University of Miskolc
Faculty of Economics
Hantos Elemér Business and Regional Sciences Doctoral School

Social inclusion of people with disabilities from a social marketing perspective

Theses of doctoral (PhD) dissertation

Beáta Dr. Bihariné Kalászdi
IQ463L

PhD supervisor:

Prof. Dr. István Piskóti

Head of Doctoral School:

Prof. Dr. Géza Tóth

Miskolc, 2024.

TABLE OF CONTENTS

I. RESEARCH TASK

I.1. Presentation of the research topic, problem

The dissertation focuses on the study of social inclusion of people with disabilities, from the perspective and with the tools of social marketing.
The social perception of people with disabilities has undergone significant changes throughout history. From the initial stigmatising and exclusionary attitudes, developed societies have moved towards a paradigm of equal rights and inclusion.
There is no question that successful social inclusion of people with disabilities is important and beneficial not only for the people affected and their families, but also for society as a whole. Persons with disabilities who are successfully included in society are active members of the community, able to take care of themselves. Equal access to quality education (including higher education) for people with disabilities significantly improves their labour market position, and those who are successfully employed in inclusive work environments not only reduce social expenditure but also increase tax revenues.

I.2. Relevance and currency of the chosen topic

In the widely accepted definitions of disability, the impact and role of the social environment and the fact that disability is associated with limited participation in social life are already basic elements. This factor further deepens the disadvantages of people with disabilities. According to the European Disability Strategy (2010), a person with a disability is a person who has a long-term physical, intellectual, mental or sensory impairment which, together with a range of other barriers, may limit the person's full, effective and equal participation in society. According to the WHO (2011), in 2010, approximately 15% of the world's population was living with some type of disability, representing more than one billion people. According to the most recent figures of the Strategy for the Rights of Persons with Disabilities 2021-2030, there are 87 million people with disabilities in the European Union countries, aged 16 and over. This represents 24.7% of the age group. In Hungary, more than 400,000 people live with some type of disability (Mikrocenzus, 2016).

I.3. Research questions and research process

To promote the social inclusion of people with disabilities by understanding the drivers of inclusive attitudes and building on this, by influencing attitudes and inclusive behaviour in a positive way, thereby contributing to their fuller participation in life.

Research questions:
Q1: What are the main types of social marketing models, what factors influence the individual's behaviour, how can the individual's inclusive attitude be influenced?
Q2: Model adaptation to the selected social issue, including
- How can the level of physical accessibility be measured in public institutions?
- To what extent does the University of Miskolc currently achieve the necessary level of accessibility in terms of physical accessibility necessary for the social inclusion of students with disabilities?
- How can the current situation be improved?
- To what extent does the University of Miskolc currently achieve the necessary level of accessibility in terms of attitudinal accessibility necessary for the social inclusion of students with disabilities?
- Which factors influence inclusive attitudes and to what extent?

- What effective social marketing methodologies can be used to positively influence inclusive attitudes and, through them, inclusive behaviour?

The research methods used and the research process can be summarized as follows:

SECONDARY RESEARCH	
UNDERSTANDING THE SOCIAL MARKETING APPROACH	**UNDERSTANDING THE CHOSEN SOCIAL ISSUE**
Exploring and summarising the origins and evolution of the social marketing approach	Analysis of the literature on social inclusion
Conceptualisation efforts - analysis of 52 social marketing definitions	Macro-level policies, regulations and their results related to social inclusion
Analysis of social marketing models	Systematic literature analysis of disability-related literature (2215 domestic publications)
Examination of the interpretation of relevant terms in the literature (value, attitude)	Presentation of previous research on attitudes towards people with disabilities

↓

STAKEHOLDER ANALYSIS

PRIMARY RESEARCH		
EXAMINING PHYSICAL ACCESSIBILITY	**EXAMINING ATTITUDINAL ACCESSIBILITY**	
Getting to know the legal requirements	QUALITATIVE METHODS	QUANTITATIVE METHODS
Empirical pre-studies	Document analysis	Questionnaire survey - Pilot researches - Final survey
Development of the Accessibility Index	Interviews with experts	
Testing the Accessibility Index at the University of Miskolc	Surveys of people with disabilities	Surveys of people with disabilities
Suggestions for improving accessibility	Focus group	

As a synthesis of the results of the literature analysis, I have designed the following initial research model, which is tested by the primary research.

