Attitude and Perception of Students in Lagos State College of Nursing Igando, Lagos State towards People with Disabilities

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Abstract

This study investigated the attitudes and perceptions of student nurses at Lagos State College of Nursing, Igando, toward individuals with disabilities. Objectives included evaluating these attitudes and perceptions, identifying influencing factors, and examining the potential impact of integrating disability care into nursing curricula on service provision. A descriptive cross-sectional design was utilized, with primary data gathered from 174 student nurses via stratified sampling. Data management occurred in Microsoft Excel, followed by analysis using SPSS version 27. Descriptive statistics (frequencies and percentages) summarized findings, and chi-square testing assessed the hypothesis at $\alpha = 0.05$. Demographically, 143 (82.2%) respondents were female, and 81 (46.6%) were aged 21–23 years. Results indicated predominantly positive and inclusive attitudes, with 71 (40.8%) disagreeing that they felt uncomfortable around people with disabilities; additionally, 89 (51.1%) agreed and 53 (30.5%) strongly agreed that such individuals deserve equal opportunities. Nonetheless, 80 (46.0%) endorsed specialized educational centers for people with disabilities, highlighting nuanced views on inclusion. Key influencers encompassed nursing education (85 [48.9%] agreed it shaped perspectives positively) and clinical exposure (78 [44.8%] reported heightened care confidence). Moreover, 86 (49.4%) advocated for expanded disability care training. Chi-square analysis ($\chi^2 = 3.652$, $p = 0.302$) revealed no significant association between educational level and attitudes, indicating uniform positivity across cohorts. Recommendations emphasize strengthening disability-inclusive content in nursing programs. In summary, student nurses exhibited generally favourable and inclusive orientations toward people with disabilities.

Keywords:

disabilities, attitudes, perceptions, nursing education, student nurses

Chapter One Introduction

Background to The Study

Disability constitutes an impairment relative to typical functioning, encompassing physical, sensory, cognitive, intellectual, and mental limitations. This condition manifests as a multifaceted experience, impacting not only bodily functions but also an individual's social and economic roles. The World Health Organization's International Classification of Functioning, Disability and Health (ICF) conceptualize disability as a dynamic interaction between individuals and their physical and social environments, yielding impairments, activity limitations, and participation restrictions (WHO, 2020) Globally, over one billion people—approximately 15% of the population—live with some form of disability, a figure projected to rise with population aging and the prevalence of non-communicable

diseases(WHO,2021)

Notably, nearly everyone encounters temporary or permanent disability at some point. In Nigeria, the National Population Commission estimated 19 million individuals with disabilities in 2018, equating to about 9.6% of the population (Africa Disability Rights Yearbook, 2023). Societal discrimination often stems from negative attitudes toward people with disabilities, which shape behaviors and erect invisible barriers to social resources, education, transportation, employment, and healthcare (Altunhan et. al., 2021). Healthcare providers' attitudes critically influence access to equitable services (Desroches, 2020). Attitudes, comprising cognitive, affective, and behavioral elements, vary by culture and policy; positive ones foster inclusion by dismantling obstacles and promoting acceptance among families, peers, and employers (Radlinska et. al., 2021). Nurses, as the largest cadre of health professionals, profoundly affect care for people with disabilities across diagnosis, treatment, and rehabilitation phases. Their knowledge and attitudes enable effective communication, leadership, critical thinking, and decision-making, aiding patients and families in crisis management, independence- building, and stigma reduction (Hilalulla et al., 2021). Assessing student nurses' attitudes reveals curricular strengths or gaps in disability care preparation. As future societal leaders, students' views on disability warrant examination, with interventions like simulations, advocacy training, and community learning proven to boost knowledge and empathy (Şahin & Çıtak, 2022; Hu et al., 2023). This study elucidates student nurses' attitudes toward people with

disabilities, informing educators, clinicians, counselors, and employers in designing targeted improvement programs.

Statement of the Problem

Nurses frequently serve as the initial point of contact for people with disabilities and their families, wielding substantial influence on treatment experiences and self-perception. Recent research consistently identifies nurses' negative or uninformed attitudes as barriers to equitable care, exacerbating suboptimal health outcomes (Kowalska et al., 2022). Nursing

students often receive inconsistent explicit education and clinical exposure to this population, exhibiting less favorable attitudes on scales compared to peers in occupational therapy, communication disorders, or physical therapy (Özkan & Özsevgiç, 2024). Attitudes, as learned dispositions, respond to curricular reforms and targeted interventions (Yılmaz, 2024; Dean-Baar et al., 2021).

Thus, this study examines student nurses' attitudes and perceptions, influencing factors, and strategies to enhance healthcare delivery and inclusion for people with disabilities.

Objectives of the Study

The study pursues the following objectives:

1. To assess attitudes and perceptions among student nurses that may impede disability care integration and provision.
2. To identify factors shaping student nurses' attitudes toward people with disabilities.
3. To explore educational approaches for student nurses that promote acceptance, enhance care quality, and facilitate societal inclusion of people with disabilities.

Research Questions and Hypotheses

Research Questions:

1. What attitudes and perceptions do student nurses hold toward people with disabilities?
2. What factors influence student nurses' attitudes toward people with disabilities?
3. How can nursing education elevate acceptance, care quality, and societal inclusion for people with disabilities?

