



Attitudes and Work Expectations of University Students towards Disability: Implementation of a Training Programme

Montserrat Roca-Hurtuna

Dr., Catholic University of Valencia San Vicente Mártir, Valencia, Spain,
monse.roca@ucv.es

Gabriel Martínez-Rico

Assoc. Prof., Catholic University of Valencia San Vicente Mártir, Capacitas Campus,
Valencia, Spain, gabriel.martinez@ucv.es

Roberto Sanz

Assoc. Prof., Catholic University of Valencia San Vicente Mártir, Valencia, Spain,
roberto.sanz@ucv.es

Mario Alguacil

Assoc. Prof., Catholic University of Valencia San Vicente Mártir, Valencia, Spain,
mario.alguacil@ucv.es

The aim of this article is to analyse the results of the implementation of a training itinerary on students' attitudes and views towards disability in the framework of inclusive higher education. Three hundred and thirty-three university students participated in the study and pre- and post-treatment measures were carried out using the Arias, Arias, Verdugo, Rubia and Jenaro attitude scale (2016). Social relations, normalized life and professional environment were analysed. The research design compared control groups versus experimental groups. The variable related to disability, as well as its family, assistance, work or friendship subtypes, were critical in the interpretation of the results. The impact of a specific university curriculum in the area of disability shows a direct and significant relationship between training and the generation of positive attitudes, validating the suitability of the pedagogical strategy described to generate inclusive working environments in the future professional practice of university students.

Keywords: inclusive education, university studies, disability, professional development, attitudes

INTRODUCTION

Scientific research points to the need to conduct studies on the attitudes of the general population towards disability, especially in regards to their beliefs (Scior, 2011). To meet this need, a proposal for training in disability for university students has been

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developed. This article shows the impact of the training programme on changing attitudes towards disability, regarding the three variables proposed by the Scale of Attitudes Towards Persons with Disabilities: Social and Personal Relationships, Normalised Life and Professional Environment.

This study has been carried out using the research-action approach and, more specifically, its participatory aspect. This allows us to contribute to finding a solution to a specific educational problem from the reflection of one's own practices and the continuous evaluation of the performed procedures, taking advantage of the close relationship between theory and practice (Creswell, 2014; Elliot, 2000).

As already mentioned, the contribution of the educational field to the development of good attitudes towards people with disabilities is necessary (Ainscow, 2001; Echeita, 2006; Luque & Luque Rojas, 2011; Parrilla, 2008). Rello & Garoz (2014) already stated how different educational approaches can foster positive attitudes towards people with disabilities: it increases knowledge, reduces prejudices about the characteristics and particularities of disability and encourages the development of processes of teaching-learning, respect and tolerance. Along the same lines, the works of Luque and Luque-Rojas, (2011); Aguado, Alcedo and Arias (2008); Hodge, Davis, Woodard and Sherrill (2002); Krahe & Altwasser (2006); Slininger, Sherrill & Jankowski (2000); and Verdugo, Arias & Jenaro (1994) on different educational levels stand out. We also find the research by Araya-Cortés, González-Arias & Cerpa-Reyes (2014) and Polo, Fernández & Díaz (2011), which is more focused on university students.

From this conceptual framework, the present research analyses the impact of the implementation of a training itinerary on the attitudes and vision of university students towards disability around three variables: a) social relations, b) normalised life and c) professional environment. With this research the article contributes to provide significant results on the determining variables of the curricular design with the aim of promoting a more inclusive education in the professional profile of university students.

CONTEXT AND REVIEW OF LITERATURE

The annual reports prepared by the Spanish Committee of Representatives of Persons with Disabilities (CERMI), within the framework of the United Nations, reflect that there are still stigmatising attitudes towards people with disabilities and encourages civil society to overcome these attitudes through their different agents. (UN Report Spain, 2018). Attitudes are learned, while knowledge and experiences related to people with disabilities contribute to the evolution and modification of preconceived beliefs or views. (Hodge, Davis, Woodard and Sherrill, 2002; Molina and Valenciano, 2010).

In this sense, Ajzen and Fishbein consider that a theory of attitude is only relevant when it offers the following characteristics: a) precise meaning of each of the elements that make up the attitudinal area, at the same time as a determination of its structure and the dynamics of its relationship; b) possibility of rigorous procedures for measuring each of the elements; c) criteria for being able to intervene technically in the formation and change of attitudes; and d) determination of the function and weight of each of the

elements of the area for the prediction of behaviour (Ajzen, 2001; Steinmetz, Knappstein, Ajzen, Schmidt, & Kabst, 2016).