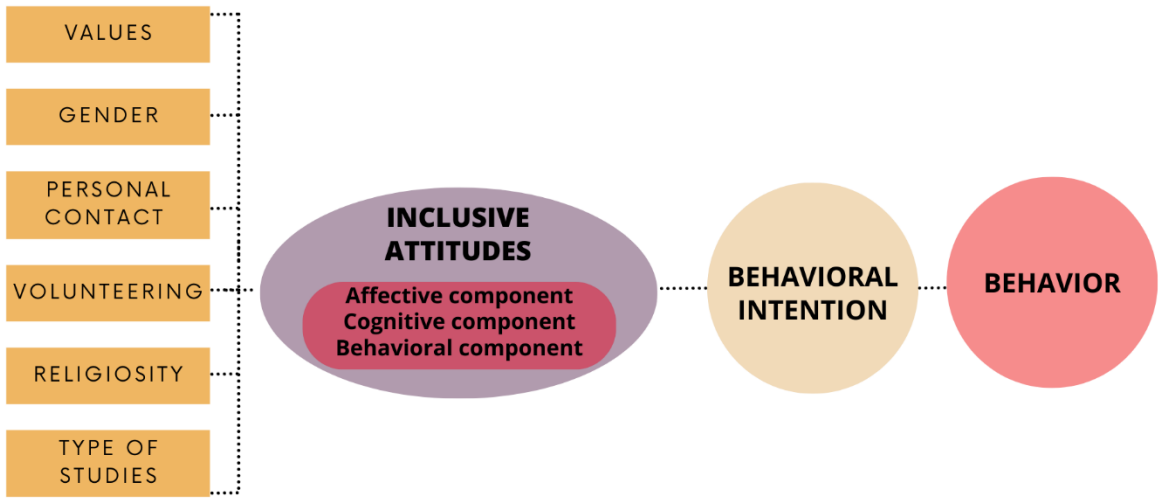

Figure 1. Initial research model

II. EMPIRICAL RESEARCH

II.1. Hypotheses

Based on the research findings from the national and international literature, I formulated the following hypotheses related to the empirical research:

Nr.	Hypothesis	Theoretical background	Method
H1.	The level of physical accessibility of a building can be measured by a complex measurement tool that complies with legal requirements and professional recommendations, is suitable for rating public institutions and other buildings, and enables comparing them.	Legal regulations, technical specifications	Getting to know the legal requirements. Empirical pre-studies. Development of the Accessibility Index.
H2.	The 22 items of the Multidimensional Attitude Scale are grouped into specific components, which provide the framework for the MAS-H scale.	Findler et al, 2007.; Vilchinsky et al., 2010.; Wöhrle et al., 2018.; Lu and Kim (2017)	MAS questionnaire
H3.	Women show more positive results than men on the Multidimensional Attitude Scale measuring inclusive attitudes towards people with disabilities.	Pusztai, Szabó, 2014.; Findler et al., 2007.; Vilchinsky et al., 2010.; Gustafsson et al., 2019.; Wöhrle et al., 2018.	MAS questionnaire
H4.	Depending on the type of studies (humanities or technical), students have different levels of inclusive attitudes measured by the Multidimensional Attitude Scale.	Researcher assumption	Focused questions of the questionnaire, MAS questionnaire
H5.	There is a relationship between Schwartz's values pattern and the level of inclusive attitude.	Séllei, 2018.	Schwartz value test, MAS questionnaire
H6.	Disability issues are perceived as a more important social problem and more positive attitudes are achieved by those who have involvement and personal contact with people with disabilities.	ICT	Focused questions of the questionnaire, MAS questionnaire
H7.	People who are involved in voluntary activities score higher on the Multidimensional Attitude Scale than those who are not involved in voluntary activities, and those who consider themselves religious also score higher on the Multidimensional Attitude Scale than those who are not religious.	Pusztai, Szabó, 2014.	Focused questions of the questionnaire, MAS questionnaire
H8.	Social acceptance of various disability types is different.	Kegye et al., 2013.; Séllei, 2015.; Séllei, 2018.	Bogardus scale
H9.	People expect solutions to disability issues at a macro level rather than at an individual level.	Piskóti et al., 2012.a.	Focused questions of the questionnaire

II.2. Empirical research and results on physical accessibility

In relation to hypothesis 1, my aim in this phase of the research was to develop a rating system that assigns numerical data to the actual achievement of free movement of wheelchair users, using a complex metric to rate the level of accessibility in a given building or institution. This allows a comparison of institutions with similar functions in terms of accessibility. Higher education institutions with an outstanding Accessibility Index can gain a competitive advantage in the increasingly competitive market. One way of building trust and reputation for the institution is to build an image of an "inclusive university", which can also become the basis of the institution's positioning.

The development of a rating system requires a precise knowledge of the relevant legal background. My aim was first to identify the general principles, then to get to know the specific requirements and technical specifications, with a view to the intended field of application - the requirements for public institutions, including higher education institutions. "Accessible: the built environment is that which is comfortable, safe and can be used independent for all people, including individuals or groups of people with health impairments who require special equipment or technical solutions." (Act No LXXVIII of 1997 on the Design and Protection of the Built Environment, § 2.1)

I developed criteria for rating each room based on its accessibility, entrance and appropriate use for its function. A correction factor of "K" has been applied to take into account the presence or absence of an accessible toilet as required by law. I weighted the measurement tool according to the room's capacity to accommodate and its functional importance.