Hypotheses:

- H_0: No significant relationship exists between student nurses' attitudes toward people with disabilities and their educational level.
- H_1: A significant relationship exists between student nurses' attitudes toward people with disabilities and their educational level.

Significance of the Study

In Nigeria, people with disabilities encounter systemic barriers to health services, including inaccessible facilities and untrained personnel. This study proposes strategies to foster acceptance, elevate care standards, and advance inclusion. Its implications span key stakeholders:

Student

Findings encourage self-reflection on biases, underscoring education's role in cultivating empathy. Students gain insights into engagement opportunities, equipping them as compassionate providers attuned to diverse needs.

Nurse

Results highlight educators' pivotal role in attitude formation, guiding evidence-based curricula, simulations, and modeling to instill inclusive practices and person-centered care.

Researchers

The study enriches literature on disability attitudes, identifying gaps for future inquiries into interventions' efficacy and theoretical advancements.

Scope of the Study

This investigation focuses on attitudes and perceptions of students at Lagos State College of Nursing, Igando, toward people with disabilities, encompassing diverse cultural, socioeconomic, and educational profiles.

Operational Definition Of Terms

- **Attitude:** A predisposition encompassing cognitive, affective, and behavioral components that shapes individuals' responses to people with disabilities.
- **Disabilities**: Physical, cognitive, mental, sensory, or emotional impairments limiting activity participation and societal engagement.
- **People**: Individuals across genders, ages, and

Nurses engage people with disabilities from diagnosis through rehabilitation, leveraging communication, leadership, critical thinking, and decision-making to deliver quality care. Their knowledge and attitudes aid families in crisis management, independence promotion, and

backgrounds, collectively or singularly.

- **Perception**: Beliefs, opinions, and interpretations regarding people with disabilities.
- **Students:** Enrollees in educational institutions pursuing knowledge, skills, and values acquisition.

Chapter Two Literature Review   **Nurses**

This chapter synthesizes relevant literature on student nurses' attitudes and perceptions toward people with disabilities at Lagos State College of Nursing, Igando. It encompasses conceptual and theoretical reviews, alongside empirical studies by other scholars. **Educators**

Conceptual Review
Attitudes and Perceptions of Students toward People with Disabilities

Over one billion people worldwide live with disabilities, with estimates in Nigeria ranging from 3 to 27 million (WHO, 2021). Disability involves structural or functional impairments, activitylimitations, or participation restrictions ofany severity, spanning physical, intellectual, or cognitive domains. People with disabilities encounter healthcare inequities due to costs, transportation barriers, long waits, or providers' inadequate skills and knowledge (WHO, 2021). Historically, developing countries viewed disability as a burden, shame,or divine punishment, isolating affected individuals(Darawsheh, 2022).Despite policies promoting social participation, prejudices persist, intensifying with disability severity (Apaydin & Baris, 2021; Slater, 2020). Apathy remains a primary barrier, rooted in intertwined values, thoughts, feelings, and beliefs. Negative attitudes hinder role fulfillment and goal attainment, perpetuating exclusion unless dismantled among healthcare providers, educators, peers, and students.

stigma mitigation (Keklicek & Unsar, 2021). Fostering non-prejudicial attitudes is paramount for health equity; studies report moderately positive attitudes among nurses and students (Oliva Ruiz et al., 2020; Ozdemir & Karadag, 2021; Subay et al., 2022).

Overview of Disability

Disability affects over one billion people globally, including 93 million children, with prevalence rising due to aging populations and chronic diseases (WHO, 2011). Despite elevated health needs, people with disabilities report threefold higher unmet care compared to others, stemming from physical, financial, and attitudinal barriers (The Missing Billion Initiative & Clinton Health Access Initiative, 2022; Hashemi et al., 2020). The World Health Organization defines disability as impairments in structure/function, activity limitations, or participation restrictions (WHO, 2021). Daily challenges include mistreatment in communities, education, and workplaces (Abdullah, 2020). Common classifications include:

- **Physical Disability:** Long-term limitations in mobility (e.g., walking, lifting), progressive (multiple sclerosis) or stable (cerebral palsy), visible (stroke) or invisible.
- **Visual Disability:** Impaired vision, with 10% total blindness and 90% partial, caused by cataracts, diabetes, glaucoma, etc.
- **HearingDisability:**Auditory impairment; terms include *deaf* (minimal hearing), *deafened* (adult-onset), *deafblind*, *hard of hearing*. Causes encompass prenatal complications, infections, genetics, noise.
- **Mental Disability:** Mind-functioning disruptions via behavioral changes (e.g., schizophrenia, mood/anxiety disorders, personality disorders, dementia).
- **Intellectual Disability:** IQ below 70, from prenatal/perinatal/childhood factors like maternal illness or substance use (American Association on Intellectual and Developmental Disabilities, 2020).
- **Learning Disability:** Central nervous system disorders impeding stimuli interpretation and information linkage, evident in aptitude-achievement gaps; hereditary or developmental origins (Olufadewa et al., 2020).

