A LITTLE ABOUT ME

★   I am a majoring in sociology and minoring in psychology

★   I graduate this May (woo!)

★   I have been accepted into UARK/UAMS' doctorate of

    occupational therapy program

★   I wanted to incorporate my interests of sociology,

    rehabilitation, and health into this project

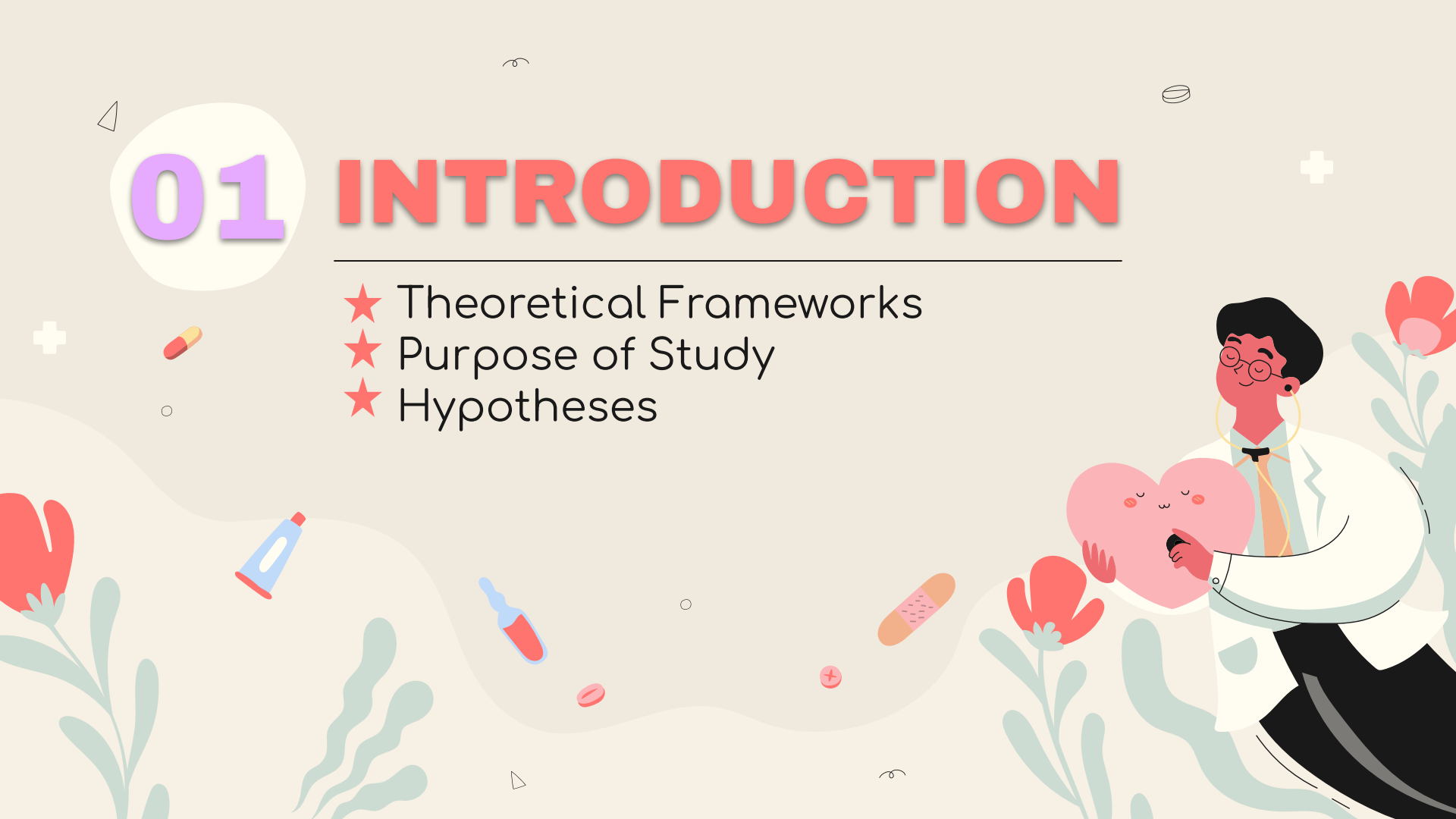★   I hope my passion is displayed in this project! Enjoy! 🙂

TABLE OF CONTENTS

01 INTRODUCTION

* Theoretical Frameworks
* Purpose of Study
* Hypotheses

Let's take a closer look at...