Based on the above, the calculated Accessibility Index of a building with "n" rooms can be determined using the following formula:

$$i_{am} = \frac{\sum_{j=1}^{n}((L_{am(j)} - K_i) \cdot BK_j \cdot r_j)}{6 \cdot \sum_{j=1}^{n}(BK_j \cdot r_j)} \cdot 100 \quad [\%] \qquad (1.)$$

The quantities in the formula are listed below:

i_{am}	Accessibility Index [%];
j	parameter[-];
n	number of rooms [units];
$L_{am(j)}$	accessibility level of the j-th room [-];
K	correction factor, representing the accessibility of the accessible toilet [-];
BK_j	capacity of the j-th room [units];
r_j	functional weighting of room j-th [-].

In cases where the institution does not consist of a single building, it is proposed to introduce the concept of an aggregated Accessibility Index (I_{am}). This index quantifies the level of accessibility for the whole complex, but takes into account the functional importance of each building in a weighted way.

The aggregated Accessibility Index can be determined by the following calculation method.

$$I_{am} = \frac{\sum_{j=1}^{z}(i_{am(j)} \cdot L_{ent(j)} \cdot t_j)}{6 \cdot \sum_{j=1}^{z}(t_j)} \cdot 100 \quad [\%]. \qquad (2.)$$

Variables not yet defined in the context:

I_{am}	aggregated Accessibility Index [%];
z	number of buildings in the complex [-];

$i_{am(j)}$ calculated accessibility index of j-th building [-];
t_j average number of people using the entrance of the j-th building [number];
$L_{ent(j)}$ accessibility level of j-th building [-].

The empirical testing of the created index was carried out for the University of Miskolc, during which the accessibility rating of a total of 80 educational locations (lecture halls and classrooms) was performed, and the value of the Accessibility Index for the shared access classrooms of the University of Miskolc is as follows:

$$i_{am} = \frac{\sum_{j=1}^{n}((L_{am(j)} - K_i) \cdot BK_j \cdot r_j)}{6 \cdot \sum_{j=1}^{n}(BK_j \cdot r_j)} \cdot 100 \quad [\%] = 67{,}45\,[\%]. \qquad (3.)$$

Based on the result (67.45%), the degree of physical accessibility of the University of Miskolc can be classified as "GOOD". In the "Suggestions" section of the dissertation, I have made specific suggestions to further improve the level of physical accessibility at the University.

II.3. Empirical research and results on inclusive attitudes

II.3.1. Interviews with experts, surveys of people with disabilities

I conducted in-depth, semi-structured interviews with six professionals working in the field of disability care, using a snowball sampling approach. The experts interviewed are involved in the care of people with different types of disabilities, and the interviewees' activities cover all types of disabilities. Three experts are acknowledged experts in the social field and their organisations are known to the general public. The other three experts are people with disabilities themselves. The consensus among the experts interviewed was that the most problematic area of life is the employment of people with disabilities. The majority of experts (four out of five) considered the attitude of Hungarian society to be improving and becoming more accepting (in alignment with the literature). Further improvement could be achieved if existing communication problems and information gaps could be addressed, eliminating some harmful stereotypes. I consider the expert critique on the nature of the sector's communication message to be of particular importance. Based on the responses received, I was able to classify the barriers to successful social inclusion of people with disabilities into four groups. Moving from the individual level to the state, legislative level barriers. In line with this, the experts would make changes and take initiatives in these areas, using awareness-raising and sensitisation tools, linked to the individuals concerned and the social perception.
I also wanted to get the views of students with disabilities studying at the University of Miskolc. I was able to conduct in-depth interviews with three of the students who volunteered to participate, so in the next step I edited a short questionnaire asking the students the questions that I considered most important based on the findings of the interviews, and in this round I received responses from 28 students. Based on the research questions, both the face-to-face and the questionnaire interviews covered three main topics: first, I obtained information about the personal circumstances of the student interviewed. The second theme dealt with social inclusion, while the third topic of the interviews focused on the University of Miskolc and examined the respondents' perceptions of the physical and perceptual accessibility of the university.
Students are more critical of the overall social attitude than experts. Education is the most relevant for students as the most problematic areas of their lives, which can be explained by their status as students. At the same time, education is closely and inseparably linked to employment, which is ranked first by the experts. Students' suggestions for helping the inclusion are typically individual-oriented, in contrast to the systemic approach of the experts.

Opinions about the attitudinal and physical accessibility of the University of Miskolc are typically favourable, ranging around an average of 4 (on a scale of 5).

II.3.2. Questionnaire survey

Applied questionnaire, sampling method

To test hypotheses H2 - H9, I used a quantitative questionnaire survey. The questionnaire was constructed based on the literature and the results of the qualitative research. Several pilot studies were conducted to test different sections of the questionnaire, and focus group testing was also carried out before the final survey. The questionnaire contains several internationally accepted, validated scales, which I supplemented with my own questions, based on my experience from the pilot research. The scales used were the Multidimensional Attitude Scale - MAS (Vilchinsky et al., 2010), the Schwartz Value Test (Schwartz, 2003; the Hungarian version of the value test was adapted from the work of Luksander et al. (2012)), and the Bogardus scale (Bogardus, 1924. in: Wark, Galliher 2007)

The first part of the questionnaire is a self-developed test, with which I wanted to measure and quantify the respondents' disability knowledge. In the last section of the questionnaire, I asked questions about the opinions of the respondents on disability issues, with the aim of exploring how they perceive this social problem, how important they consider it to be, and what their perception of responsibility and forms of action are in relation to this social issue.

