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Perceptions and attitudes towards people with disabilities in Ghana: a qualitative study among healthcare providers

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ABSTRACT
People with disabilities (PwDs) experience multiple challenges that affect their well-being, including access to health care. Their interactions with healthcare providers (HPs) including Nurses, Doctors, Physician Assistants, and Midwives significantly shape their healthcare experiences. Previous studies have shown the impact of HPs attitudes and perceptions toward PwDs. This study explores HPs' attitudes and perceptions toward PwDs in Ghana's Ashanti Region. A phenomenological study design was employed to collect qualitative data from 25 HPs in the Offinso North District and Kumasi metropolitan area. Thematic analysis of audio-recorded interviews revealed four main themes: perceptions of PwDs' capabilities and limitations, perceptions of discrimination and stigma, attitudes toward care provision for PwDs, and empathy and attitudinal shifts. While some HPs demonstrated empathy and acknowledged PwDs' right to care and support, significant barriers remained due to prejudice and societal misconceptions. The findings highlight how stigma and low expectations could negatively influence the quality of care that PwDs receive. Implementing training and educational interventions to dispel misconceptions, improve communication skills, and deepen awareness of PwDs challenges is crucial.

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KEYWORDS
Capabilities; discrimination; empathy; healthcare providers; limitations; people with disabilities; stigma

Introduction

Globally, an estimated 16% of the world's population lives with a disability, with the majority residing in low-income and middle-income countries (WHO, 2022). This figure is projected to increase owing to aging populations and the rising prevalence of chronic health conditions (WHO, 2011). The disability prevalence varies widely, ranging from 4.1% in the Philippines to 40.1% in Colombia (Mitra & Yap, 2021). In Ghana, approximately 8% of the population lives with disabilities (Ghana Statistical Service, 2021). People with disabilities (PwDs) are often marginalized, significantly impacting their access to education, economic opportunities, social inclusion, and health care (Bright & Kuper, 2018).

The attitudes and perceptions of healthcare providers (HPs) play a pivotal role in shaping the care provided (Obeng et al., 2024). Attitudes, defined as beliefs and feelings that predispose individuals to behave in a certain way, can negatively influence healthcare utilization among PwDs (Devkota et al., 2017). The WHO (2011) reports that while PwDs have similar healthcare needs as the general population, they are twice as likely to find HPs skills inadequate, three times more likely to be denied care, and four times more likely to be treated poorly within the healthcare system.

Societal stigma toward PwDs has persisted over time (Iezzoni, 2016). In Ghana, where beliefs in myths and supernatural powers are prevalent, disabilities are often attributed to spiritual causes such as witchcraft, sorcery, and magic (Avoke, 2001). Consequently, PwDs are frequently viewed as 'objects of pity', perceived as incapable, sick, and in need of help. Many PwDs grow up disempowered, denied the authority to make decisions, solve problems, or take the initiative (Avoke, 2001).

In societies where negative social attitudes and stigma prevail (Scior, 2011), it is imperative to explore HPs perspectives and attitudes toward PwDs to understand their impact on healthcare delivery. Such insights can guide multipronged efforts to transform biased attitudes, practices, and policies, ensuring equitable and inclusive access to healthcare for PwDs (Obeng et al., 2024). This study aimed to explore the attitudes and perceptions of HPs toward PwDs in the Ashanti Region of Ghana.

Methods

The study was approved by the Ghana Health Service Ethics Review Committee (GHS-ERC:005-0621), Komfo Anokye Teaching Hospital (KATH-IRB/RR/101/21), and the James Cook University Human Research Ethics Committee (JCUHREC-H8531). All the

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ethical review committees gave approval for both written and verbal informed consent obtained from all participants during the data collection.

The study was conducted in Ghana's Ashanti Region, the most populous region, with 17.3% of its population living with disabilities (Ghana Statistical Service, 2021). The region was chosen for its size, strategic location, and cultural diversity, encompassing both urban (Kumasi Metropolis) and rural (Offinso North District) areas to gather varied perspectives. The participants were required to have at least 12 months of healthcare experience (Seidu et al., 2023).