SOCIOLOGY AND HEALTH

Sociology: the study of social change, social life, and social consequences of human behavior.

Through a sociological lens, health is not a one-dimensional topic

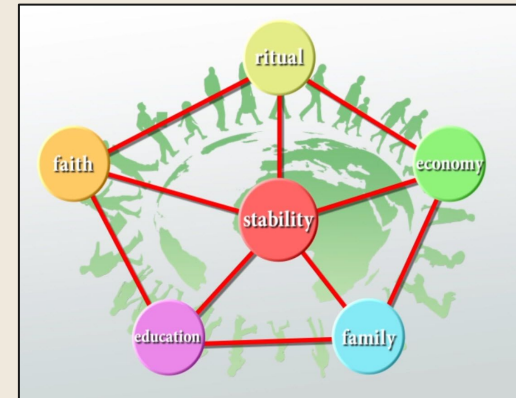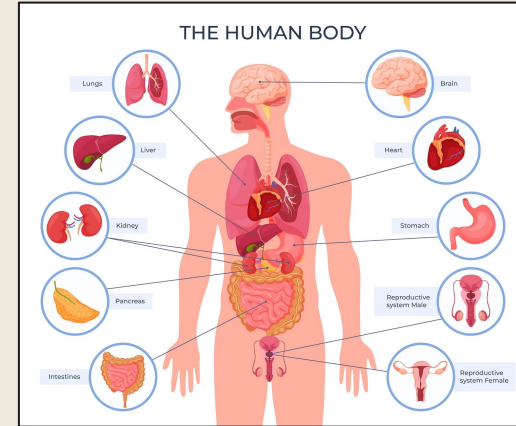Culture, literature, social interactions, and societal expectations shape our worldviews

Sociologists will argue that our understanding of the world is entirely constructed by social factors

Misalignment of our social understanding and other's individual preferences can create
stigma, biases, and discrimination

THEORETICAL FRAMEWORKS

STRUCTURAL FUNCTIONALISM

★ Through a structural functionalist lens, society is defined by interrelated institutions that share common beliefs, norms, and values

　○ <u>Norms</u>: behaviors that are collectively deemed appropriate, acceptable, and moral by members of society
　○

★ Citizens must adhere to these norms to fulfill their role within a population

　○ Societal roles help society function without disruption

★ Emile Durkheim: society is analogous to biological organisms

　○ Each individual and institution has its own specialized function that works together to create harmony

★ Nonconformity to societal roles receive sanctions (disapproval, criticism, exclusion, and discrimination)

(Chilcott, 2008).

THE HUMAN BODY

THEORETICAL FRAMEWORKS

THE SICK ROLE THEORY

★ Developed by **Talcott Parsons** in 1951
★ Functionalist approach
★ **Illness**: "a state of disturbance in the 'normal' functioning of the total human individual, including both the state of the organism as a biological system and of his personal and social adjustments."
    ○ Used to describe *minor ailments*

(Parsons, 1951)

Sickness poses a threat to individualism; person depends on others

Society expects those with illnesses to *want* to get better

Society exempts those who are ill from typical duties **only** on the premise that do not "malinger" in their condition

Social system is created between the patient and the doctor

People should seek medical advice; practitioners are gatekeepers

Illness is considered *deviant*... it deviates from routine and breaks norms

THEORETICAL FRAMEWORKS

Rehabilitative Models of Health:

MEDICAL MODEL:

★ AKA the biomedical approach
★ Main goal is to treat, diagnose, and heal
★ Conditions are viewed as problems
★ Medical staff are authoritative figures, patients should be passive to them
★ Patients who are "incurable" are abnormal and dysfunctional
★ Similar to Parsons' sick role theory
★ "...leaves no room within its framework for the social, psychological, and behavioral dimensions of illness"