Misconceptions About Disability

Cultural myths and religious beliefs underpin disability misconceptions, fostering stereotypes— negative (abnormality) or positive (superhuman traits)—that yield stigmatization, discrimination, and labeling. Attitudinal barriers, not impairments, pose the greatest challenge (Sutton, 2020; Zheng & Chan, 2021). These focus on deficits over abilities, preempting potential demonstration. The Centers for Disease Control and Prevention (CDC, 2020) delineate attitudinal barriers as:

- Dehumanizing: Reducing individuals to their disability, enabling labeling/stigma.
- Generalizing: Overlooking diversity within disability types, reinforcing stereotypes.
- Disempowering: Assuming inferiority, imposing aid, limiting opportunities/employment.
- Offensive Language: Derogatory terms equating disability with negativity or labeling (e.g., "visually impaired person").
- Segregation: Isolating via separate schools/jobs, presuming incompatibility with non- disabled norms.
- Over-Protecting: Lower expectations, paternalistic decision-making.
- Excluding: Viewing disability as contagious, promoting avoidance/stigma.

Overcoming these in healthcare, particularly among nurses and students, enhances holistic care, positive attitudes, integration, and academic outcomes (Abdu, 2021).

Factors Influencing Students' Attitudes

The United Nations Convention on the Rights of Persons with Disabilities (2006) frames disability as arising from impairments interacting with attitudinal/environmental barriers. Influential factors include:

- **Educational Level:**

Advanced nursing education dispels myths, reduces stigma, and cultivates empathy/person-centered care (Moreno Pilo et al., 2022).

- **Empathy:**

Facilitates feeling-sharing, challenging stereotypes and promoting prosocial behaviors/moral judgment (Ana et al., 2020).

- **Contact Level:**

Frequent interactions (e.g., placements) yield positivity; limited exposure sustains biases (Friedman & VanPuymbrouck, 2021).

- **Gender:**

Females often display greater empathy due to socialization; males may adhere to independence norms (Fletcher & Birk, 2020).

- **Age:**

Younger students show negativity from inexperience; older ones benefit from maturity/exposure (Shields et al., 2024).

- **Self-Esteem:**

Highlevelsfosterconfidence/equalityviews; low levelsbreed anxiety/negativity (Iezzoni et al., 2021).

Significance of Disability Education
People with disabilities require tailored accommodations yet face unprepared nurses, leading to misunderstandings, unmet needs, and inferiority feelings (Hogan et al., 2020; WHO, 2021). Early undergraduate training builds positive attitudes, shifting from medical to social models via information and interactions (Peiris-John et al., 2020; Kronk et al., 2020). Disability diversity (CDC categories: mobility, cognition, independent living, hearing, vision, self-care) complicates curricula. Undergraduate programs must integrate disability awareness,
communication, and family approaches, though standardized models remain absent (Gréaux et al., 2023).

Theoretical Review
Albert Bandura's Social Cognitive Theory
elucidates students' attitudes toward people
This study operationalizes the theory by linking students' vicarious experiences, like observing empathetic care, to enhanced competence in disability interactions, thereby mitigating stigma. Targeted interventions, including simulations, mentorship, and community immersion, harness these mechanisms to recalibrate perceptions. Consequently, the theory underpins hypothesis testing (e.g., education-attitude associations)

with disabilities through cognitive mediation in behavior. It posits learning as socially influenced via observation, imitation, modeling, and environmental interactions, with self-regulation enabling knowledge construction (Chuang, 2021). Core assumptions include: (1) observational learning, (2) internal processes not always yielding behavioral change, and (3) learning sans imitation. Mediating cognition bridges stimuli-responses; behaviors model observed environmental actions. Applied here, positive attitudes emerge from modeling inclusive behaviors by lecturers, clinicians, peers, or family. Exposure fosters emulation of empathetic interactions, countering stigma through social reinforcement.
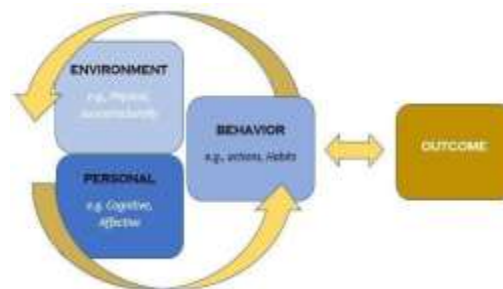
Social Cognitive Theory
Application of the Theory to the Study
Bandura's Social Cognitive Theory furnishes a robust framework for dissecting how observational learning, modeling, and reciprocal determinism mold student nurses' attitudes toward people with disabilities. Personal agency emerges through triadic interactions among cognitive processes, behavior, and environmental cues—such as clinical exposures and peer modeling—that cultivate self-efficacy.

while informing curricular reforms that elevate acceptance, care competence, and societal inclusion.

Empirical Review
Synthesized studies address the objectives: attitudes/perceptions impeding care (Objective 1), influencing factors (Objective 2), and

educational strategies (Objective 3). Findings reveal predominantly moderate-to-positive attitudes, moderated by demographics and exposure, with education emerging as a pivotal lever.