A descriptive phenomenological design (Liamputtong, 2013) was adopted to explore the attitudes of HPs toward PwDs. Twenty-five HPs (Nurses, Doctors, Physician Assistants, and Midwives) were selected for in-depth interviews conducted by the first author (AS) and a trained female research assistant (RA). The RA received training in interview techniques, consent, probing, and recording. A pilot study with five HPs led to refinements of the interview guide. Interviews lasting 48–70 minutes were conducted face-to-face at health facilities, with verbal and written consent for audio recording. A detailed description of these methods was published in a previous study (Seidu et al., 2023).

Audio recordings of the interviews were transcribed verbatim by AS and the RA and then cross-checked for accuracy. Inductive thematic analysis (Braun & Clarke, 2021) was performed using the NVivo version 12 software (QSR International Pty Ltd, Victoria, Australia). AS conducted the initial coding with regular input from two senior authors (KMR and TIE). Together, they identified, grouped, and refined themes and established connections between them. AS selected representative quotes and KMR and TIE confirmed and named the final themes. Verbatim quotes, along with demographic details such as sex, age, type of health worker, and district were used to illustrate the findings.

Results

Twenty-five participants (16 females and 9 males). Their ages ranged from 28 to 60 years; nine were from the Offinso North District and 16 were from the Kumasi Metropolis. Their average work experience was 10 years ranging from 1.5 years to 40 years.

Themes generated from the data

Overall, four main themes were generated from the data with sub-themes: (a) Perceptions of PwDs capabilities and limitations (sub-themes: misconceptions about capabilities and causes of disability and perceptions of PwDs' self-esteem; (b) perceptions of discrimination and stigma; (c) attitudes toward care provision for PwDs (sub-themes: PwDs specialized needs, difficulties in interaction, comfortable delivering services to PwDs), and (d) empathy and attitudinal shifts.

Theme 1: Perceptions on capabilities and limitations of PwDs

The first theme that was generated from the data was perceptions of PwDs capabilities and limitations with two sub-themes: misconceptions about capabilities and causes of disability and perceptions of PwDs' self-esteem. HPs discussed that PwDs sometimes have low self-esteem because of societal neglect and fear of stigma.

Sub-theme: Misconceptions about capabilities and causes of disability. The first sub-theme on the perceptions of PwDs' capabilities and limitations was about the misconceptions of PwDs' ability and causes of disability. Some HPs discussed the general societal belief that disability is a form of divine punishment, which demonstrates how cultural norms can stigmatize both PwDs and their families. This general perception fuels the view that PwDs are different or 'cursed', further perpetuating exclusion. Some HPs also shared that generally, there is a notion that PwDs are sexually inactive or should not engage in sexual relationships. This belief, coupled with derogatory comments about pregnant PwDs and their children, underscores the widespread prejudice they face in society. These attitudes not only marginalize PwDs, but also deny their right to lead full, 'normal lives', including their sexual lives.

> *'There are community norms and perceptions about persons with disabilities that they are cursed by gods and believe it is a punishment from the gods if parents deviate from the norms of the community'. [Nurse, Kumasi, Female, 46 years]*
>
> *'We have this perception that people with disability don't engage in sexual activity. For example, people point fingers when they see a deaf person who is pregnant. Some too can say, this blind person's child is beautiful or handsome and other derogatory comments' [Nurse, Kumasi, Female, 59 years].*

Sub-theme: Perceptions of PwDs self-esteem. Related to the first sub-theme, the second sub-theme was HPs perceptions of PwDs' self-esteem. HPs discussed that most PwDs do not show a high level of self-esteem due to societal perceptions about PwDs. In addition, HPs discussed that some PwDs fear stigmatization during social functions and the notion that those with certain disabilities, such as physical disabilities, have some sense of hopelessness.

> *'Another thing I have also observed about the persons with disabilities is that they don't have self-confidence and this is due to the fact that sometimes they get neglected, and they fear to be stigmatized'. [Doctor, Kumasi, Female, 32 years]*

> *'They don't have self-confidence. For instance, the one I had an encounter with the leg was amputated due to an accident, so he was using crutches, even though he was able to approach me but when you look at him closely, he has lost all hope, he thinks there is something he is lacking'. [Nurse, Kumasi, Female, 41 years]*

Theme 2: Perceptions on discrimination and stigma

The second theme generated from the data was related to the perception of discrimination and stigma toward PwDs. HPs discussed the pervasive lack of societal understanding and stigma faced by PwDs, particularly within the context of community gatherings and marriage. HPs shared a cultural practice in which families investigate potential marriage partners for any history of disability, leading to discouragement of marriage into families with PwDs. Other HPs also shared that they discriminate against PwDs which has been described in a previous study (Seidu et al., 2023).