(Engel, 2012, pg. 379)

RATIONAL CHOICE THEORY:

★ Sociological theory
★ Illness is viewed through the eyes of the individual with the condition
★ Preferences, goals, available resources, and environmental constraints are considered
★ Must weigh advantages/disadvantages, costs, convenience, etc. when making medical choices
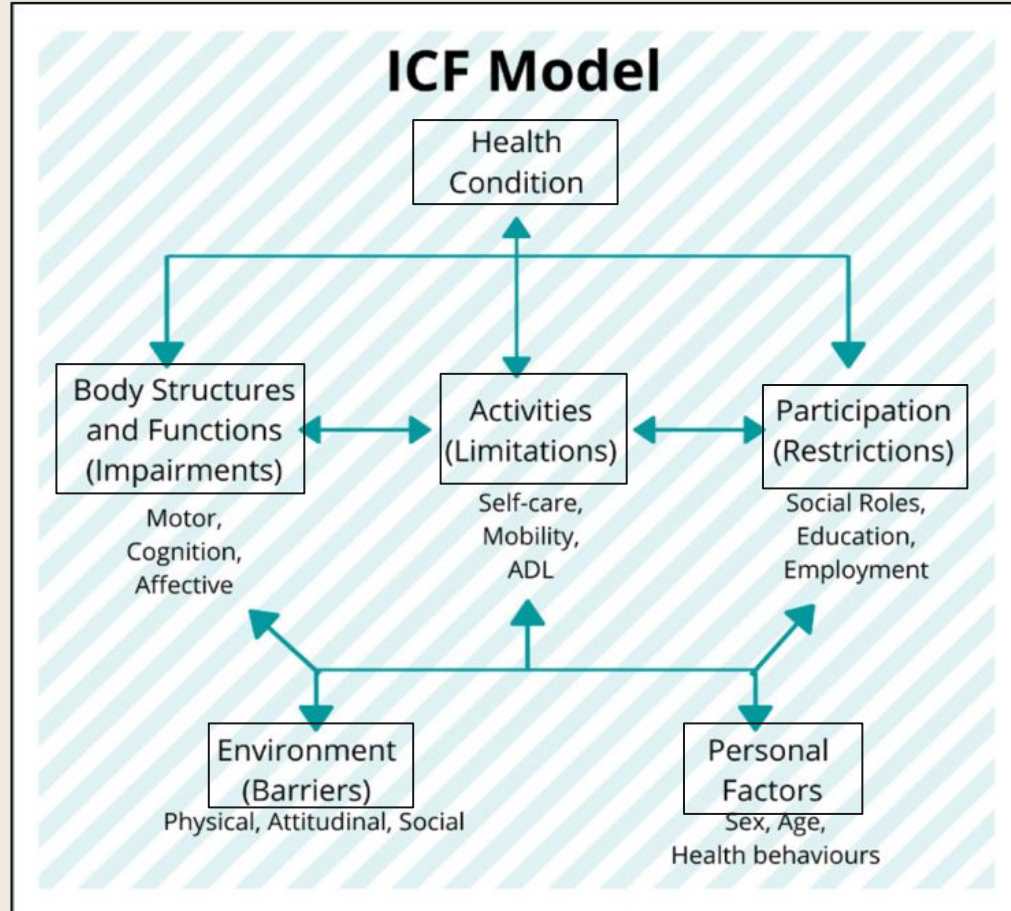★ Outsiders respect the patient's choice

(Weiss & Lonnquist, 2015).