The questionnaire survey was conducted using a quota sampling method, with the students of the University of Miskolc as the population and the number of students of each faculty as the control variable, i.e. I formed a representative sample according to the student population distribution of the faculties of the university. In order to achieve the pre-defined quota per faculty, I made the questionnaire available to the entire population, which was sent out in the Neptun system. The number of items in the sample was calculated to be 366, with a 95% confidence level and a 5% margin of error, knowing the size of the total population. The sample was then distributed proportionally among the 8 faculties of the university, i.e. the subsamples are proportional to the total sample as the subsamples are proportional to the total population.

In total, 427 online responses were received. As this response rate was higher than expected and the sample was larger than the planned 366, I recalculated the quotas in order to increase the sample to 450, thus further increasing the reliability of the sample. In order to achieve the proportionally increased quotas, I conducted a targeted additional survey. The gender ratio in the sample is close to representativeness - 51.9% of women in the total population and 52.5% in the sample. The proportion of full-time students is 58.1% in the population and 54.6% in the sample.

The database was analysed using IBM SPSS version 24.

Results

H2. The 22 items of the Multidimensional Attitude Scale are grouped into specific components, which provide the framework for the MAS-H scale.

Using principal component analysis, I examined the structure of the adapted MAS questionnaire, which items are meaningful for which subscales, i.e. what subscales are identified. The questionnaire contains 22 items in total, which are measured on a five-point Likert scale. As a method of dimensional reduction, principal component analysis was applied using Varimax rotation, followed by Promax rotation. The first component is formed by the 5 items related to behavior. The second component includes items related to the cognitive dimension of attitude. The affective dimension of attitude is grouped into three components: the third component contains six of the nine negative affective items. The fourth component is made up of the positive emotional items, while a separate fifth component is outlined from the

three items originally classified as negative emotions (alertness, shyness, pity), which I have named the sub-scale of restrained emotions, because the emotions associated with it are not clearly negative, but rather characterized by a kind of distance and restraint. This provides a specific new structuring of the MAS questionnaire compared to the international literature (Vilchinsky et al., 2010, Lu and Kim, 2017, Stevens et al., 2013, Getachew, 2012, Wöhrle et al., 2018).

Based on the specific factor structure obtained from the principal component analysis, I propose to introduce the name MAS-H (MAS-Hungary) for the 5 subscale arrangement resulting from my analyses.

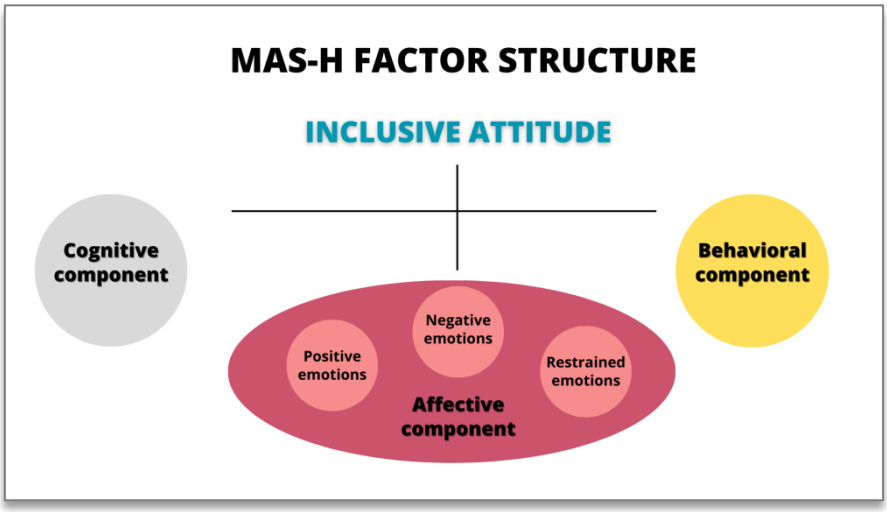

Figure 2. Components of MAS-H

In further analyses, I investigated which independent variables have an impact on the inclusive attitude.

H3: Women show more positive results than men on the Multidimensional Attitude Scale measuring inclusive attitudes towards people with disabilities.

The relationship between gender and inclusive attitudes was examined using a non-parametric Mann-Whitney test, as the conditions for parametricity were not met. A significant, moderately strong effect was found for the subscale of restrained emotion and gender: *U*=14903,5; *Z*=-7,488; *p*=0,000 (2-tailed); *r*=0,352. This means that there is a significant difference between the male and female groups for the sub-scale of restrained emotion, with a moderately strong effect size (Z/√N). Mean Rank scores indicate that women scored lower on the subscale, i.e. they are more likely to identify with these emotions (alertness, shyness, pity) when meeting a wheelchair user person (Thesis 3).

