

Educational Professionals' Perceptions of Children with Special Healthcare Needs (CSHN) and their Families

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Objective

To identify what perceptions educators have of children with special healthcare and education needs (CSHN) and of their families. Specifically, the research question was: What are the perceptions of educators regarding the following:

- Educator self-efficacy for meeting the needs of CSHN
- Personal self-efficacy for meeting the need of a child with special healthcare needs in the classroom
- Inclusion as a place versus an active process/belief
- Personal self-efficacy as a parent
- Personal self-efficacy if you had a child with special education and/or healthcare needs
- Educator perception of parent of CSHCN as:
 - Compliant • Competent to make joint decisions with a team
 - Involved • Ability to manage a variety of tasks, needs, etc.
 - Interested • As a superhero or saint

Methods

A Qualtrics survey was created using a combination of existing instruments adapted to fit the need and the creation of new sections to ensure that all research questions were answered. Educators and pre-service teachers were recruited via email to participate in the Qualtrics Survey. There were 89 teachers, 8 administrators, and 37 pre-service teachers for a total of 144 respondents. The respondents were mostly cis-gendered females (94%), Caucasian (94%), with more than a year of teaching experience (72%). Few respondents had a family member with a disability (19%) or special education experience (32%).

Participants responded to Likert-scale questions pulled from scales adapted for or created for the project. They were offered a chance to receive \$25 Amazon gift cards.

Results

Results were analyzed using descriptive statistics and means comparisons. An alpha level of .05 was used for all significance tests. To address the Personal Self-Efficacy for meeting the needs of a CSHCN in the classroom, the STETSD scale was used (1 = extremely incompetent, 2 = moderately incompetent, 3 = slightly incompetent, 4 = slightly competent, 5 = moderately competent, 6 = extremely competent). Mean score for all participants on the STETSD was 4.74 ($SD = 0.76$). When looking at in-service compared to pre-service educators, there was a significant difference $F(2,107) = 4.61, p = .012$, where in-service educators reported significantly higher ($M = 4.92, SD = 0.72$) competence levels than pre-service educators ($M = 4.42, SD = 0.77$).

Noteworthy is that the four subscales within this scale showed lower competence in general, with mean responses being between slightly competent (4) and moderately competent (5).

- Subscale 1: Developing and implementing instructions that meet IEP guidelines. Mean competence score for all respondents: 4.55. In-service teachers reported significantly more competence than

preservice teachers $F(2,113) = 3.89, p = .0232$.

- Subscale 2: Competence to manage behaviors and track progress with behavior interventions. Mean competence score for all respondents: 4.55. There was no significant difference between pre-service and in-service respondents $F(2,114) = 2.39, p = .0961$.
- Subscale 3: Knowledge about specific disabilities and ability to appropriately communicate about IEP goals and progress, and the mean score for all participants was 4.40. There was a significant difference between pre-service and in-service respondents $F(2,109) = 4.51, p = .0131$, where in service teachers reported significantly more competence than preservice teachers.
- Subscale 4: Keeping student information confidential and following policies and the mean score for all participants was 5.46. There was no significant difference between pre-service and in-service respondents $F(2,108) = 2.47, p = .0892$.

Educators' perceptions of inclusion as a place vs. as a process or belief: Lower scores indicate perception of inclusion as process or belief. Mean score, scale of 1-6: 3.25 ($SD = 0.54$), indicating educator view inclusion as a place. No significant differences in pre-service vs. in-service educators $F(2,106) = 1.40, p = .2517$.

Personal self-efficacy for parenting a CSHN, and being their caregiver, we used two scales, the Parenting Sense of Competence (PSC) scale, and the Caregiver Empowerment Scale (CES). There were no group differences between pre-service and in-service educators.

- Mean for all respondents on the PSC was 3.27, ($SD = 0.84$), indicating lower sense of efficacy for caring for a CSHN.
- Mean for all respondents for the CES was 4.96 ($SD = 0.85$), indicating moderate efficacy for ability to provide care.

Perceptions of the parents of CSHN: No group differences on any of these subscales, indicating that these perceptions are evident from preservice education all the way through the teaching career.

- Parental Competence subscale had a mean of 2.30, ($SD = 0.97$) indicating educator perceptions of parents of CSHN as having low competence or interest in being involved in education.
- Parents as Superheros or Saints Subscale: Mean of 3.59, ($SD = 0.85$), indicating a mild belief of something different or better about parents of CSHN.
- Teachers' efficacy to combat home factors when teaching CSHN: Mean of 3.05 ($SD = 0.71$), indicating low belief that their work with students makes a difference.

Conclusions

Overall survey results indicate a negative perception among educators towards parents of CSHCN that may interfere with their ability to provide supports to these families. In addition, negative perceptions of personal efficacy to appropriately care for and teach CSHN may interfere with successful educating. Finally, the perception of inclusion as a place and not as a belief or process may interfere with successful inclusive teaching practices and the transition to inclusive schools and communities.

Future research needs: Further examine these perceptions and influence the attitudes of pre-service teachers, and design interventions at the pre-service education level in order to combat them.

Future research in this area is also indicated in the health care field. These same stereotypes may exist within the healthcare system and be providing a barrier to care and support for these vulnerable populations.