> *'For those who are physically challenged, they don't want to go into social gatherings because people in the communities will stigmatise against them. It is rooted in our culture where even if a woman is going to get married, investigations are done. If there is any disabled person in that family, then they would advise against marrying from that family'. [Physician Assistant, Offinso, Female, 34 years]*

> *'We [healthcare providers] discriminate against them [PwDs] all the time… even among my colleagues at work. The moment they see you talking to someone with a disability, they turn to discriminate against you for speaking with a person with a disability'. [Midwife, Kumasi, Female, 56 years]*

> *'A lot of people do not understand the conditions of PwDs, and so, they stigmatize against PwDs. That creates a lot of psychological problems especially when they want to come to where people are gathered because of their condition'. [Nurse, Offinso, Female, 32]*

Theme 3: Attitudes toward care provision for PwDs

The third theme from the data was the HPs' attitudes toward care provision for PwDs. Three sub-themes were generated from this main theme: PwDs' specialized needs, difficulties in interaction, and comfortable delivering services to PwDs.

Sub-theme: PwDs specialized needs. The first sub-theme was PwDs' specialized needs. Some HPs shared that because of the nature of PwDs, they demand tailored specialized care to meet their unique needs. Some HPs shared specific examples from antenatal care, where midwives recognized the physical challenges faced by women with disabilities, such as pelvic issues that could complicate delivery. HPs shared that in such cases, special attention and appropriate medical advice, such as recommending a cesarean section, are critical to ensure safe outcomes for both the mother and child. Other HPs also shared that PwDs are 'normal people' with specific impairments, which means that healthcare and public infrastructure must be adapted to accommodate their needs.

> *'Yes, they deserve special care. The reason why they deserve special care is because when such a person comes to the midwifery department for Antenatal care we have to take good care of them, especially with those who limp due to their condition. This could affect their pelvic, which would make delivery very difficult for her, if the situation requires a caesarean section, then we quickly advise her to opt for that to ensure safe delivery'. [Midwife, Kumasi, Female, 35 years]*

> *'This one might not be a perception but experience and the things we see on the ground. So if we go to the field and interact with people with disabilities, we experience and feel that they have special needs which means that intervention should be tailored or done in a way to meet their needs'. [Nurse, Kumasi, Male, 30 years].*

Sub-theme: Difficulties in interaction. The second sub-theme was PwDs' difficulties interacting with HPs and receiving care. Some HPs perceived PwDs as people who were difficult to educate, stemming from their experiences of disrespect and marginalization from society and even their families. This sense of being undervalued could lead to defensiveness and mistrust when seeking care, making it challenging for HPs to communicate effectively and build rapport. Others also shared that PwDs felt treated differently (descriminated) due to their disability, sometimes fueling frustrations and difficulties in interactions with HPs. This situation not only hindered effective care but also highlighted the need for more empathetic communication strategies that acknowledge the unique perspectives and experiences of PwDs.

> *'One thing is, they look difficult to convince. That's one thing I realise, and they hold a position that they are not respected enough and so they come waiting to bite you'. So it's always difficult appreciating what you tell them…'. [Nurse, Kumasi, Female, 33 years]*

> *'I think they are difficult to deal with sometimes. When they come for these family planning methods and we explain to them the ones which are best or would be best for them, they refuse and chooses the one they think is best for them. When you try to explain to them the complications which come along with their choices, they end up saying because they are disabled which is the reason why we don't want to do for them. Such a response is very disheartening'. [Midwife, Kumasi, Female, 56 years]*

Sub-theme: Comfortable delivering services to PwDs. While some HPs perceived PwDs as difficult to interact with, others expressed comfort and readiness to provide services. HPs emphasized the fundamental humanity of PwDs and recognized shared human experience as a means to break down barriers and build trust. They shared positive experiences in providing care to PwDs, highlighting the importance of respectful communication and supportive environments. This suggests that when PwDs are treated with understanding and tailored care, they can access healthcare without any difficulties or complains.