H4: Depending on the type of studies (humanities or technical), students have different levels of inclusive attitudes measured by the Multidimensional Attitude Scale.

As the merged faculty study (humanities – technical) showed a significant but weak difference between the results of the two groups, I also examined whether there was a significant difference between the original 8 Faculties.

The non-parametric Kruskal-Wallis test (the conditions for parametricity were not met) gave significant results on the negative emotions subscale and the restrained emotions subscale. A series of Mann-Whitney tests (with Bonferroni correction applied) showed significant (*U*= 292,000 *Z*= -3,165 *p*=0,002) results for the negative emotion subscale when comparing the Faculty of Health Sciences and the Faculty of Earth and Environmental Sciences. Calculating the effect size (Z/√N), I obtained a result of r=0,372, which indicates a significant, moderately strong difference between the two Faculties.

H5: *There is a relationship between Schwartz's values pattern and the level of inclusive attitude.*

My study revealed a specific value preference of more inclusive students: in their case, Self-Direction is the second most important value, while in the overall sample it is the fifth most important value. In addition, the most inclusive group scored significantly higher than the overall sample on the values of Universalism, Benevolence and Stimulation.

H6: Disability issues are perceived as a more important social problem and more positive attitudes are achieved by those who have involvement and personal contact with people with disabilities.

Based on the descriptive statistics, the Shapiro-Wilk test and the KMO test showed significant values, i.e. the parametricity criteria were not met. Therefore, I performed Kruskal-Wallis test, a non-parametric test that compares several independent samples.

The Kruskal-Wallis test for the Cognitive subscale and the level of involvement gave a significant result: $\chi 2$ (4, N=450)=17,891 p=0,001. Thus, the score on the Cognitive subscale was significantly affected by the level of involvement. Therefore, the difference between groups was further examined using Mann-Whitney tests. I conducted three Mann-Whitney tests (Group 1 and 5; Group 1 and 4; Group 1 and 2.) Due to multiple testing, I applied the Bonferroni correction, and the results were interpreted at the alpha=0.016 significance level. The results of Mann-Whitney tests showed that the score on the Cognitive subscale was significantly influenced by the level of involvement. Those who rated themselves as fully involved (5) scored significantly higher on the Cognitive subscale than those who rated themselves as not involved at all (1). U=2575,5 Z=-3,213 p=0,001. The effect size (r=0,38) shows a moderately strong effect.

The relationship between the level of involvement and the type of involvement was examined using Spearman correlation, as both variables are ordinal. rs = 0,504 p=0,000 results show a significant, moderately strong correlation between the level of involvement and the type of involvement.

H7: People who are involved in voluntary activities score higher on the Multidimensional Attitude Scale than those who are not involved in voluntary activities, and those who consider themselves religious also score higher on the Multidimensional Attitude Scale than those who are not religious.

Using the non-parametric Mann-Whitney test (the parametric criteria were not met), I only got a significant result for the sub-scale of restrained emotions for voluntarism: p=0.086 (2-tailed) - since I had a hypothesis (volunteers are more receptive), I could convert it to 1-tailed: p=0.043 (1-tailed). However, when calculating the effect size, r=0.0809, i.e. the effect was insignificantly small. Thus, there is no significant difference in the inclusive attitudes based on the voluntary activity. Using a non-parametric Mann-Whitney test, no significant difference was found between the level of inclusive attitudes of religious and non-religious respondents for any of the subscales (p=0.965; p=0.514; p=0.322; p=0.451; p=0.951).

H8. Social acceptance of various disability types is different.

The hypothesis was tested using the results of the Bogardus Scale, which shows that the most accepted disability segment is people with sensory and physical disabilities, while the least accepted segment is people with autism and people with intellectual and mental disabilities. The results correlate with the findings in the literature (Kegye et al., 2013, Séllei, 2015, 2018) and with the results of my previous research (Bihariné, 2022). An interesting result of the study, however, is the sharp difference between the scores of the first three and the last three groups, and the very close similarity between the scores of the mentally disordered and the intellectually disabled groups.

H9. People expect solutions to disability issues at a macro level rather than at an individual level.

In exploring the perceived responsibility of individuals, I found that respondents expect the government and educational institutions to be the main actors in increasing the social inclusion of people with disabilities, but respondents also recognise the importance of individual action.
Of the individual behaviours that were considered important, the education of the future generation was ranked first. Occasional help for people with disabilities (e.g. on the street), buying from affected creators and financial support (including 1% of the tax for NGOs) are among the five most important behaviours and are also among the activities actually carried out by respondents. Both in the ranking of importance and in the activities actually carried out, the performance of behaviours requiring long-term commitment and more serious sacrifice and direct action is less common. The majority of respondents perceive disability as an important social problem (with a higher proportion of women considering it a very important or important problem and a higher proportion of men rating it as medium). The vast majority of respondents agree with the forms of financial support provided to people with disabilities and related NGOs. Almost half of the respondents could not spontaneously recall any NGO dealing with disability.