Attitudes and Perceptions toward People with Disabilities

Cross-cultural evidence underscores attitudinal heterogeneity, frequently suboptimal among novices. In Nepal, Richa et. al., (2024) conducted a descriptive cross-sectional study among 149 nursing students using proportionate stratified random sampling and the ATDP Scale (analyzed via SPSS v26), revealing 61.1% negative attitudes (M=56.01, SD=14.08) versus 38.9% positive, advocating curricular integration. Similarly, Elpida et al. (2024) surveyed 480 Greek health students (37% male) with the Greek IDPS and cluster analysis, identifying subgroups—least positive (42%), moderate (27%), most positive (31%)—where females, seniors, and those with clinical contact showed greater positivity, particularly in sympathy and reduced fear. In Pakistan, Zia et. al., (2022) reported 80% positive attitudes among 68 prosthetics students, with seniors peaking at 89% (semester 4). Conversely, Iezzoni et. al., (2021) in the USA found 82% of health workers

perceived poorer quality of life for disabled individuals and 59% care hesitancy, echoed by physicians' reluctance (Lagu et al., 2022). Marzolf et. al., (2022) noted 98% of family physician students sought more training, with only 36% feeling prepared, while Acheampong et. al., (2022) Ghanaian qualitative study linked stereotypes (e.g., anxious/violent) to unequal care. Novice biases thus hinder integration, per Objective 1.

Factors Influencing Attitudes

Maria et al. (2020) in Greece (n=368 nursing students) reported 69% lacking prior contact and 85% female predominance, positing education fosters inclusion; Richa et al. (2024) in Nepal similarly highlighted 66% contact (38% patient-based), urging surveillance (Hilalulla et al., 2021). For educational level, Mutaz et al. (2024) in Jordan (n=303, 87% response) found 51%

scientific majors, advanced years dominant, and 66% without disabled relatives. Empathy linked beliefs to positive outcomes in Fatima's (2023) Turkish study (n=110 nursing students). Contact was sparse per Sevil and Oguzhan (2024; n=259; MAS Scale), with >50% lacking family/clinical exposure. Gender trends favored females in Mark et al. (2021; Ireland; n=320 medical students; M age=24.3; 52% female). These modifiable factors align with Objective 2.

Significance of Disability Education (Objective 3)

Interventions demonstrably shift attitudes, aligning with UNCRPD (2007) mandates and WHO (2022) competency calls (Havercamp et al., 2021; Davies et al., 2019; Dincer & Inangil, 2021). Willam et al. (2023) in Ireland (n=125, 60% nursing) demonstrated gains from courses with bedside teaching and wheelchair workshops via affective/transformative methods. Khalid et al. (2021) reported pre/post improvements among 243 final-year health students (21–27 years), strongest in medicine/nursing despite poor baselines, recommending embedded content.

Ashlyn et al. (2020) in the USA (n=200 undergrads; 79% female, 96% 18–25) linked disability classes to favorable attitudes. Synthesis and Research Gaps. Interventions yield positivity, yet high-quality, context-specific trials—particularly Nigerian, longitudinal, and culturally attuned—remain scarce. This study addresses these voids in a local nursing milieu.

Chapter Three Methodology

This chapter delineates the methodological framework, encompassing research design, setting, population, sampling, instrumentation, data collection, analysis, and ethical considerations.

Research Design

A descriptive cross-sectional design was employed to elicit student nurses' attitudes, perceptions, and influencing factors toward people with disabilities. This approach facilitates snapshot insights into prevalence and associations without temporal manipulation, aligning with exploratory objectives.

Study Setting
The study unfolded at Lagos State College of Nursing (LASCON), Igando, Lagos State—a pivotal institution addressing the health needs of Lagos's >20 million residents (2012 Population Census).

Target Population
The accessible population comprised 260 student nurses at LASCON, Igando, actively engaged in clinical postings with patient care exposure. Targeting clinically immersed students captures educationally mature perspectives on attitudes, perceptions, and barriers to holistic disability care, acceptance, and integration—illuminating knowledge gaps and intervention needs.

Sample Size Determination
Sample size was calculated using Yamane's (1967) formula for finite populations, prized for its simplicity:
$n = \frac{N}{1+N(e)^2}$
where n = sample size, N = population size (260), and e = margin of error (typically 0.05 for 95% confidence). This yields a representative subset amenable to inferential analysis.

Thus, $n = 260/1+260\ (0.05)^2$ $n =$
$260/1+260(0.0025)$ n=
$260/1+0.65$
$n = 260/1.65$ n
$=157.6$
Therefore, the Actual sample size for this study is 158.

Attrition rate
To compensate for the non-respondent rate, about 10% of the desired sample size was added to the calculated sample size.
That is;
Attrition rate = 10% of 158
= 10/100 X 158
15.8 approximately 16=
Sample size estimate = n

+attrition
= 158 + 16
= 174
Thus, sample size adjusted for response rate is 174.

Sampling Technique
A stratified random sampling technique was employed to ensure proportional representation acrosseducationallevels(e.g., semesters/years). The student nurse population at Lagos State College of Nursing (LASCON), Igando, was partitioned into homogeneous strata by academic progression. Questionnaires were administered exclusively to clinically posted respondents, enhancing relevance to real-world disability care encounters and minimizing selection bias.

Sampling technique for students of Lagos state college of Nursing, Igando.

