appreciates himself or herself as an individual. Other than that, the self-esteem plays a big role in our achievement in life. Shyness, guilt, feeling inadequate, independency, helplessness, low self-confidence, complainer, reduced ability, tendency to downgrade others, and interpersonal problem are the characteristics of the people with low self-esteem. Losing the ability to perform daily activities can threaten one’s sense of self. Self-esteem and life satisfaction were lower in the physically disabled people compared to those without disabilities.

Regarding the employment problem, the society does not want to hire the PWD to work as asserted by one of the respondents who is disabled since birth. Employers were reluctant to hire PWD to work, even though the PWD were qualified as those applicants without disabilities. Hence, this situation clearly shows the discrimination toward PWD which may lead to high poverty rate among them. Similarly, in another study done by Liaqat and Akram, of the 80% of PWD living in the developing countries, 20% are living in poverty. The lack of social support from the society, in terms of opportunities in education and employment make the PWD become emotionally and psychologically disturbed.

Apart from the self-esteem of PWD, the motivation aspect was also investigated in this study. Motivation can be defined as the energy or drive that moves people to do something by nature. Eymur and Geban proposed three types of motivation, which are intrinsic motivation, extrinsic motivation, and amotivation. The
intrinsic motivation refers to the driving force to do something for his or her own pleasure and satisfaction. It is regarded as the highest level of motivation as it is completely within an individual. Meanwhile, the extrinsic motivation refers to the force to do something due to the external factors such as to obtain rewards and avoid punishments. Meanwhile, amotivation is defined as not having either intrinsic or extrinsic motivation.

One of the respondents emphasized that the most crucial support was from the family. Another respondent highlighted the same issue, when he asserted that the support from his family and friends made him motivated. Thus, the psychological support toward PWD gives a great impact. A previous study reported that the person with more psychological support is proven to be more capable in solving problems and able to cope better in stressful conditions. Also, they are able to interpret stressful situations as less stressful, unlike those people who received lack of psychological support. [17]

Receiving support from the surroundings enable the disabled people to improve their self-esteem. A respondent mentioned that he was able to accept his condition due to the support given by the family and friends. The positive self-esteem is proved to be associated with happiness, success, life satisfaction, and healthy mental. It is also associated with the ability to recover after being diagnosed with a severe disease. [9]

With the psychological support given by family and friends, as a headmaster, one of the respondents expressed his feeling of grateful to receive support from his staff and neighbours which plays as a driving force for him to build himself up. Then he started to do small exercises and kept on making efforts from time to time to improve his mobility. The findings in this study found that the PWD were not only receiving support from people around them, they also claimed to be motivated due to the support given by other PWD. Facing the same challenge makes them able to understand each other better. They exchange and share information about the achievement of other PWD around the world. In addition, after realizing that other PWD’s condition is worse than him, one respondent claimed to be motivated.

Apart from receiving psychological support from various groups, one of the important aspects to cope with the disability condition is the financial aspect. This is proven true when one of the respondents was able to view his condition as less stressful due to his stable financial condition (medical insurance that he took before he involved in an accident). The financial condition may influence the self-esteem of an individual. [18] People with high self-esteem would be able to deal with difficulties better compared to people with low self-esteem. [17,19]

However, it is undeniably true that negative attitude exists. One of the respondents who was diagnosed with a disability since birth claimed to receive rejection from the society. The negative perception affects his self-esteem, which he stated that he has no confidence due to the negative perception. The negative perception contributes to social isolation by PWD from the society and indirectly leads to economic burden and a heavy psychological burden. [20]

The same respondent highlighted the role of parents in taking care of their disabled children. He mentioned about the poor support given by some parents toward their disabled children. The exact cause of such situation is still unknown. However, a previous finding gives an insight about this matter. A study was done in Bhutan, where the majority of Bhutanese work in agricultural fields and farms. Due to their commitment toward their work for a living, they were unable to provide enough support and care to their disabled family members. [6] In addition, some of the problems encountered by the family members of disabled people was the need to work for fewer hours, and in some cases, they need to quit their job which leads to severe financial problems. [21] The unstable financial condition might contribute stress to the family. However, the factors which lead to the poor family support might vary and subjective, depending on the individual situations of the family.