Ainscow (2001), Echeita (2006), Luque and Luque Rojas (2011) and Parrilla (2008), among others, defend the contribution made by the educational field in the development of a good attitude towards people with disabilities. This contribution, in the form of educational programmes and projects within the framework of higher education, can generate committed environments that favour a positive representation and perception of students regarding persons with disabilities. Thus, "the new educational approach should contribute to the design of programmes and measures that enable the promotion of a positive attitude towards people with disabilities" (Rello & Garoz, 2014, p. 200).

The development and modification of attitudes in the educational field is configured around three elements: emotional-affective, cognitive and behavioural. This way, it is possible to promote the three elements through an educational programme that develops positive attitudes and changes possible negative ones (Luque & Luque-Rojas, 2011). The study by Aguado, Alcedo and Arias (2008) aimed at changing attitudes of schoolchildren towards disability in line with the works of Hodge, Davis, Woodard & Sherrill (2002), Krahé and Altwasser (2006) and Slininger, Sherrill and Jankowski (2000) show that attitudes can be changed, but for this we need to programme and assess change and its permanency. Combined techniques of structured contact and information are effective in the change of attitudes towards disability, to the extent that they improve and become more positive. Other studies show that there are differences in attitudes towards disability when a relationship exists, whether family or friends, with people with disabilities (Gil Hernández, 2017). Contact with people with disabilities facilitates a positive perception and greater insight and understanding, and is a good strategy for social awareness (Delgado, 2015).

In this respect, Araya-Cortés, González-Arias and Cerpa-Reyes (2014) along with Polo, Fernández and Díaz (2011), have all analysed students' attitudes toward disability in the different university degree courses in connection with the context and relationship with people with disabilities. They have confirmed that awareness and information contribute to forming a positive attitude and substantiate the importance of knowledge and training among university students as a way of increasing a more positive, closer to reality view. Verdugo, Arias and Jenaro (1994) conducted their research with a group of pre-university students, concluding that the types of intervention on which the impact of the three elements of attitude is best applied are: direct contact with people with disabilities, objective knowledge of the disability and its simulation or experience. This type of personal contact increases knowledge while reducing biases regarding the characteristics and particularities of disability and promotes the development of teaching-learning processes and respect and tolerance (Delgado, 2015).

The variables described in the latest version of the Attitude Scale are taken as a reference in this research (Arias, Arias, Jenaro & Verdugo, 2016). The first of these variables is called Social and Personal Relationships and is defined as the social interaction (thoughts, feelings and behavioural intentions) concerning people with disabilities as described by university students. The second, Normalised Life, refers to

the beliefs, expectations and view that university students have about the right to a normalised life of people with disabilities. Last of all, the Professional Environment dimension links disability to professional practice as a measure to promote effective labour inclusion.

The research presented in this article proposes a disability training programme based on different techniques for strengthening and/or changing attitudes, based on the study by Rello & Garoz (2014) in which they reviewed 19 educational awareness programmes, demonstrating that the most effective techniques to obtain positive changes are: information, direct contact and simulation. This proposal arises from the detection of the lack of training in university courses and the need for graduates to exercise their profession in an inclusive society. For this reason, the importance of having a positive attitude towards disability is emphasised, and a training programme that contributes to generating inclusive work environments is presented.

A training programme for university students was implemented in this study, using the methodology of experimental and control groups. The programme comprised ten two-hour sessions and took place over several weeks. Its content was divided between theoretical and practical sessions with the participation of people with disabilities belonging to several associations and entities and the collaboration of students with disabilities who presented their views on the different aspects related to the language, treatment and rights of persons with disabilities.

METHOD

This research featured students from different Bachelor's Degrees in the field of Health Sciences. Specifically, 333 students enrolled in a Bachelor's Degree programme of Medicine, Nursing, Dentistry and Nutrition at the Catholic University of Valencia, mostly men and women aged between 20 and 25. For the selection of the sample, an intentional non-probabilistic type of sampling was followed, being the most appropriate considering the characteristics of the research, in which a 20-hour intervention with the participants was carried out.