S/N	Level	Population	Sample size
1.	ND 1	100	58
2.	ND 2	87	53
3.	HND 1	73	63
	Total	260	174

Instruments For Data Collection

Data were gathered via a structured, self-administered questionnaire tailored to capture student nurses' attitudes, perceptions, and related factors toward people with disabilities at Lagos State College of Nursing (LASCON), Igando. The instrument comprised four sections:

- **Section A**: Socio-demographic characteristics (e.g., age, gender, educational level).
- **Section B**: Attitudes and perceptions toward individuals with disabilities.
- **Section C**: Factors influencing attitudes (e.g., contact, empathy).
- **Section D**: Views on disability inclusion in nursing education.

Validity of the Instrument

Face and content validity were established through adaptation of the Attitudes Towards Disabled Persons (ATDP) Scale, aligned with study objectives. The draft underwent expert review and, incorporated all recommended revisions prior to field deployment.

Reliability of the Instrument

Reliability, defined as the consistency of measurements across repeated administrations (Imasuen, 2022), was rigorously assessed. A pilot test involved 20 clinically posted student nurses at Lagos University Teaching Hospital, with questionnaires retrieved within two weeks. Cronbach's alpha exceeded 0.75 across subscales, affirming internal consistency and suitability for main data collection.

Method of Data Collection

Following informed consent, trained research assistants distributed questionnaires to eligible, clinically active students. Participants received ample completion time (typically 20–30 minutes) and assurances of voluntariness, withdrawal rights, and confidentiality. Non-response biases were minimized through on-site clarification.

Method of Data Analysis

Responses underwent quantitative analysis. Descriptivestatistics—frequencies, percentages, means, and cross-tabulations—summarized socio-demographics, attitudes, and factors. Data were managed in Microsoft Excel and analyzed via SPSS version 27. Inferential testing employed chi- square ($\chi2\chi2$) at $\alpha=0.05\alpha=0.05$ to evaluate hypotheses (e.g., education-attitude associations).

Ethical Considerations

Ethical clearance was secured from the LASCON Research Ethical Committee. Voluntary participation was emphasized post-verbal/written consent, upholding autonomy. Anonymity and confidentiality were maintained via coded responses, secure storage, and restricted access, with no personal identifierslinkedtofindings.

ChapterFourResults

This chapter elucidates the analysis of data from 174 completed questionnaires administered to student nurses at Lagos State College of Nursing (LASCON), Igando. Response rate was 100% (174/174). Data were processed using SPSS version 27, with descriptive statistics (frequencies, percentages, means, standard deviations) summarizing socio-demographics, attitudes, perceptions, and factors. Inferential analyses employed chi-square ($\chi2\chi2$) tests at $\alpha=0.05\alpha=0.05$ to test hypotheses. Findings are presented thematically, aligned with research questions, via tables and interpretations.

Socio-Demographic Characteristics of Respondents
Table 1: Social-Demographic Data of Respondents

Variables	Options	Frequency	Percentage
Gender	Male	31	17.8%
	Female	143	82.2%
Age	17-20 years	63	36.2%
	21-23 years	81	46.6%
	24-26 years	23	13.2%
	27-30 years	5	2.9%
	Above 30 years	2	1.1%
Religion	Christianity	113	64.9%
		60	34.5%
	Islam Others	1	0.6%
Year of Study	OND 1	58	33.3%
	OND 2	53	30.5%
	HND 1	63	36.2%
Highest level of Education	Primary	4	2.3%
	Secondary	15	8.6%
		149	85.6%
	Tertiary Others	6	3.4%
Ethnicity	Yoruba Igbo	146	83.9%
	Hausa	19	10.9%
	Others	2	1.1%
		7	4.0%
Do you have any disabilities?	Yes No	8	4.6%
	Prefer not to say	162	93.1%
		4	2.3%
Have you received formal training on disability care?	Yes	43	24.7%
	No	131	75.3%
Have you ever interacted with a person with a disability?	Yes No	124	71.3%
	Prefer not to say	46	26.4%
		4	2.3%