Modifying the initial model based on the results of the analyses, I created the following model with the intention of gaining a deeper understanding of the inclusive attitude and influencing it in a positive direction:

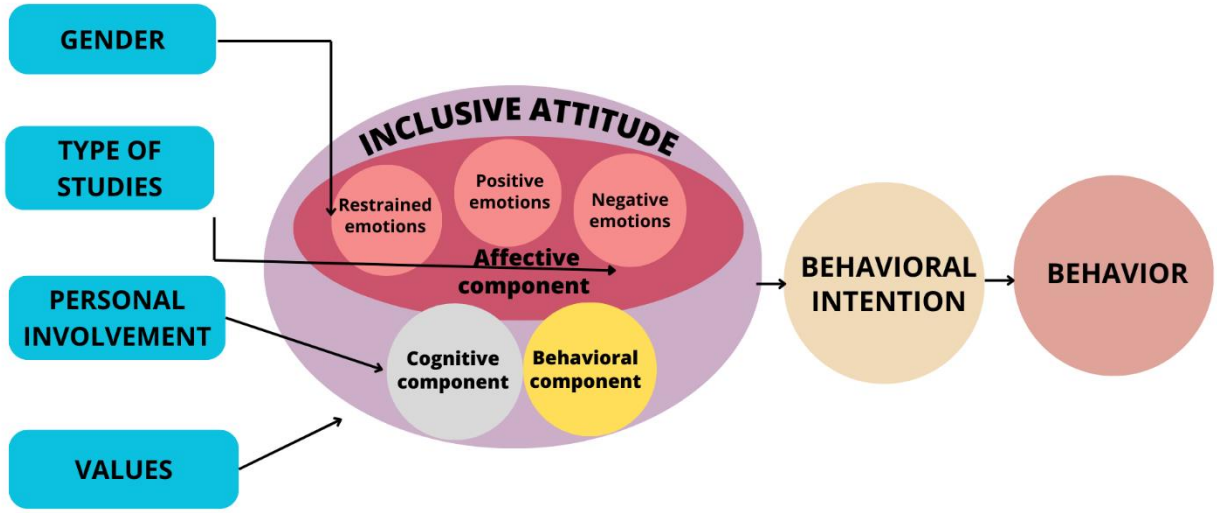

Figure 3. ábra Model of the inclusive attitude

III. SUMMARY OF RESEARCH RESULTS

In my research I investigated the social inclusion of people with disabilities, from a social marketing perspective. My aim was to gain a deeper understanding of the social marketing approach and to present models relevant to my topic, as well as to learn about the literature on this particular social issue.
During the empirical research, I conducted my investigations in two main areas: physical accessibility and attitudinal accessibility, i.e. inclusive attitudes. My aim was to gain a deeper understanding of inclusive attitudes in order to be able to make practical suggestions that could bring positive changes in the social inclusion of people with disabilities.
On the basis of the hypotheses formulated, the following research results were achieved during my empirical investigations.

H1. The level of physical accessibility of a building can be measured by a complex measurement tool that complies with legal requirements and professional recommendations, is suitable for rating public institutions and other buildings, and enables comparing them.

Hypothesis 1 relates to physical accessibility. After studying the relevant legal requirements and technical recommendations and conducting physical empirical tests, I developed an index called the Accessibility Index (i_{am}), which can be used to give a one-dimensional measure of the degree of accessibility of a building for wheelchair users. The index was tested for the teaching facilities of the University of Miskolc, and the level of accessibility of the University of Miskolc classrooms was classified as "GOOD".
Based on the above, I accepted hypothesis 1 and formulated the following thesis:

T1. Accessibility Index (i_{am}) is a complex measure that meets all the criteria of the legislation, is suitable for rating public buildings and other buildings in terms of physical accessibility and enables their comparison.

Based on the literature review, interviews with experts and surveys with disabeld students, I conducted a questionnaire survey on the issue of attitudinal accessibility to investigate how an individual's inclusive attitude can be measured and what factors influence it. To measure inclusive attitudes, I used the Multidimensional Attitude Scale (MAS) developed and validated by Vilchinsky et al. (2010).

H2. The 22 items of the Multidimensional Attitude Scale are grouped into specific components, which provide the framework for the MAS-H scale.

Based on the principal component analysis of the Multidimensional Attitude Scale, the 22 items are grouped into 5 subscales, which are: Behaviour subscale; Cognitive subscale; Negative Emotions subscale; Positive Emotions subscale; and Restrained Emotions subscale. This scale structure is unique compared to the results of the international literature. In the original application of MAS in Israel (Vilchinsky et al., 2010), as well as in the applications examined in South Korea (Lu and Kim, 2017: MAS-K), Germany (Wöhrle et al., 2018: G-MAS), Ethiopia (Getachew, 2012) and Colombia (Stevens et al., 2013), different subscale structures were outlined for each national scale. The Restrained Emotions subscale (alertness, shyness, pity items) can be considered as the main unique feature of the analysis on the Hungarian sample. Based on the obtained structure, I formulated thesis T2 accepting hypothesis H2:

T2. The 22 items of the Multidimensional Attitude Scale in the Hungarian sample are grouped into specific components compared to the international analysis results, namely: Behaviour subscale; Cognitive subscale; Negative Emotions subscale; Positive Emotions subscale; and Restrained Emotions subscale. The scale structure developed and explored is named MAS-H.