THEORETICAL FRAMEWORKS

Rehabilitative Models of Health:

ICF MODEL:

★ International Classification of Functioning, Disability, and Health

★ Adopted by the World Health Organization (WHO)

★ Celebrates diversity and inclusion

★ Serves to correct stigmas around illnesses and disabilities, as well as the Medical Model

★ Puts a positive focus on function and health, emphasizing the integration of health conditions and personal, societal, and environmental factors

★ Gives patients right to autonomy

★ Recognizes individual experiences

★ Blame physical environment for problems

(Falvo & Holland, 2018)

ICF Model

Health Condition

Body Structures and Functions (Impairments)
Motor, Cognition, Affective

Activities (Limitations)
Self-care, Mobility, ADL

Participation (Restrictions)
Social Roles, Education, Employment

Environment (Barriers)
Physical, Attitudinal, Social

Personal Factors
Sex, Age, Health behaviours

THEORETICAL FRAMEWORKS
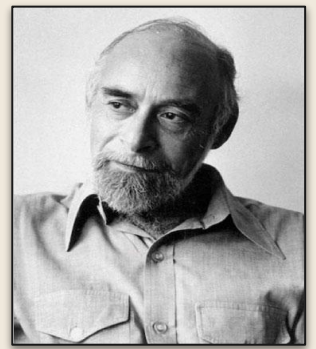
SYMBOLIC INTERACTIONISM

★ Viewing the world through a subjective lens; norms are created through social interactions and the diffusion of language and symbols
★ **Labeling theory**: self identity/behavior is determined by symbols/terms used to describe them
★ Illness is a subjective matter that is defined by cultural contexts that change overtime

Eliot Freidson:

★ The sick role changes depending on the seriousness of the condition (how far the condition deviates from societal norms)
★ Level of stigma changes
★ The sick role is a reflection of societal norms/traditions
   ○ E.g. AIDS and substance abuse disorders

PURPOSE OF STUDY

★ Discover the applicability and extent of the sick role among Arkansas Tech University students
  ○ What theory is most accurate when describing Arkansas Tech students' attitudes towards health conditions?

★ Discover if the societal attitudes Parsons describes in the sick role theory are **similar and/or different** from opinions regarding three other categories of health: **psychological conditions, chronic illnesses,** and **disabilities**

★ Beliefs of the sick role that I chose to focus my study on:
  ○ People with medical conditions:
    ■ Should want to get better
    ■ Should consult medical advice and care
    ■ Are deviant and go against societal norms
    ■ Have lessened responsibilities and receive special attention

Are people comfortable around those with health conditions?

Do levels of comfort change depending on the type of health condition?

HYPOTHESES

Talcott Parsons' functional theory of the sick role will be an accurate representation of Arkansas Tech students regarding attitudes held about minor illnesses and psychological conditions. However, it is theorized that there will be less evidence for the sick role when asked questions that gauge attitudes toward chronic illnesses and disabilities.

1	2	3	4	5
Strongly Disagree	Moderately Disagree	Neutral	Strongly Agree	Strongly Agree

Inclusive Approach
"Lifelong" Conditions
Autonomy
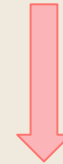
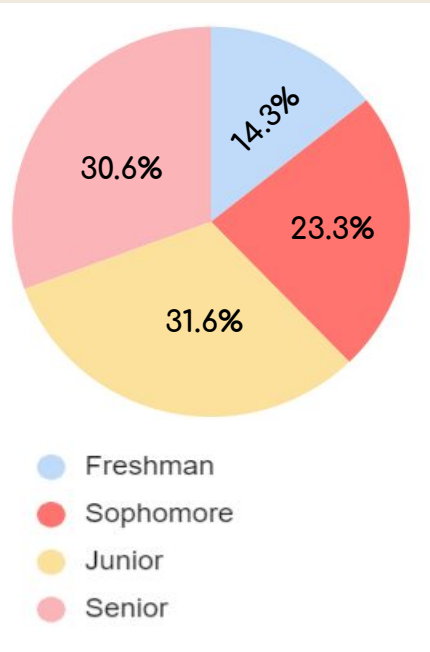Sick Role Theory
"Curable" Condition
Pharmaceuticals

