

🌀 **Name of the study:** The expression of a humanist orientation in the perception and attitude of service providers who accompany and support people with IDD and in the perception of service recipients regarding their abilities and their lives

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Abstract

The current research examines whether, and to what extent, a humanistic orientation is endorsed as a professional worldview among service providers who work with individuals with intellectual and developmental disabilities (IDD). Moreover, the research examines the effects of this worldview on service providers' working style and the lives of their service recipients.

Since the end of the 20th century, the humanistic orientation has been widely accepted as the perspective for treating people with disabilities. This orientation is reflected in policies and legislation that promote civil equality. It also has implications for the relationship that individuals have with their surroundings. A humanistic-based approach emphasizes the importance of listening to people with disabilities. Accordingly, service providers must respect the individuality of each person and focus on creating reciprocal, harmonious interactions, which allow the service recipients to express their abilities, struggles, and desires.

What are the necessary supports that enable people with IDD to take on significant social roles and to experience a sense of satisfaction, personal fulfillment, and a meaningful life (Reiter, 2008; Thompson et al., 2002). Nowadays, we are witnessing attempts to reevaluate the goals for supporting people with IDD. These attempts are based upon the assumption that people with IDD are capable of taking an active role in the decisions that affect them; to face challenges in their lives (if external barriers are removed) (Schalock et al., 2010); and to express themselves and achieve self-actualization (Brown & Brown, 2009; Reiter, 2008). Despite these developments and the attitudinal changes towards people with IDD, oftentimes, in practice, the emphasis is on imparting skills that primarily promote functional independence without a consideration of individuals' personal preferences and expectations. Many times, those who provide support to people with IDD have a difficult time allowing them to explore and make choices, and instead they focus on risk management and advancing functional goals.

The current research examined the degree to which a humanistic orientation is endorsed in the field, and the extent to which it impacts the working style of service providers and the lives of their service recipients. Research findings would make it possible to redefine the system of

supports that should be provided to people with IDD, as well as the training processes that enable support providers to assist those with IDD to live as full and meaningful a life as possible.

The research focused on service providers and the relationship between them and their service recipients. Regarding service providers, two main questions were evaluated: (1) Is there a distinct humanistic orientation that characterizes service providers' attitudes toward people with IDD. (2) Is there a correlation between the orientation of service providers and their actual perception of service recipients' capabilities.

To get an answer to the first question, two scales regarding attitudes towards persons with disabilities were administered. Two distinct orientations were identified – a humanistic and a medical orientation.

Four key questions were examined regarding the relationship between service providers' evaluations of the mutual interaction that occurs between service providers and recipients. The first was divided to provide an answer to two questions: one addressed whether there was a correlation between service providers' perceptions of service recipients' personal and social competence and the evaluations of the service recipients' self-efficacy, according to service providers' basic orientation. The second focused on dyads: service provider and his/her specific service recipients – assessing possible correlations between both parties of the dyad regarding their assessment of the personal and social competence of the receiver.

The other three questions examined the relationship between service providers' orientation, – characterizing their attitudes toward people with IDD – and service recipients' self-reported perceptions of themselves and their lives. In addition to service recipients evaluation of their self-efficacy, they were also asked to complete two other self-report measures – quality of life and future orientation.

The sample included 156 participants: 61 service providers and 95 service recipients (each service provider suggested to include in the research one to three of his service recipients). Service recipients lived in assisted living facilities, which are supported and supervised by Israel's Office of Disability Services (formerly known as the Division for the Treatment of Persons with Disabilities) within the Ministry of Social Affairs and Social Services. Service providers completed questionnaires which assessed their general orientation towards people with IDD and their perceptions of their service recipients' levels of self-efficacy. Service recipients completed self-report questionnaires that examined three domains: self-efficacy, quality of life, and future orientation.

The findings of the research demonstrated that there is a difference between service providers who endorse a humanistic orientation and service providers who hold other types of orientations, mainly a medical orientation. Approximately half of the service providers were

defined as “humanistic,” such that they perceived people with IDD are capable to achieve autonomy, asserting their own rights, maintaining their privacy, and making informed choices. They are furthermore capable of independent thinking, self-awareness and self-advocacy, independent decision-making, self-criticism, and personal responsibility. Findings also showed that service providers who endorsed a humanistic orientation rated their service recipients higher on some of the self-determination and self-efficacy measures as compared to service providers who endorsed orientations based on the medical model. An additional finding demonstrated that service providers’ assessments of their service recipients’ capabilities were correlated with service recipients’ self-reported esteem; in other words, the higher a service provider rated the ability of his or her service recipient, the higher self-esteem the service provider reported. The importance of this correlation is further supported by another finding from the present research, which showed that service recipients tended to discuss their future primarily with their service providers. Regarding service providers’ general orientation and their evaluations of the service recipients’ self-efficacy’ quality of life and future orientation, no correlations were found.

The main conclusion of this research is that a humanistic orientation among service providers is important but is not sufficient for ensuring that service recipients experience their lives in a more positive and optimistic manner. When service providers adopt a humanistic orientation, it serves as a springboard for cultivating autonomy among individuals with IDD.

Keywords: humanistic orientation, people with intellectual and developmental disabilities; self-efficacy; service recipients; service providers; supports



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