Based on the international and national attitudinal research literature, I assumed that women would be more inclusive than men. Therefore, I formulated hypothesis H3 as follows:

H3. Women show more positive results than men on the Multidimensional Attitude Scale measuring inclusive attitudes towards people with disabilities.

Based on the Shapiro-Wilk test and the KMO test, the normal distribution criteria were not met, so I had to use a non-parametric method to test the hypothesis. The Mann-Whitney test is suitable for non-parametric comparison of two independent samples, the criteria for applying the test (independent respondents, independent groups, at least ordinal dependent variable)

were met, so I performed the Mann-Whitney test, and based on the results of the test, I formulated the following thesis:

T3. Among the subscales of the Multidimensional Attitude Scale, there is a significant difference between men and women in the Cognitive subscale, Negative Emotions and Restrained Emotions subscales. The strength of the effect is weak for the Cognitive and Negative Emotions subscales and moderately strong for the Restrained Emotions subscale. Women are more likely to associate with an affective orientation called restrained emotions (alertness, shyness, pity) when meeting a person with a disability.

Among the variables influencing inclusive attitudes, I assumed that the type of students' studies played a significant role. I hypothesized that students studying in humanities-related faculties would be more inclusive than students studying in technical faculties. Based on this Hypothesis 4 was as follows:

H4. Depending on the type of studies (humanities or technical), students have different levels of inclusive attitudes measured by the Multidimensional Attitude Scale.

I had to use a non-parametric test again because the normality criteria were not met. As the Mann-Whitney test showed a significant but weak difference between the results of the two faculty groups in the merged faculty study (humanities - technical), I also examined whether there was a significant difference in the original 8 faculties. To do this, I used the Kruskal-Wallis test, which is suitable for non-parametric comparison of more than two independent samples. The Kruskal-Wallis test yielded significant results for the negative emotions and restrained emotions subscales. Therefore, as a next step, a series of Mann-Whitney tests were performed to explore the difference between the groups for the two subscales concerned. This amounted to 7 tests in total, so I used Bonferroni correction for the significance level. Based on the results of this analysis, I formulated thesis 4:

T4. There is a significant difference between the two groups in terms of the type of studies (humanities and technical), with a more inclusive attitude among the humanities group, but the effect is weak. When looking at the type of studies in the original faculty breakdown, the analyses show a significantly more inclusive attitude of the students in the Faculty of Health Science in the Negative Emotional subscale, with a moderately strong effect size impact.

Based on the literature, I hypothesized that a particular pattern of value preference would emerge for the most inclusive students among the variables that affect inclusive attitudes.

H5. There is a relationship between Schwartz's values pattern and the level of inclusive attitude.

To examine the students' value structure, I used the Schwartz value test. Examining the value preference order of the sample, a clear dominance of values belonging to the altruistic value dimension is outlined, which correlates with the fact that the inclusive attitude of the sample shows a more positive character than the normal distribution.
Comparing the value preference of the students with the highest scores on the attitude scale with the overall sample, I found that the most inclusive group scored significantly higher means on the values of Universalism, Benevolence and Stimulation. The most significant difference was found in the category of Self-Direction. In the ranking of values, Self-Direction appears in second place for the most inclusive students, while in the overall sample it ranks fifth. Based on the above, I formulated thesis 5:

T5. The value preferences of the students with the highest scores on the Multidimensional Attitude Scale are significantly different from the results of the whole sample. In their case, Self-Direction is the second most important value, while in the overall sample it is ranked fifth. In addition, the most inclusive group scores significantly higher than the total sample on the average scores for Universalism, Benevolence and Stimulation.

Based on the literature, Intergroup Contact Theory, and interviews with experts and disabled students, I assumed that one of the most important factors influencing the inclusive attitude is whether the individual has personal contact with people with disabilities.

H6. Disability issues are perceived as a more important social problem and more positive attitudes are achieved by those who have involvement and personal contact with people with disabilities.

I used a non-parametric Kruskal-Wallis test to check the validity of the hypothesis, examining the level of involvement (on a 5-point Likert scale) and the type of the involvement (scored from 0 to 4). First, I examined the groups based on the level of involvement to see if there was a significant difference between the groups in terms of inclusive attitudes. Those who rated themselves as fully involved (5) scored significantly higher on the Cognitive subscale than those who rated themselves as not involved at all (1). The value of the effect size shows a moderately strong impact.
Next, I tested the correlation between the level of involvement and the type of involvement using Spearman correlation, which showed a significant, moderately strong correlation between the level and the type of involvement. Based on the results of the analysis, I summarised the thesis as follows:

T6. There is a significant, moderately strong correlation between the level and type of disability-related involvement. The level of involvement correlates with the Cognitive subscale of the Multidimensional Attitude Scale. Those who rated themselves as fully involved (5) scored significantly higher on the Cognitive subscale than those who rated themselves as not involved at all (1).