> *'Yes, because they are all human beings so I am comfortable to assist them anytime any day'. [Midwife, Kumasi, Female, 56 years]*

> *'I have attended to a number of them. But the most recent one, the person had… (points to the leg). She was physically challenged. I provided safe abortion services to her. And she cooperated very well. We went inside– It wasn't any hectic procedure at all. That was her first time of coming to the facility. So she opted for the abortion herself'. [Nurse, Kumasi, Female, 32 years]*

Theme 4: Empathy and attitudinal shift toward PwDs

The final theme generated from the data was empathy and attitudinal shift toward PwDs. Some HPs discussed the need to convey a deep understanding of empathy and the ethical responsibilities of HPs toward PwDs. Several participants highlighted the profound impact that gratitude from patients can have on HPs, describing it as a 'blessing' that reinforces the meaningful nature of their work. Others emphasized the importance of empathy by encouraging HPs to view PwDs as individuals who, through no fault of their own, may have experienced unforeseen challenges that led to their disabilities. This perspective fosters a compassionate approach to care, encouraging providers to see PwDs as equally deserving of respect and understanding. However, other participants pointed out that not everyone approaches PwDs with empathy, and some may exploit their vulnerabilities.

> *'You have to put yourself into the shoes of the person to know that one day, you can be in their position. Also, there is blessing in this work. The patient will tell you, 'God bless you'. That is a lot of blessing'. [Nurse, Offinso, Male, 47 years]*

> *'I will say that I am empathetic. I am able to put myself into the shoes of the PwDs. They are just like you and me. Perhaps, they were going about with their business ordinarily when they encountered certain unforeseen circumstances that landed them in this condition'. [Nurse, Offinso, Male, 34 years]*

> *'When I see a PwD, I empathize with them but there are others that see it as an opportunity to sexually exploit them'. [Nurse, Offinso, female, 37 years]*

Discussion

This qualitative study explored HPs' attitudes and perceptions toward PwDs in Ghana's Ashanti Region. Some HPs described PwDs as having low self-esteem, often attributing disabilities to supernatural causes. Additionally, HPs recognized the widespread discrimination and stigma that PwDs face socially and within healthcare, resulting in exclusion and emotional harm. Despite challenges in communication and mistrust, often due to societal neglect, HPs acknowledged the need for tailored care and expressed comfort in providing services, demonstrating growing empathy and awareness of PwDs' experiences and the discrimination they faced.

The study found that most HPs perceived PwDs as having low self-esteem due to societal stigmatization and the difficulties PwDs encounter in accessing health care. This is consistent with numerous previous studies indicating that PwDs experience low self-esteem because of negative societal attitudes and beliefs (Jung et al., 2022; Nemček, 2017; Trani et al., 2020). PwDs' self-esteem may be particularly affected when it comes to sensitive health issues, such as sexual and reproductive health. Consequently, low self-esteem may deter PwDs from seeking care, emphasizing the necessity of inclusive and supportive cultures in healthcare settings.

Furthermore, this study found that societal misconceptions about the causes of disability (attributing them to supernatural punishment) and beliefs that PwDs have limited capabilities influence the perception of HPs about the capabilities and limitations of PwDs. This finding is consistent with previous studies demonstrating that perceived causes of disability are socio-culturally constructed and significantly impact the attitudes and behaviors PwDs are exposed to within their families and communities (Babik & Gardner, 2021; Devkota et al., 2017; Vampere et al., 2024). In addition, the finding that there are misconceptions regarding the capabilities and limitations of PwDs mirrors the findings of previous studies (Baidi & Ilias, 2019; Barbareschi et al., 2021; Halid et al., 2020; Sarkar, 2023). The idea that PwDs are innately less capable frequently results in social exclusion, lowering self-esteem, and restricting community involvement. This may also impact how HPs engage with them, thus affecting the quality of care (Acheampong et al., 2022; Vampere et al., 2024).

Moreover, we found that HPs acknowledged the widespread discrimination and stigma that PwDs face socially, psychologically, and within healthcare settings, leading to exclusion, discrimination, and emotional harm. This aligns with other studies reporting that PwDs experience systematic discrimination across various settings, including homes, communities, and services such as health and educational facilities (Barbareschi et al., 2021; Mustapha, 2021; Trani et al., 2020).