Instrument and Procedures

The tools used in this research have been: an 8-item sociodemographic instrument with data on age, sex, education, relationship with people with disabilities and membership to cooperation entities or youth associations; and a 31-item questionnaire called: Attitudes Scale (Arias, Arias, Verdugo, Rubia & Jenaro, 2016) with a 4-point Likert response scale, where 1 means totally disagreeing with the statement and 4 totally agreeing with it. This scale has three variables: social and personal relationships, normalisation and professional environment.

Following the protocols of the Ethics Committee supporting this study, the participating university students were informed about the research and filled out the documents of informed consent and data protection. After this procedure they completed the questionnaires. From then, on the training began, divided in ten sessions of two hours each distributed over several weeks. Some of the topics included in theory training are: the Convention on the Rights of Persons with Disabilities, Spanish legislation,

definition and differentiation of concepts and terminology, quality of family life, services and resources for the promotion of personal autonomy, person and family-centered planning, application of the support paradigm, support products and technology, and communication and social skills with people with disabilities. In regards to the specific sessions, these are in line with each Bachelor's Degree, taking into account the characteristics of future professional practice: adapted beaches, animal-assisted therapy, early care, family-centered practices, elderly care, dental health and nutrition. On the last day of training, at the end of the lesson, the students completed the questionnaires again. Experimental groups and control groups were used to ensure the reliability of the research.

Data Analysis

The IBM SPSS Statistics 23 programme was used for the analysis of the data, enabling comparisons between the different proposed variables, between the groups of participating students, before and after the test, and between the control groups and the experimental groups. First of all, the differences between the groups were analysed with respect to the variables of social and personal relationships, normalised life or normalisation and professional environment. To obtain the results of this analysis, a repeated-measures t-test (also known as paired sample T test) were carried out, through which it was possible to verify the existence or not of statistically significant differences in the different measurements and groups. Subsequently, the sociodemographic data was analysed, choosing the variable: connection with disability. These analyses would allow us to know if there are significant differences between the different variables before and after the cross-cutting training, that is, whether we can assert that training of the characteristics of the designed one has a positive impact on the beliefs, attitudes and work expectations of university students.

FINDINGS

Regarding the first results (see Table 1), in terms of *social and personal relationships*, the highest median appears in post-experimental ($2.28 \pm .19$), and the lowest in post-control ($2.24 \pm .18$); on the other hand, regarding the *normalised life* variable, the highest value appears in post-experimental ($2.94 \pm .22$) and the lowest in pre-experimental ($2.86 \pm .20$). Lastly, with regard to the *professional environment*, we see that the highest median value appears in post-experimental ($2.81 \pm .27$) and the lowest in pre-control ($2.71 \pm .27$). As for the comparison of measurements, it can be noted that there are significant differences ($p < .001$) between the pre and post-experimental measurement of the variable *normalised life*.

Table 1
Results of variables

Social and Personal Relationships			Normalised Life			Professional Environment		
Measurement	M	SD	Measurement	M	SD P	Measurement	M	SD
Pre-Experimental	2.26	.18	Pre-Experimental	2.86	.20 *	Pre-Experimental	2.79	.27
Post-Experimental	2.28	.19	Post-Experimental	2.94	.22	Post-Experimental	2.81	.27
Pre-Control	2.25	.17	Pre-Control	2.87	.23	Pre-Control	2.71	.27
Post-Control	2.24	.18	Post-Control	2.88	.21	Post-Control	2.74	.27

Note: M=mean; SD=standard deviation; * $p < .05$; ** $p < .01$; *** $p < .001$.

As regards the analysis of the pre and post measurements, for both the experimental group and the control group, for each of the variables analysed (see Table 2), it is observed that, in the case of the experimental group, the best median rating of the pre measurement appears in the variable of *normalised life* ($2.86 \pm .20$), and the same happens with the post measurement of that group ($2.94 \pm .22$). On the other hand, regarding the control group, the highest median of both the pre- and post-test measurement appears again in the *normalised life* variable, in this case being $2.87 (\pm .22)$ and $2.88 (\pm .21)$, respectively. As for the possible differences between the several measurements analysed in each variable, it can be noted that statistically significant differences in the *normalised life* variable only appear in the experimental group ($p < .001$), whilst in the case of the control group no significant changes are observed in any of the variables.