The sample (N=174) was predominantly female (82.2%, n=143), with males comprising 17.8% (n=31), reflecting typical nursing demographics. Age distribution skewed young: 46.6% (n=81) were 21–23 years, 36.2% (n=63) 17–20 years, 13.2% (n=23) 24–26 years, 2.9% (n=5) 27–30 years, and 1.1% (n=2) >30 years (M=21.5, SD=2.8). Religiously, Christians predominated (64.9%, n=113), followed by Muslims (34.5%, n=60) and others (0.6%, n=1). Academic distribution balanced across levels: OND 1 (33.3%, n=58), OND 2 (30.5%, n=53), HND 1 (36.2%, n=63). Pre- enrollment education was largely tertiary (85.6%, n=149), secondary (8.6%, n=15), primary (2.3%, n=4), or other (3.4%, n=6). Ethnically, Yoruba prevailed (83.9%, n=146), followed by Igbo (10.9%, n=19), other (4.0%, n=7), and Hausa (1.1%, n=2). Disability prevalence was low: 4.6% (n=8) self-identified, 93.1% (n=162) did not, and 2.3% (n=4) declined response. Formal disability training was limited (24.7%, n=43 yes; 75.3%, n=131 no), though 71.3% (n=124) reported prior interactions with disabled individuals (26.4%, n=46 no; 2.3%, n=4 undisclosed). These characteristics contextualize attitudinal patterns, with clinical exposure potentially mitigating biases.
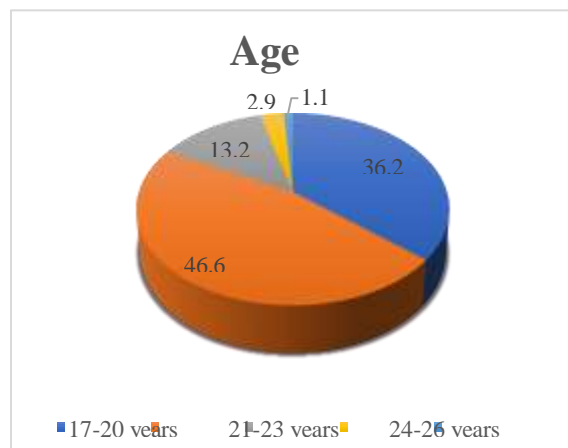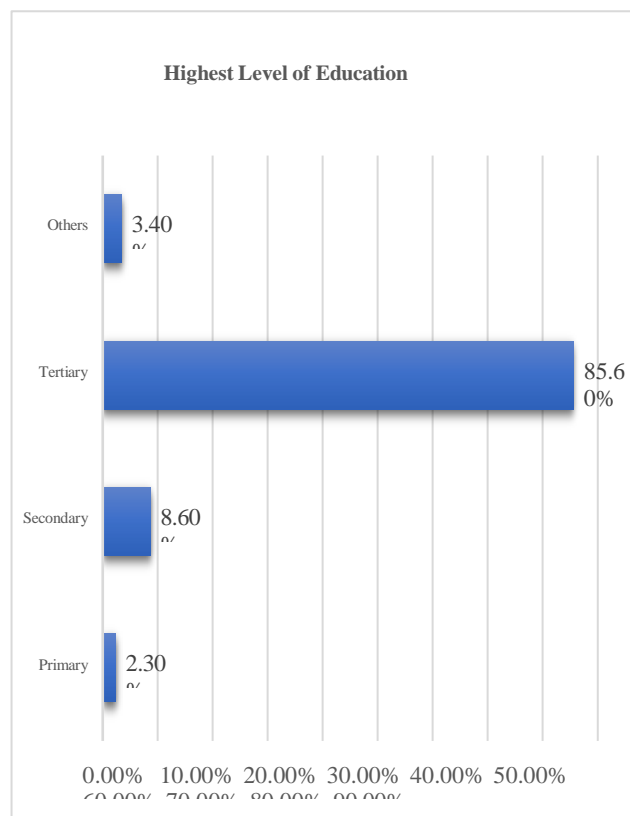
Fig. 1: Age distribution of Students

Fig. 2: Highest Level of Education reported by Students

Highest Level of Education

Age

Research Question 1: What is the attitude and perception of student nurses towards people with disabilities?

Table 2: Attitude and Perception towards Disabled Individual

Variables	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel uncomfortable when I am beside a person with a disability.	38 (21.8%)	71 (40.8%)	50 (28.7%)	15 (8.6%)	0 (0%)
If I had a close family member with a disability, I would avoid mentioning it to other people.	38 (21.8%)	65 (37.4%)	48 (27.6%)	20 (11.5%)	3 (1.7%)
Disabled people function like children in many aspects.	34 (19.5%)	54 (31.0%)	41 (23.6%)	44 (25.3%)	1 (0.6%)
The most appropriate job for a person with a disability is a simple, repetitive one.	18 (10.3%)	45 (25.9%)	30 (17.2%)	70 (40.2%)	11 (6.3%)
Persons with a disability should study in Special Educational Centers.	11 (6.3%)	22 (12.6%)	25 (14.4%)	80 (46.0%)	36 (20.7%)
Disabled people should have the same opportunities as everyone else.	7 (4.0%)	8 (4.6%)	17 (9.8%)	89 (51.1%)	53 (30.5%)
Disabled people should live with others who have the same problem.	31 (17.8%)	83 (47.7%)	35 (20.1%)	18 (10.3%)	7 (4.0%)
Disabled people can practice both individual and team sports.	5 (2.9%)	8 (4.6%)	38 (21.8%)	96 (55.2%)	27 (15.5%)
Variables	Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Disabled people show a deviant personality profile.	27 (15.5%)	81 (46.6%)	42 (24.1%)	20 (11.5%)	4 (2.3%)
An unemployed person with no disability should be hired before another unemployed person with a disability	31 (17.8%)	61 (35.1%)	68 (39.1%)	13 (7.5%)	1 (0.6%)

Respondents exhibited predominantly positive and inclusive attitudes (Table 2), rejecting stigma while endorsing equity. Key findings revealed comfort in proximity: 40.8% (n=71) disagreed and 21.8% (n=38) strongly disagreed with feeling uncomfortable beside disabled individuals (total disagreement 62.6%), versus 8.6% (n=15) agreement. Concealment aversion prevailed: 59.2% (n=103) disagreed/strongly disagreed with hiding family disabilities, with 27.6% (n=48) neutral. Stereotypes were largely refuted; 50.5% (n=88) rejected "disabled people function like children," though 25.3% (n=44) concurred. Employment views mixed: 46.5% (n=81) endorsed simple/repetitive jobs as suitable, yet 39.1% (n=68) were neutral on prioritizing non-disabled hires. Specialized education garnered support (66.7% agreement/strong agreement, n=116), potentially reflecting tailored needs rather than exclusion. Conversely, 81.7% (n=142)

opposed segregated living, favoring integration. Capabilities were affirmed: 70.7% (n=123) endorsed sports participation; 62.1% (n=108) denied deviant personalities. Interpretation. Overall positivity manifested in equity endorsement—81.6% (n=142) agreed/strongly agreed on equal opportunities—outweighing nuances like educational segregation (possibly pragmatic). This profile signals empathy and openness, tempered by paternalistic undertones, aligning with global patterns of moderate inclusivity among nursing students.