METHODS

02

★ Subjects for Study
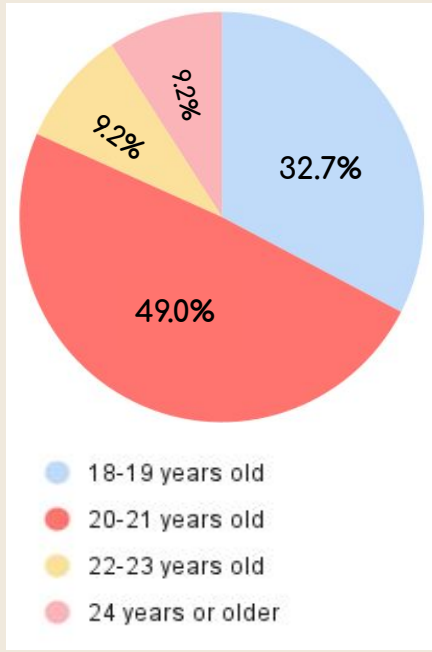★ Demographics
★ Measurement
★ Questions

SUBJECTS FOR STUDY

This examination of Arkansas Tech University students attempt to discover common perceptions towards <u>minor ailments,</u> <u>psychological conditions,</u> <u>chronic illnesses</u>, and <u>disabilities</u>. The primary investigator collected data from 97 Arkansas Tech students through a 40-question survey via Google Forms.

Academic Demographics
- 14.3% Freshman
- 23.3% Sophomore
- 31.6% Junior
- 30.6% Senior

Age Demographics
- 32.7% 18-19 years old
- 49.0% 20-21 years old
- 9.2% 22-23 years old
- 9.2% 24 years or older

Racial Demographics
- 83.7% Caucasian
- 5.6% African American
- American Indian/Alaskan Native
- Asian
- 11.3% Hispanic/Latino
- African

Gender Demographics
- 70.4% Female (cisgender or transgender)
- 17.3% Male (cisgender or transgender)
- 17.1% Non-binary
- Gender non-conforming
- Gender-Fluid
- Transmasculine

| ACADEMIC DEMOGRAPHICS | AGE DEMOGRAPHICS | RACIAL DEMOGRAPHICS | GENDER DEMOGRAPHICS |
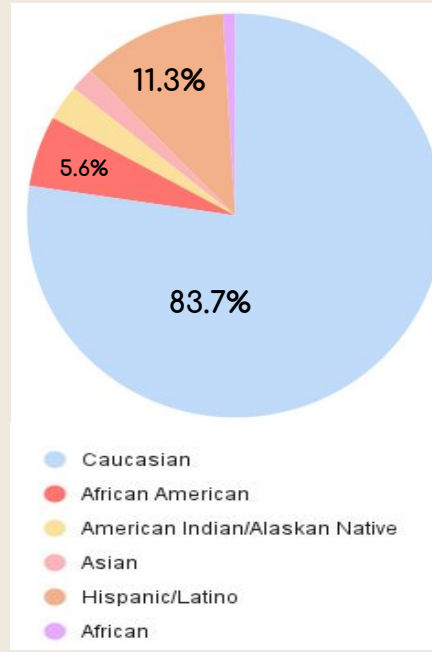
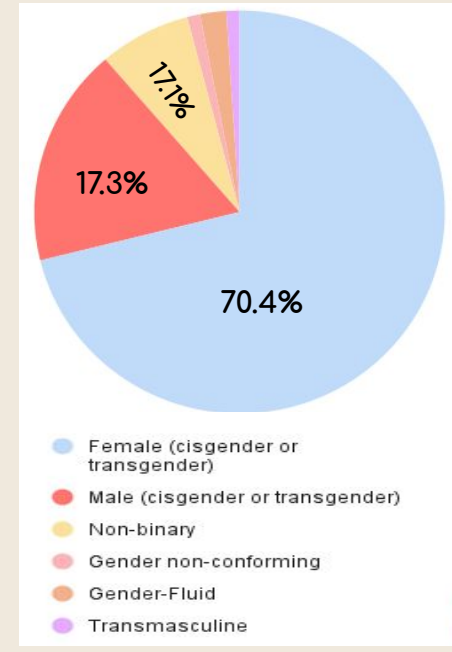# MEASUREMENT

Questions distributed via Google Forms
40 questions–10 questions repeated for 4 sections

Minor Ailments:

Non-complicated medical conditions which can be self diagnosed.

Fever, diarrhea, and nasal congestion.

Note: please treat these symptoms as isolated events not related to Covid-19 symptoms.

Psychological Conditions:

Conditions that affects one's mood, thinking, and behavior.