Table 2

Results of the comparison between the pre- and post-test measurement of the experimental and control groups

Experimental Group			M	N	SD	Control Group			M	N	SD
Personal	Pre-Experimental	2.26	181	.18	Personal	Pre-Control	2.25	152	.17		
Relationships	Post-Experimental	2.28	181	.19	Relationships	Post-Control	2.24	152	.18		
Normalised Life	Pre-Experimental	2.86	181	.20	Normalised Life	Pre-Control	2.87	152	.22		
	Post-Experimental	2.94	181	.22		Post-Control	2.88	152	.21		
Professional Environment	Pre-Experimental	2.79	181	.27	Professional Environment	Pre-Control	2.71	152	.27		
	Post-Experimental	2.81	181	.27		Post-Control	2.74	152	.27		

Note: M=mean; SD=standard deviation; * $p < .05$; ** $p < .01$; *** $p < .001$.

In order to delve into this area of analysis and check whether having a connection to people with disabilities can be a determining factor for different opinions to exist in the variables of interest, the comparison has been carried out between those who have a connection and those who don't (see Table 3). As shown here, in the pre-experimental measurement the highest value appears in the *normalised life* variable by those who have a *connection to disability* ($2.91 \pm .19$), while the lowest is in the *social and personal relationships* variable for those who do not have such a connection ($2.24 \pm .17$). This same trend is reflected in the post-experimental measurement ($3 \pm .20$; $2.26 \pm .18$), in the pre-control measurement ($2.94 \pm .21$; $2.25 \pm .18$) and in the post-control measurement ($2.91 \pm .21$; $2.23 \pm .19$). In terms of the analysis in search of possible differences between these two groups, we can see that these significant differences appear in all cases in the variables of *normalised life* and *professional environment*, having in this order in the pre-experimental measurement the value of ($p < .01$) and ($p < .001$), in the post-experimental of ($p < .01$) and ($p < .01$), whilst in the pre-control measurement it is ($p < .001$) and ($p < .01$), and in the post-control it is ($p < .01$) and ($p < .001$).

Table 3
Results based on whether or not they have a connection to disability

Dimension	Connection Disability	Pre-experimental		Post experimental		Pre-control		Post-control	
		M	SD	M	SD	M	SD	M	SD
Social and personal relationships	Yes	2.28	.19	2.29	.20	2.25	.18	2.27	.18
	No	2.24	.17	2.26	.18	2.25	.18	2.23	.19
Normalised life	Yes	2.91	.19	3.00	.20	2.94	.21	2.91	.21
	No	2.82	.20	2.88	.23	2.80	.21	2.83	.22
Professional environment	Yes	2.88	.23	2.87	.26	2.79	.24	2.79	.26
	No	2.70	.27	2.74	.26	2.65	.27	2.66	.27

Note: M=median; DT=standard deviation.

Subsequently, we analysed the possible differences between the pre- and post-test measurements of both the experimental group and the control group in each of the variables depending on whether or not they were linked to disability.

The results of people who have a *connection to disability* (see Table 4) indicate that, in the *social relationships* variable, the highest and lowest median values appear in pre-experimental (2.28 ±.19), and in pre-control (2.25 ±.18) and post-control (2.25 ±.19). Having a connection to disability fosters social relationships in all measurements. On the other hand, regarding *normalised life*, they appear in post-experimental (2.98 ±.23) and again the lowest median is shared by pre-control (2.89 ±.21) and post-control (2.89 ±.21) measurements, while, in the case of the *professional environment*, they are found in pre-experimental (2.88 ±.23) and pre-control (2.73 ±.28), respectively. As for the possible significant differences, these are found between the pre- and post-experimental measurement of the *normalised life* variable ($p < .05$).

Table 4
Results of those who do have a connection to disability

Measurement	Social and Personal Relationships		Normalised Life		Professional Environment	
	M	SD	Measurement	M SD	Measurement	M SD
Pre-Experimental	2.28	.19	Pre-Experimental	2.91 .19 *	Pre-Experimental	2.88 .23
Post-Experimental	2.26	.20	Post-Experimental	2.98 .23 *	Post-Experimental	2.84 .23
Pre-Control	2.25	.18	Pre-Control	2.89 .21	Pre-Control	2.73 .28
Post-Control	2.25	.19	Post-Control	2.89 .21	Post-Control	2.74 .27

Note: M=mean; SD=standard deviation; * $p < .05$; ** $p < .01$; *** $p < .001$.