Research Question 2: What are the factors influencing the attitude of student nurses towards people with disabilities?

Table 3: Factors Influencing Attitudes towards Disability

Variables	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
My nursing education has positively influenced my attitude towards people with disabilities.	4 (2.3%)	12 (6.9%)	43 (24.7%)	85 (48.9%)	30 (17.2%)

I feel more empathetic toward people with disabilities due to my personal experiences or relationships.	5 (2.9%)	15 (8.6%)	41 (23.6%)	85 (48.9%)	28 (16.1%)
Clinical exposure to patients with disabilities has increased my confidence in providing care	5 (2.9%)	25 (14.4%)	32 (18.4%)	78 (44.8%)	34 (19.5%)
Media representations have influenced how I view people with disabilities.	8 (4.6%)	33 (19.0%)	55 (31.6%)	60 (34.5%)	18 (10.3%)
I am comfortable interacting with patients who have physical or intellectual disabilities.	7 (4.0%)	23 (13.2%)	57 (32.8%)	60 (34.5%)	27 (15.5%)
I would like to receive more training in caring for people with disabilities.	3 (1.7%)	7 (4.0%)	18 (10.3%)	86 (49.4%)	60 (34.5%)

Table 3 above delineates multifaceted influences, with education, exposure, and personal factors predominant. Nursing education exerted strong positive sway: 66.1% (n=115; 48.9% agree, 17.2% strongly agree) credited it for attitudinal shifts, versus 9.2% (n=16) disagreement and 24.7% (n=43) neutrality. Personal experiences fostered empathy in 65.0% (n=113; 48.9% agree, 16.1% strongly agree), against 11.5% (n=20) dissent. Clinical exposure bolstered confidence (64.4%, n=112; 44.8% agree, 19.5% strongly agree), outweighing 17.2% (n=30) negativity. Media shaped views moderately (44.8%, n=78; 34.5% agree, 10.3% strongly agree), with 23.6% (n=41) neutral/dissenting. Interaction comfort was affirmed by 50.0% (n=87), tempered by 32.8% (n=57) neutrality. Critically, 83.9% (n=146; 49.4% agree, 34.5% strongly agree) desired expanded training, signaling curricular gaps (only 10.3% neutral/dissenting).

Interpretation. Hierarchical influences emerged: nursing education (66.1%) > clinical/personal exposure (64–65%) > media (44.8%). High training demand underscores self-perceived deficits, corroborating literature on experiential learning's primacy in attitude formation.

Research Question 3: How can the education of student nurses significantly increase acceptance of people with disabilities, improve their care and facilitate their inclusion in society?

Table 4: Disability Inclusion in Nursing Education

Variables	Strongly disagree	Disagree	Agree	Strongly Agree
My nursing program provides sufficient theoretical knowledge about disability and inclusive care.	6 (3.4%)	25 (14.4%)	122 (70.1%)	21 (12.1%)
I have had meaningful clinical experiences involving patients with physical, sensory, or cognitive disabilities.	6 (3.4%)	72 (41.4%)	82 (47.1%)	14 (8.0%)
I feel confident advocating for the needs of patients with disabilities.	3 (1.7%)	26 (14.9%)	121 (69.5%)	24 (13.8%)
I have been taught about legal and human rights issues affecting people with disabilities.	7 (4.0%)	87 (50.0%)	63 (36.2%)	17 (9.8%)
I rarely encounter patients with disabilities during my training.	18 (10.3%)	55 (31.6%)	85 (48.9%)	16 (9.2%)
I believe more emphasis should be placed on disability inclusion in nursing education.	6 (3.4%)	6 (3.4%)	88 (50.6%)	74 (42.5%)

Table 4 above illuminates' curricular perceptions, revealing theoretical strengths alongside practical deficits.

Theoretical sufficiency was affirmed by 82.2% (n=143; 70.1% agree, 12.1% strongly agree), versus 17.8% (n=31) dissent. Clinical exposure lagged: 55.1% (n=96; 47.1% agree, 8.0% strongly agree) deemed it insufficient, signaling implementation gaps. Advocacy confidence prevailed (83.3%, n=145; 69.5% agree, 13.8% strongly agree), though rights education faltered—50.0% (n=87) reported inadequacy. Encounters were infrequent (58.1% agreement/strong agreement, n=101), reinforcing experiential scarcity. Overwhelmingly, 93.1% (n=162; 50.6% agree, 42.5% strongly agree) advocated curricular emphasis, against 6.8% (n=12) opposition. Interpretation. Theoretical foundations equip students for advocacy, yet sparse clinical immersion and rights omissions hinder translation to practice. Near-unanimous reform calls validate Objective 3, advocating integrated modules for competence and inclusion

Hypothesis Testing
Hypotheses:
- H$_0$: No significant association exists between student nurses' attitudes toward people with disabilities and educational level.
- H$_1$: A significant association exists between student nurses' attitudes toward people with disabilities and educational level.

