

Assessing the Readiness to Change Communication Practices: An Exploratory Study on Disability-Inclusive Language Among First-Year Healthcare Students in India

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Abstract—Disability-inclusive communication, defined as respectful, person-centered, and non-stigmatizing language that affirms the dignity of persons with disabilities, is essential for equitable healthcare. While such language is increasingly recognized as a professional standard, its consistent use in clinical practice often depends on individuals' awareness, confidence, and behavioural readiness. This study explores the readiness of first-year healthcare students in India—including those in MBBS, AYUSH, and Allied Health Sciences programs—to adopt disability-inclusive language as part of their future professional identity.

The study is grounded in the Transtheoretical Model of Behaviour Change (TTM), which maps behavioural readiness across five stages: precontemplation, contemplation, preparation, action, and maintenance. A descriptive quantitative research design was used, with data collected through a modified Readiness to Change (RTC) questionnaire. The responses were collected using convenient sampling and analyzed using descriptive statistics to determine students' levels of awareness, intention, and confidence in using inclusive language.

This study emphasizes the importance of encouraging respectful and inclusive language as one of the core aspects of healthcare professionalism. It aligns with international frameworks such as the United Nations Disability Inclusion Strategy and Sustainable Development Goals (SDG 10 and SDG 11), while also resonating with national efforts including India's Rights of Persons with Disabilities Act (2016) and the National Education Policy (NEP) 2020.

Index Terms—Disability-Inclusive Communication, Transtheoretical Model, Readiness to Change, Inclusive Language, RPwD Act, NEP 2020, SDG 10, SDG 11

I. INTRODUCTION

All Effective communication is the cornerstone of inclusive healthcare practices. With growing global emphasis on rights-based approaches to disability, the language used by healthcare professionals significantly influences patient experiences and accessibility. Disability-inclusive language is not merely about terminology; it embodies a shift in mindset—one that respects dignity, promotes equity, and acknowledges diversity. In medical education, however, communication training often lacks adequate focus on inclusive language, leaving future professionals underprepared to serve patients with disabilities.

This research investigates the readiness of first-year healthcare students—spanning MBBS, AYUSH, and Allied Health Sciences programs in India—to adopt disability-inclusive language in their communication practices. Grounded in the Transtheoretical Model (TTM) of behaviour change, the study explores awareness, intention, confidence, perceived barriers, and value alignment with professional norms. It seeks to identify the stage-wise progression of students in their willingness to incorporate inclusive communication and understand whether current curricula adequately support this transformation.

By mapping student responses across behavioural stages, this study aims to address gaps in medical education and propose the need for early sensitization and structured training on disability-inclusive communication. The findings are intended to contribute to discussions on curriculum enhancement and alignment with global frameworks such as the United Nations Disability Inclusion Strategy and the Sustainable Development Goals (SDG 10 and 11), promoting inclusive and sustainable healthcare systems.

II. LITERATURE REVIEW

The discussions surrounding disability-inclusive language have gained prominence with international frameworks such as the United Nations Convention on the Rights of Persons with Disabilities [1] and the Disability Inclusion Strategy [2], both of which advocate for barrier-free communication. These frameworks emphasize that inclusive language is not just about terminology but is fundamental to upholding dignity, participation, and equality for persons with disabilities [3], [4].

In India, the Rights of Persons with Disabilities Act, 2016 [7] reinforces these values, yet implementation within medical education remains uneven. National policies such as the National Education Policy 2020 [5], [18] recognize the importance of inclusive practices, but the operational integration of disability-inclusive communication remains a grey area in curriculum design. State-level resources, such as those from the Government of Maharashtra [6], highlight gaps in public understanding and institutional sensitization, which can further impact healthcare delivery.

The need for inclusive language in healthcare settings is also emphasized in empirical literature. Studies have validated tools to measure attitudes toward disability among medical students, revealing both a willingness to adapt and gaps in formal training [8],

[9]. These findings align with global calls for competency-based disability training in medical education [11] and stress the need for structured pedagogical integration.

From a psychological behavior-change perspective, the Transtheoretical Model (TTM) offers a robust framework for examining readiness to adopt inclusive practices. Constructs within the TTM—such as intention, confidence, and values alignment—have been explored among university students in related contexts [16], suggesting its applicability in medical education.

Further, perceptions of inclusive language—both gender-based and disability-oriented—are influenced by social norms and professional expectations [10], [13], [14]. For example, medical professionals may hesitate to adopt new communication styles due to lack of clarity or institutional support [17]. This is compounded by the fact that language guidelines, while available [3], [4], [12], are not uniformly taught across healthcare disciplines.

The research also draws on insights from communication studies and applied science education, where inclusive language is positioned as both a pedagogical and ethical imperative [15]. Innovative approaches in the health sciences are beginning to acknowledge this gap, but existing models remain fragmented and vary across institutions [9], [14].

Therefore, this study is situated at the intersection of public policy, educational reform, and behavioral change. It attempts to assess not just awareness or intention, but the readiness to change among first-year healthcare students in India. In doing so, it contributes to a growing body of research that seeks to reframe inclusivity as a core competency in healthcare communication [17].