In the case of those with no connection to disability (see Table 5), the highest and lowest median appear, in the case of *personal relationships*, in the post-experimental measurement (2.29 ±.19) and in pre-control (2.25 ±.17) and post-control 2.25 ±.18), while in the case of *normalised life* they appear in post-experimental (2.90 ±.21) and pre-experimental (2.82 ±.20); in the case of the *professional environment* variable they are found in post-experimental (2.78 ±.29) and pre-experimental (2.69 ±.27). As for the comparison of pre- and post-test measurement in each variable, there are differences between the pre- and post- experimental measurements in both *social relationships* ($p < .05$), as well as *normalised life* ($p < .01$) and *professional environment* ($p < .05$).

Table 5
Results of those with no connection to disability

Social and Personal Relationships			Normalised Life			Professional Environment					
Measurement	M	SD	P	Measurement	M	SD	P	Measurement	M	SD	P
Pre-Experimental	2.24	.17	*	Pre-Experimental	2.82	.20	*	Pre-Experimental	2.69	.27	*
Post-Experimental	2.29	.19		Post-Experimental	2.90	.21		Post-Experimental	2.78	.29	
Pre-Control	2.25	.17		Pre-Control	2.84	.23		Pre-Control	2.70	.26	
Post-Control	2.25	.18		Post-Control	2.87	.22		Post-Control	2.74	.27	

Note: M=mean; SD=standard deviation; *p<.05; **p<.01; ***p<.001.

DISCUSSION

The results of the research indicate that, if there is no connection to disability, the proposed training programme significantly improves all the variables analysed, both in terms of *social relationships* (thoughts, feelings and behavioural intentions), as well as *normalised life* (beliefs, expectations and view of university students about the right to a normalised life of people with disabilities) and the *professional environment* (which links disability to professional practice as a measure to encourage effective employment inclusion). When a connection to disability exists, training only triggers a change in *normalised life*, but it does not show any significant difference in *social relationships* and the *professional environment*. This suggests that having a connection to disability, whether for Family, Assistance (Care), Work or Friendship reasons, compensates for or offsets the impact of training, i.e. it does not produce significant changes in the dimension *normalised life*.

These results are in line with the research carried out by Gómez and Infante (2004), Polo, Fernández and Díaz (2011) and Suriá (2011), which shows that direct contact with people with disabilities is a factor that conditions attitudes. The connection to disability, understood as direct and regular contact with persons with disabilities, whether for family, work, assistance or care or simply friendship reasons, conditions a more positive view towards disability than that of the people who lack such contact or link, as evidenced by the studies by Moreno, Rodríguez, Saldaña and Aguilera (2006) and Polo et al. (2011).

The results of our research show, in turn, differences in the type of connection. In this respect, it being understood that the family bond is the closest, we note that when it exists it significantly improves the *normalised life*, while in terms of the assistance and friendship connection there are no significant improvements.

As for the link with entities with social purposes, in the case of those people who have a connection, there are no significant differences in any of the variables, while in those that have no link to this type of entities, it significantly improves *normalised life*. The data shows that the influence of the proposed training itinerary, measured as a change in attitudes towards *social relations*, *normalised life* and *professional environment*, is highly significant in those university students who do not have an (affective) bond to the field of disability and with those students who have no connection (i.e., who are not involved or engaged) with entities with social purposes.

The research results also confirm the effectiveness of using different change techniques, related not only to information but specially to engaging with people with disabilities, to

real experiences in that regard. These results are in line with those shown by Rello & Garoz (2014) and have proven effective in degrees that lack disability-related subjects, as demanded by Aguado, Florez & Alcedo (2004) after their research in Bachelor's Degrees related to disability. Combined structured contact and information techniques are effective in changing attitudes towards disability, inasmuch as these attitudes improve and become more positive.

CONCLUSION

In conclusion, it can be claimed that this research confirms that the design and implementation of disability training for university students contributes to the improvement of the perception of people with disabilities, and has a positive impact on the view of the future professional practice of university students. By means of this training programme students acquired knowledge, cleared up doubts and had the opportunity to talk to people with disabilities from different professional backgrounds and entities. This has changed their perception and opened new future prospects, not only work-related, but especially of social coexistence in an environment for everyone.

The results of the research confirm, indeed, a change in attitude, vision, beliefs and job expectations if we compare students' perception of disability before and after receiving training. This change encourages to continue along this line and to increase efforts to design training that contributes to the awareness and understanding of all groups and, especially, of university students who, in their professional practice, will attend to persons with disabilities and must possess skills and knowledge equal to the task. Similarly, this training contributes to reflect on the need to create more inclusive environments in our society, which allow all people to participate on an equal footing, regardless of their abilities.

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