Additionally, the HPs recognized the need for specialized, tailored care to address the unique physical and medical needs of PwDs. This aligns with recommendations from previous studies highlighting the need for specialized and tailored care specific to the needs of PwDs (Gréaux et al., 2023; Stern et al., 2020). Nevertheless, this study revealed that HPs often experienced challenges interacting with PwDs, particularly in communication, convincing them of care options, and addressing mistrust, often worsened by societal neglect. This finding agrees with those of other studies that reported that HPs experience challenges in communicating and handling PwDs (Acheampong et al., 2022; Dassah et al., 2022; Ganle et al., 2020; Hashemi et al., 2022). Acheampong et al. (2022) for example, found that communication challenges and variations in views between PwDs and HPs sometimes lead to conflicts, potentially affecting patients centered care. A lack of understanding of different communication styles and alternate modes, such as written, spoken, visual, or sign language, which are crucial for interacting with PwDs is often the cause of communication difficulties (Hashemi et al., 2022; Mprah, 2013).

Despite these difficulties, some HPs are comfortable delivering services to PwDs, viewing them as individuals deserving of care and support, which facilitates positive interactions during medical procedures. This is consistent with other studies in which HPs indicated their willingness and welcoming attitude toward providing care to PwDs (Crane et al., 2021; Iezzoni et al., 2021). It however does not support findings of others that HPs are uncomfortable providing care to PwDs due to limitations like physical barriers, communication difficulties, and lack of proper equipment (Barbera et al., 2024; Lagu et al., 2022; Varadaraj et al., 2021). Moreover, the study found a growing empathy toward PwDs, emphasizing HPs' understanding of the experiences and challenges they face and acknowledging the darker reality of discrimination and stigma experienced by PwDs. This is consistent with the findings of Crane et al. (2021) and Iezzoni et al. (2021), where most HPs exhibited an understanding of the challenges, discrimination, and stigma experienced by PwDs, and their readiness to bridge the gap and ensure better care provision for PwD.

Implications for policy and practice

These findings have implications for both policy and practice. First, it is important to train HPs in various disability issues. Previous studies elsewhere (Rotenberg et al., 2022) and Ghana (Dassah et al., 2022; Seidu et al., 2024) have recommended intensifying training to improve education and awareness about disability issues among HPs. A previous study by Rotenberg et al. (2024) in Ghana showed that HPs reported that training raised their awareness of PwDs, the importance of supporting PwDs, and general impacts on their practice. Such training can be intensified and expanded to other parts of the country. Community-level education to challenge and reduce stigma is also necessary to ensure meaningful inclusion and participation of PwDs in social activities. Second, the Disability Act 715 of Ghana should be strictly implemented to ensure that PwDs are not stigmatized or discriminated against. Third, some HPs show empathy and demonstrate positive attitudes and could also serve as change makers in their various facilities to promote a cultural change toward PwDs. This could ensure a more appropriate and adequate care provision for PwDs.

Strengths and limitations

This study had strengths and limitations that are worth acknowledging. This study provides deep insight into the attitudes and perceptions of HPs toward PwDs. It includes various categories of HPs in two settings in the Ashanti Region of Ghana. However, the study was conducted in only two settings in the Ashanti Region of Ghana; hence, the findings may not be applicable to other settings. This study also captured only attitudes and perceptions; hence, it is possible that some may have provided socially desirable responses. However, this was mitigated by encouraging frank and honest opinions during the interviews, of which others shared how stigma and discrimination toward PwDs occur in health settings.

Conclusion

In conclusion, this study sheds light on the intricate interactions between attitudes, perceptions, and difficulties that HPs encounter when providing care to PwDs in Ghana's Ashanti Region. Despite some HPs demonstrating empathy and recognizing PwDs' rights to care and support, many barriers persist, stemming from prejudice and societal misconceptions. The findings revealed that stigma and low expectations about PwDs' abilities negatively influence the quality of care they receive. Therefore, implementing training and educational interventions to dispel misconceptions about disability, improve communication skills, and deepen the awareness of PwD challenges is crucial.

Authors contributions

Conceptualization: A.S., K.M.-R. and T.I.E.; writing—original draft preparation, A.S.; writing—review and editing, A.S., K.M.-R. and T.I.E.; supervision, K.M.-R., and T.I.E.; funding acquisition, A.S. and T.I.E. All authors approved it for publication. All authors have read and agreed to the published version of the manuscript.

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Data availability statement

The data is available upon reasonable request from the corresponding authors.

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