Support from healthcare setting affects the self-esteem and motivation of PWD

One of the respondents expressed her satisfaction regarding the attitude of the healthcare professionals. She admitted to feel more positive and did not suffer from depression. Another respondent also claimed to gain self-confidence due to the positive attitude of the healthcare professionals. He appreciated the way the healthcare professionals communicate with him which improves his confidence level. This is supported by a previous finding, which stated that the attitude of the healthcare professionals gives a big impact to PWD. When they communicate, the attitude and feeling are reflected in their interaction. Positive attitudes increase the motivation and help them to recover. On the other hand, negative attitudes will lead to low self-esteem and motivation. [22]

Another respondent mentioned that she become less stressful due to the leisure conversation that she had with one of the physicians while waiting for the medical
record. The findings reported by Philips et al.\textsuperscript{[23]} emphasized that the PWD valued the healthcare professionals and social workers who had spent time to chat with them. This is because, the short and leisure conversation that they had, gives an impact to establish the sense of connectedness of PWD with other people. This respondent acquired her acceptance toward her condition when she is able to do a lot of daily activities independently. She admitted to gain a lot of knowledge from the healthcare professionals and able to learn how to perform daily activities on her own. She also mentioned that she felt happy as she is now able to accept her condition. This is supported by a study, which asserted that the self-esteem was found to be the most powerful and dominant factor of happiness.\textsuperscript{[9]}

Philips et al.\textsuperscript{[23]} reported that when asking the PWD about the most challenging aspect of life, the health and well-being are found to be the most challenging aspects for PWD.\textsuperscript{[3]} In a study done by Abdulwahab and Al-Gain,\textsuperscript{[22]} the negative attitude of the healthcare professionals could be one of invisible barriers that prevents the social integration of the disabled people. Physical, mental, and social health, and well-being are the important elements to engage in the community, whereby, health promotion is a crucial rehabilitation function for the health and well-being of people suffering from chronic illness and disability.\textsuperscript{[24]}

One respondent mentioned that he initially felt the positive impact on how he feels about himself, but he is now no longer feeling positive. According to him, he was having a difficulty to come for appointments due to the parking problem and he lived quite far from the public hospital. Moreover, the treatment or advice given by the physicians was very simple and did not meet his expectation. Based on his statement, it shows that there was no satisfactory relationship achieved with the physician. According to Rocque and Leanza,\textsuperscript{[25]} the patient–physician communication is important and favourable communication has been linked to many positive benefits such as higher quality of care, adherence to treatment, and better physical outcomes. Besides that, a good communication between patient and physician leads to the enhancement of physician–patient relationship. A good relationship will then develop a sense of trust toward the physician and encourage the patients to expose all their health-related issues to the physicians or any healthcare professionals. However, the authors further mentioned that there was a limitation to achieve the satisfactory physician–patient relationship as described earlier. The unavoidable limitation was the time constraints. Nevertheless, the discussion was limited to the physical symptoms and the psychosocial aspects were neglected. Besides that, the physicians tend to limit the social talk and asking fewer and closed-ended questions. This situation affected the patients and they reported to feel like a burden, feeling rushed, stressed, not properly listened to, and not having the opportunity to explain their story.\textsuperscript{[22]}

The increased number of patients led to the limited time of the health professionals spent with each patient. In contrary, in healthcare settings with fewer patients, the situation would be different. Fewer patients allow more time to be spent by the healthcare professionals, which leads to adequate communication and satisfactory physician–patient relationship. The same respondent also mentioned the difference between the public hospital and one of the rehabilitation centre, which he was able to spend 4 h for physiotherapy session, compared to just 20 min at the public hospital. Therefore, the fact of the high volume of patients indirectly affects the patients and healthcare professionals in many aspects. The high volume of patients leads to time constraints, and this later lead to the avoidance of psychosocial aspect of patients. In addition, another barrier that led to the failure of patients to adhere to attending treatment, appointment, or rehabilitation session is the transportation problem.

A respondent stated that no one was available to send her to the public hospital after her dad passed away. The problem worsens with the issue of the limited number of parking spots. The transportation problem encountered by this respondent is also supported by a finding reported by WHO,\textsuperscript{[9]} which stated that the cost and transportation are the two main barriers faced by PWD to access the healthcare services. Another respondent also mentioned that there were no parking spots available for PWD besides the physiotherapy or rehabilitation department. The improvement on the availability for PWD parking spots especially besides physiotherapy or rehabilitation centre might be helpful. This is because the physically disabled people usually go to these two centres for their treatment. Limited parking spots seemed to be very problematic especially for patients using wheelchair or walking stick.