Clinical depression, generalized anxiety disorder, and bipolar disorder.

Chronic Illnesses:

A disease or condition that usually lasts for 3 months or longer and may get worse over time, especially if left untreated.

Cancer, diabetes, and AIDS.

Disabilities:

Any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.

Deafness, spinal cord injuries, and dyslexia.

QUESTIONS

1 — Strongly Disagree

2 — Moderately Disagree

3 — Neutral

4 — Strongly Agree

5 — Strongly Agree

1. I feel uncomfortable around people with [...].
2. People with [...] should seek medical care and advice.
3. People with [...] should want to get better.
4. People with [...] should not be expected to meet the same standards as people without [...].
5. Most people with [...] cannot take care of themselves.
6. Most people with [...] require special attention.
7. People with [...] should not take pleasure in their altered state of health.
8. People with [...] do not fit in with social norms.
9. The way people with [...] act is irritating.
10. I would be worried about how my boss, friends, etc. would react if I was diagnosed with [...]

[...] insert:

-Minor ailments/illnesses

-Psychological conditions

-Chronic illnesses

-Disabilities

H.E. Yuker, 1970

Hirai and Clum, 2000

03

RESULTS

★ Descriptive Statistics
★ Pairwise Comparisons

DESCRIPTIVE STATISTICS

N=97	MEAN (out of 50 pts)	STD. DEVIATION
Minor Ailments	27.186	4.8161
Psychological Conditions	30.340	5.3403
Chronic Illnesses	31.588	5.1493
Disabilities	29.124	5.6444

PAIRWISE COMPARISONS

(I) condition_type	(J) condition_type	Mean Difference (I-J)	Std. Error	Sig.[b]	95% Confidence Interval for Difference[b]	
					Lower Bound	Upper Bound
1	2	-3.155[*]	.592	.000	-4.751	-1.559
	3	-4.402[*]	.612	.000	-6.050	-2.754
	4	-1.938[*]	.631	.017	-3.638	-.239
2	1	3.155[*]	.592	.000	1.559	4.751
	3	-1.247[*]	.412	.019	-2.359	-.136
	4	1.216[*]	.437	.039	.038	2.394
3	1	4.402[*]	.612	.000	2.754	6.050
	2	1.247[*]	.412	.019	.136	2.359
	4	2.464[*]	.457	.000	1.232	3.696
4	1	1.938[*]	.631	.017	.239	3.638
	2	-1.216[*]	.437	.039	-2.394	-.038
	3	-2.464[*]	.457	.000	-3.696	-1.232

1. Minor ailments
2. Psychological conditions
3. Chronic illnesses
4. Disabilities

1. Differences are statistically significant if the p value is less than 0.05.
2. Statistical significance shows that results are unlikely to be explained by chance or random.
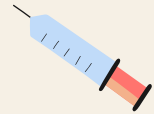
04 DISCUSSION

★ Data Discussion
★ Suggestions for Change

DATA DISCUSSION

HYPOTHESES

Talcott Parsons' functional theory of the sick role will be an accurate representation of Arkansas Tech students regarding attitudes held about minor illnesses and psychological conditions (high scores; strongly agree). However, it is theorized that there will be less evidence for the sick role when asked questions that gauge attitudes toward chronic illnesses and disabilities (low scores; strongly disagree).

REJECTED

LOW SCORES:

Disabilities
29.124

Minor Ailments
27.186

Despite close scores, statistical significance shows that participants held different opinions about each condition, i.e. **they did not view all conditions in the same way.**

An average score of **29.588** shows a slightly more inclusive approach (on a 10-50 point scale), but in general, it appears that ATU students held **neutral** opinions about health conditions.