III. METHODOLOGY

Research Design

This study adopted a descriptive, cross-sectional design with a quantitative approach to assess the readiness of first-year healthcare students to adopt disability-inclusive language. The research was grounded in the Transtheoretical Model (TTM) of behavior change, which frames the progression of individuals through five stages: Precontemplation, Contemplation, Preparation, Action, and Maintenance. This model served as the theoretical basis for developing and interpreting the Readiness to Change (RTC) Questionnaire used in the study.

Sample and Participants

The target population included first-year students from MBBS, AYUSH, and Allied Health Sciences programs in India. A total of 51 participants were recruited through purposive sampling, with data collected via a structured Google Form. Participation was voluntary and anonymous.

Tool and Measures

A structured RTC Questionnaire was developed specifically for this study. The questionnaire comprised 24 items categorized across five dimensions:

- Awareness (Precontemplation stage)
- Global Goals and Normative Beliefs (Contemplation stage)
- Disability Inclusion Scenarios (Preparation stage)
- Application-Based Scenarios (Action stage)
- Self-Reflection and Confidence (Maintenance stage)

Each item used a 5-point Likert scale to measure the participant's agreement or perceived readiness, and composite scores were calculated for each dimension to classify respondents into one of the five TTM stages.

Data Analysis

Data were analyzed using SPSS and Python. Descriptive statistics were used to understand distribution trends. K-Modes clustering was applied to categorize participants into readiness stages based on composite scores. The Kruskal-Wallis test was used to identify significant differences in readiness levels across various factors such as awareness, intention, values alignment, and perceived barriers.

Ethical Considerations

The study adhered to ethical guidelines as per the university's academic research protocol. Participation was voluntary, with informed consent obtained electronically. No personal identifiers were collected, and confidentiality of data was ensured.

IV. RESULTS AND DISCUSSION

This study explored the readiness of first-year healthcare students in India to adopt disability-inclusive language, using the Transtheoretical Model (TTM) as a behavioral framework. The analysis included data from 51 participants and assessed their awareness, intention, confidence, perceived barriers, and alignment with inclusive communication values.

Stage-Wise Readiness Summary

The TTM stage-wise distribution and associated behavioral indicators are summarized below:

Table: TTM Stage-wise Summary of Readiness

TTM Stage	No. of Participants	Average Awareness Score (out of 5)	Average Confidence Score (out of 5)	Perceived Barriers (High to Low)
Precontemplation	5	2.1	1.9	High
Contemplation	22	3.4	3.1	Moderate
Preparation	11	3.8	3.6	Moderate
Action	9	4.0	4.1	Low
Maintenance	4	4.5	4.6	Very Low

This table indicates that most participants were in the Contemplation stage (n=22), where they acknowledge the importance of inclusive language but have not yet translated it into consistent practice. The Preparation (n=11) and Action (n=9) stages showed higher awareness and confidence levels, suggesting that students in these stages are beginning to apply inclusive language, albeit inconsistently. Few participants were in Maintenance (n=4), indicating long-term behavior adoption. In contrast, those in Precontemplation (n=5) exhibited the lowest awareness and highest perceived barriers.

Statistical Insights

Non-parametric analysis using the Kruskal-Wallis's test confirmed significant differences across readiness stages:

- Awareness scores increased progressively from Precontemplation to Maintenance ($p < .01$).
- Confidence in using inclusive language also followed an upward trend ($p < .05$).
- Perceived Barriers were inversely related to readiness level ($p < .05$), with early-stage participants citing lack of training and fear of incorrect usage as major deterrents.

These findings validate the staged progression proposed by TTM and suggest that interventions must be customized to match the students' behavioral stages. For instance, those in earlier stages may benefit from foundational exposure and sensitization, whereas those in later stages require practical reinforcement through clinical simulations and peer discussions.

Implications for Curriculum Design

The results underscore a pressing need for integrating structured, experiential learning modules on disability-inclusive communication within the first-year curriculum. As the students progress, they could be provided with reflective activities, supervised practice, and ongoing feedback to solidify their readiness and confidence. Aligning these efforts with SDG 10 (Reduced Inequalities) and SDG 11 (Sustainable Cities & Communities) can also ensure that future healthcare professionals are trained to provide equitable care that respects linguistic and cultural diversity that aligns with global values.

V. CONCLUSION

This study highlights a critical gap in the readiness of first-year healthcare students in India to adopt disability-inclusive language in clinical communication. While a majority of students demonstrated awareness of inclusive values and recognized their importance—particularly in relation to global frameworks like the UN Disability Inclusion Strategy and SDGs 10 and 11—many lacked the confidence and practical experience needed to apply these principles effectively.

The findings, interpreted through the Transtheoretical Model, reveal that most participants are in the Contemplation stage, with only a few reaching the Action or Maintenance stages. This indicates a pressing need for early-stage curricular interventions that go beyond awareness-building and provide real-world, experiential learning opportunities. Incorporating reflective exercises, role plays, and supervised communication tasks into the medical and allied health curricula can accelerate behavioral readiness and empower future professionals to engage in inclusive, respectful, and equitable healthcare practices.

Ultimately, this research affirms that disability-inclusive language is not an optional skill but a fundamental aspect of patient-centered care. Fostering readiness to adopt such communication practices from the outset of medical education can contribute meaningfully to more inclusive, accessible, and socially responsible healthcare systems in India.

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