**Conclusion**

Overall, the attitude of the healthcare professionals and services provided has the implications toward PWD either in terms of their self-esteem, motivation, or rehabilitation progress. A few problems claimed by the respondents should be addressed accordingly to the hospital’s management. However, the respondents did not deny and praised the positive attitude showed by the healthcare professionals.
Acknowledgement
Special thanks to all participants involved in the interview sessions and all staff of rehabilitation department, HTAA and PDK.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

REFERENCES
1. World Health Organization. World report on disability. 2011. Available from: www.who.int/disabilities/world_report/2011.
2. Perry T. Recreation student attitudes towards persons with disabilities: considerations for future service delivery. J Hosp Leisure Sport Tourism Edu 2008;7:4-14.
3. Aiden H, McCarthy A. Current attitudes towards disabled people. Available from Scope about Disability 2014; https://www.scope.org.uk/Scope/media/Images/Publication%20Directory/Current-attitudes-towards-disabled-people.pdf?text=pdf.
4. Krahn GL, Walker DK, Correa-De-Araujo R. Persons with disabilities as an unrecognized health disparity population. Am J Public Health 2015;105(Suppl 2):S198-206.
5. Disability Rights Education and Defense Fund 2007. Available from: http://dredf.org
6. Dorji S, Solomon P. Attitudes of health professionals toward persons with disabilities in Bhutan. Asia Pacific Disabil Rehab J 2009;20:32-42.
7. Basu S, Andrews J, Kishore S, Panjabi R, Stuckler D. Comparative performance of private and public healthcare systems in low- and middle-income countries: a systematic review. PLoS Med 2012;9:e1001244.
8. Thomas S, Beh L, Nordin RB. Health care delivery in Malaysia: changes, challenges and champions. J Public Health Afr 2011;2:e23.
9. Mann M, Hosman CM, Schaalma HP, de Vries NK. Self-esteem in a broad-spectrum approach for mental health promotion. Health Educ Res 2004;19:357-72.
10. Liaquat S, Akram M. Relationship between self-esteem and social anxiety among physically handicapped people. Int J Innovat Sci Res 2014;9:307-16.
11. Omolayo B. Self-esteem and self-motivational needs of disabled and non-disabled: a comparative analysis. Journal of Alternative Perspectives in the Social Sciences 2009;1:449-58.
12. Nosek MA, Hughes RB, Swedlund N, Taylor HB, Swank P. Self-esteem and women with disabilities. Social Sci Med 2003;56:1737-47.
13. Heydari A, Mashak R, Darvishi H. Compare of the self-efficacy, loneliness, fear of success and satisfaction in physically disabled students with normal students in Ahvaz Islamic Azad University. New Find Psychol 2009;10:7-26.
14. Schur L, Colella A, Adya M. Introduction to special issue on people with disabilities in the workplace. Int J Human Res Manag 2016;27:14, 1471-1476, doi:10.1080/09585192.2016.1177294
15. Han J, Yin H. Teacher motivation: definition, research, development and implications for teachers. J Cogent Edu 2016;3:1-18.
16. Eymur G, Geban O. An investigation of the relationship between motivation and academic achievement of pre-service chemistry teachers. Edu Sci 2011;36:246-55.
17. Keller C, Siegrist M. Psychological resources and attitudes toward people with physical disabilities. J Appl Social Psychol 2010;40:389-401.
18. Erol RY, Orth U. Self-esteem development from age 14 to 30 years: a longitudinal study. J Pers Soc Psychol 2011;101:607-19.
19. Lakshmi N, Anuradha S. Self-esteem among physically disabled and visually disabled late. Int J Innovat Sci Res 2014;10:31-9.
20. Akhidenor CD. Nigerian Attitudes toward People with disabilities. A dissertation presented in partial fulfillment of the requirements of the degree of doctor of philosophy. Capella University, USA. Retrieved from Scopus (3291444).
21. Parish SL, Seltzer MM, Greenberg JS, Floyd F. Economic implications of caregiving at midlife: comparing parents with and without children who have developmental disabilities. Ment Retard 2004;42:413-26.
22. Al-Abdulwahab S, Al-Gain S. Attitudes of Saudi Arabian health care professionals towards people with physical disabilities. Asia Pacific Disabil Rehab J 2003;14:63-70.
23. Philips C, Sanah S, Sheonaidh J, Alex B. Removing barriers, raising disabled people's living standards. 2014. Washington, DC: Office for Public Management.
24. Eagle D, Chan F, Iwanga K, Reyes A, Chiu C, Bezyak J, Muller V. Health promotion for people with disabilities: a primer for rehabilitation counsellors. Aus J Rehab Counsel 2017;23:98-111.
25. Rocque R, Leanza Y. A systematic review of patients’ experiences in communicating with primary care physicians: intercultural encounters and a balance between vulnerability and integrity. PLoS One 2015;10:e0139577.