HIGH SCORES:

Chronic Illnesses
31.588

Psychological Conditions
30.340

Attitudes mirror the ICF model

Attitudes mirror the sick role

SUGGESTIONS FOR CHANGE

★ <u>Reliability Tests</u>
  - Tests for level of agreeance between items, or how well each question correlates with the central theme of the question set
  - Acceptable reliability is 0.70
    - 0.580 (M.A.), 0.667 (P.C.), 0.673 (C.I.), 0.680 (D.)
    - Gathered some questions from other studies, which can explain reliance scores
    - Although they did not reach 0.70, they were close to the acceptable level

★ <u>Question Confusion</u>
  - Feedback from participants stated that questions seemed "too open-ended" and "slightly confusing"
  - Somewhat difficult to maintain the authenticity of Parsons' work
  - Tried to keep open ended to remove investigator influence

SUGGESTIONS FOR CHANGE

- ★ <u>Sphericity Test</u>
  - ○ Tests for dependence between pairs of group in a repeated measures design, e.g. experimental conditions are equal
  - ○ Important to yield *not significant*
    - ■ Results tested significant
      - ● Significance increases the chance of a Type I error
      - ● Type I error: rejecting a null hypothesis when it is true, i.e. there is no statistical significance
  - ○ Despite these errors, the investigators chose to keep the results authentic. Deleting questions would increase reliability, but not sphericity or pairwise comparison scores.
- ★ <u>Covid-19</u>
  - ○ The pandemic has changed people's views of illness—would results have been different if tested before this pandemic?

05

CONCLUSION

★ Outcomes
★ Future Research

Viewing health through a holistic lens can create understanding, empathy, and love between individuals who may not share similar backgrounds or experiences.

OUTCOMES

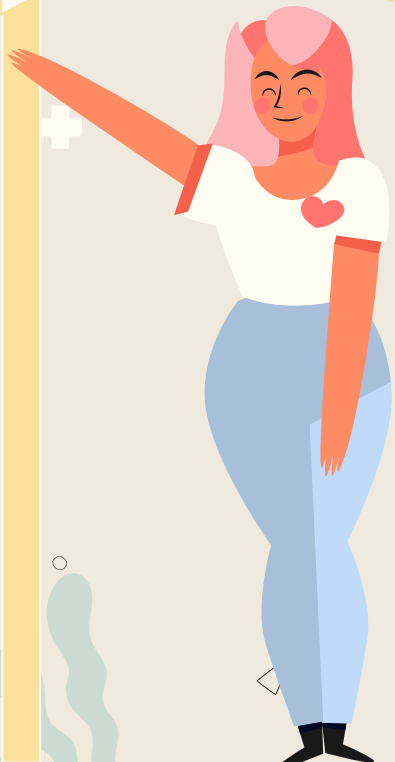Think Deeply and Critically

Self-Reflection

Discover Implicit Biases

Discover Explicit Biases

"This was a really great survey that made me think about my unformed opinions!"

"This survey has encouraged me to do more self-reflection on why I feel the way I do when it comes to those illnesses and disabilities listed."

FUTURE RESEARCH

★ Present this survey to different cultures and populations for comparison of scores
  ○ Culture impacts people's beliefs
★ Oral interviews may add insight and provide feedback

★ Discover if results would change depending on the condition examples given
  ○ E.g. personality disorders vs. mood disorders
★ Attempt to narrow down condition definitions, questions, etc.
  ○ Would increase reliability and accuracy

06 REFERENCES
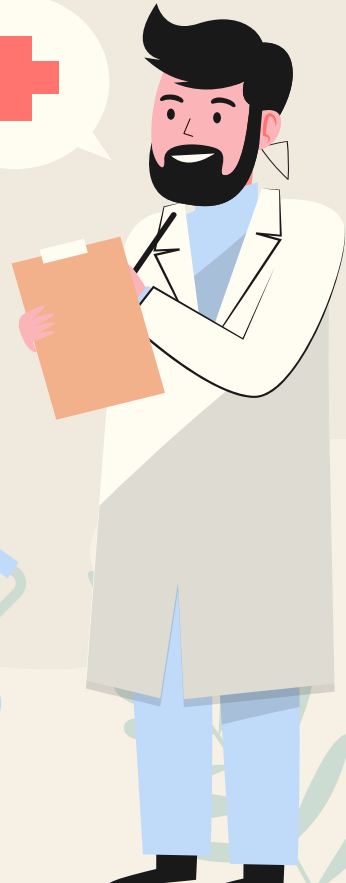
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