Decision Rule: Retain H$_0$ if $p > 0.05$; reject if $p \leq 0.05$.

Table 5: Chi-Square Analysis to determine significant relationship between the attitude of student nurses towards people with disability and their level of education.

Level of Education	Attitude of student nurses towards people with disability			Chi-Square (X^2) Value	df	p-value
	Negative	Positive	Total			
OND 1	16 (9.2%)	42 (24.1%)	58 (33.3%)	3.720	2	0.156
OND 2	19 (10.9%)	34 (19.5%)	53 (30.5%)			
HND 1	28 (16.1%)	35 (20.1%)	63 (36.2%)			
Total	63 (36.2%)	111 (63.8%)	174 (100%)			

From table 5 above, the analysis (χ2=3.720, df=2, p=0.156χ2=3.720, *df*=2, *p*=0.156) revealed no statistically significant relationship between

student nurses' educational level and attitudes toward people with disabilities ($p = 0.156 > 0.05$). Accordingly, the null hypothesis (H_0) was retained, and the alternative (H_1) rejected. Interpretation. Uniform positivity across strata implies that foundational nursing socialization—rather than progressive education—drives inclusivity, or that unmeasured confounders (e.g., prior contact) dominate. This tempers expectations for seniority alone to enhance attitudes, advocating universal interventions.

Chapter Five
Discussion, Conclusion and Recommendations
Discussion of Findings

This study elucidates predominantly positive attitudes among LASCON student nurses toward people with disabilities, characterized by empathy and inclusion advocacy. Over62% rejected discomfort in proximity, and 81.6% endorsed equal opportunities, aligning with Zia et al. (2022; 80% positivity in Pakistan) and Elpida et al(2024; exposure-linked gains in Greece). Nuances persisted—46% favored specialized education, 40.2% repetitive jobs—echoing protective paternalism rather than overt bias Influencers ranked education (66.1%) and exposure (64–65%) foremost, surpassing media (44.8%), corroborating Maria et al. (2020) and Fatima (2023). Robust training demand (83.9%) signals self-recognized gaps. Curricular strengths in theory (82.2%) contrasted practical shortfalls (55.1% inadequate exposure; 50% rights deficits), mirroring Marzolf et al. (2022; 36% preparedness) and WHO (2022). Socio-Demographics. Female (82.2%), young (46.6% 21–23), Yoruba-dominant (83.9%) profiles parallel Maria et al. (2020; 85% female) and Richa et al. (2024; young Hindus), reflecting gendered/regional nursing pipelines. Attitudes/Perceptions. Positivity rejected stereotypes (e.g., childlike functioning), supporting Ashlyn et al. (2020) yet diverging from Richa et al.

(2024; 61% negativity) and Iezzoni et al. (2021; hesitancy), implying contextual resilience. Influencers. Education/exposure primacy echoes Elpida et al. (2024), contrasting Sevil & Oguzhan (2024; sparse contact). Education Inclusion. Theoretical adequacy amid experiential voids reinforces Khalid et al. (2021) and Willam et al. (2023), countering persistent biases (Lagu et al., 2022; Acheampong et al., 2022). Hypothesis. Non-significance ($p=0.156$) contrasts Zia/Elpida (senior gains) but aligns Mutaz et al. (2024), privileging content over progression.

Implications of the Study
Findings propel nursing toward inclusivity, embedding ethical imperatives (compassion, dignity). Educationally, mandate disability modules with experiential anchors (rotations, simulations). Clinically, empower advocacy against stigma; professionally, sustain via CPD. Policymakers should legislate rights-based curricula, amplifying nurses' societal impact.

Limitations
- Generalizability: Single-institution focus curtails extrapolation.
- Response Bias: Self-reports risk social desirability.

Contributions to Knowledge
This inaugural Nigerian inquiry on LASCON attitudes fills regional voids, empirically documenting education-independent positivity and training imperatives. It furnishes evidence for curricular advocacy, advancing disability-inclusive pedagogy.

Summary
Employing descriptive cross-sectional design (n=174), the study affirmed positive attitudes (e.g., 81.6% equity support), driven by education/exposure amid curricular gaps. Uniformity across levels ($p=0.156$) underscores early intervention needs.

Conclusion
LASCON students evince empathetic readiness for inclusive care, bolstered by education yet

constrained by experiential/rights deficits. Enhanced curricula—experiential, rights-centric—will optimize advocacy, equity, and societal integration, positioning nursing as a stigma-busting vanguard.

Recommendations
- Embed disability modules (theory, rights, advocacy) across curricula.
- Mandate rotations in rehabilitation/community settings.
- Implement regular workshops/simulations.
- Adopt transformative pedagogies (e.g., role-play).
- Enact policies mandating inclusive education/practice.

Suggestions For Further Research
- Multi-institutional/regional replications for generalizability.
- Longitudinal/interventional trials evaluating attitudinal retention post-trainin

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