Based on the literature on attitudinal research, I hypothesized that volunteering and religiosity would correlate with more inclusive attitudes.

H7. People who are involved in voluntary activities score higher on the Multidimensional Attitude Scale than those who are not involved in voluntary activities, and those who consider themselves religious also score higher on the Multidimensional Attitude Scale than those who are not religious.

Using a non-parametric Mann-Whitney test, I obtained significant results for volunteering only for the subscale of Restrained Emotions. However, when calculating the effect size, the impact was found to be insignificantly small, so there is no notable difference in inclusive attitudes based on the performance of the volunteering activity.
In the case of religiosity, I also had to apply the non-parametric Mann-Whitney test, which did not confirm a significant difference between the extent of the inclusive attitudes of religious and non-religious respondents for any of the subscales. Based on the results of the analyses, I rejected hypothesis 7.

T7. No significant difference was found between the inclusive attitudes measured by the Multidimensional Attitude Scale of those who are involved in voluntary activities and those who did not. There is also no significant difference between the inclusive attitudes measured by the Multidimensional Attitude Scale of religious and non-religious people.

Based on the literature and my own previous pilot research, I presumed that attitudes towards different types of disability differ among the respondents, and therefore I formulated Hypothesis 8 as follows:

H8. Social acceptance of various disability types is different.

To test the hypothesis, I used the Bogardus scale measuring the desired social distance from a given social group, and the preference ranking of the respondents confirmed the hypothesis. The scores for the three most accepted disability groups (visually impaired, hearing impaired and mobility impaired) are very close, while for the other three disability groups (autistic, intellectual disability and mental health) the desired social distance increases significantly. Based on the results obtained, hypothesis 8 is accepted.

T8. Social acceptance of different types of disability varies. The most accepted disability segment, based on the desired social distance, is for people with sensory and physical disabilities, while the least accepted is for people with autism and intellectual and mental disabilities. For the three most accepted disability groups, the results are close, while for autistic people, people with intellectual disabilities and people with mental health problems, the desired social distance is significantly larger.

Based on the literature of social marketing, including Piskóti (2012.a.), I assumed that the respondents will emphasize the responsibility of the macro level in the case of this social problem, i.e. they expect the government to be the main stakeholder in solving the problem.

H9. People expect solutions to disability issues at a macro level rather than at an individual level.

The results of the questionnaire survey show that the emphasis on the role of the government is indeed a priority. This is followed by educational institutions. At the same time, the importance of individual responsibility is also highlighted, which shows that respondents also recognise the importance of their own actions. On the basis of the above, I partially accept hypothesis 9.

T9. The sample shows that people expect the government and educational institutions to be the main actors in increasing the social inclusion of people with disabilities. However, respondents also recognise the importance of individual action.

IV. SUGGESTIONS

Based on the results of my secondary and primary research, I made recommendations in the dissertation to improve the social inclusion of people with disabilities.

IV.1. Social marketing program

Based on the results of my secondary and primary research, I made recommendations in the dissertation to promote the social inclusion of people with disabilities.
Based on the synthesis of the information from the secondary and primary research, I developed an integrated social marketing program.
The starting point for the implementation of the social marketing program is favourable, because the findings of my research show that:

- the majority of respondents (80%) consider the issue of social inclusion of people with disabilities as an important social problem;
- the students not only see the responsibility of the Government in this matter, but also recognise the importance of their own action (T9);

- their values are dominated by values belonging to the altruistic dimension (Universality, Benevolence).

According to the model of inclusive attitudes based on my research, gender, the type of study, values and personal involvement are the variables that influence inclusive attitudes. Among these elements, I aim to influence personal involvement through a social marketing program. Thesis T6 suggests that the level of personal involvement affects the cognitive component of inclusive attitude.

Through the social marketing program, participants get to know fellow students with disabilities, affected famous people, concerned staff members of NGOs, so that the personal contacts that are established increase the level of involvement. Prejudice is often based on lack of information and cultural and behavioural distance between different social groups (Allport, 1954).

According to thesis T9, respondents expect the government and educational institutions to increase the social inclusion of people with disabilities, but respondents also recognise the importance of individual action. They perceive their individual responsibility and feel that their own actions have an influence on the problem (perceived behavioural control). This is a very good starting point for the program, which is intended to reinforce good patterns and desired behaviours. For example, supporting NGOs, participating in their work, occasional and personal assistance to people with disabilities, etc. The results of the questionnaire show that these activities are considered important, that individuals can help the social inclusion of people with disabilities through these actions and behaviours. The program aims to involve participants in these activities in practice.

Important elements of the strategy include defining the organisational stakeholders, identifying the organiser, conscious management of the given social issue, regularly practising and implementing the specific elements of the program, and measuring and monitoring the impact of the program.

A graphic representation of the planned social marketing program detailed in the dissertation is shown in Figure 4.

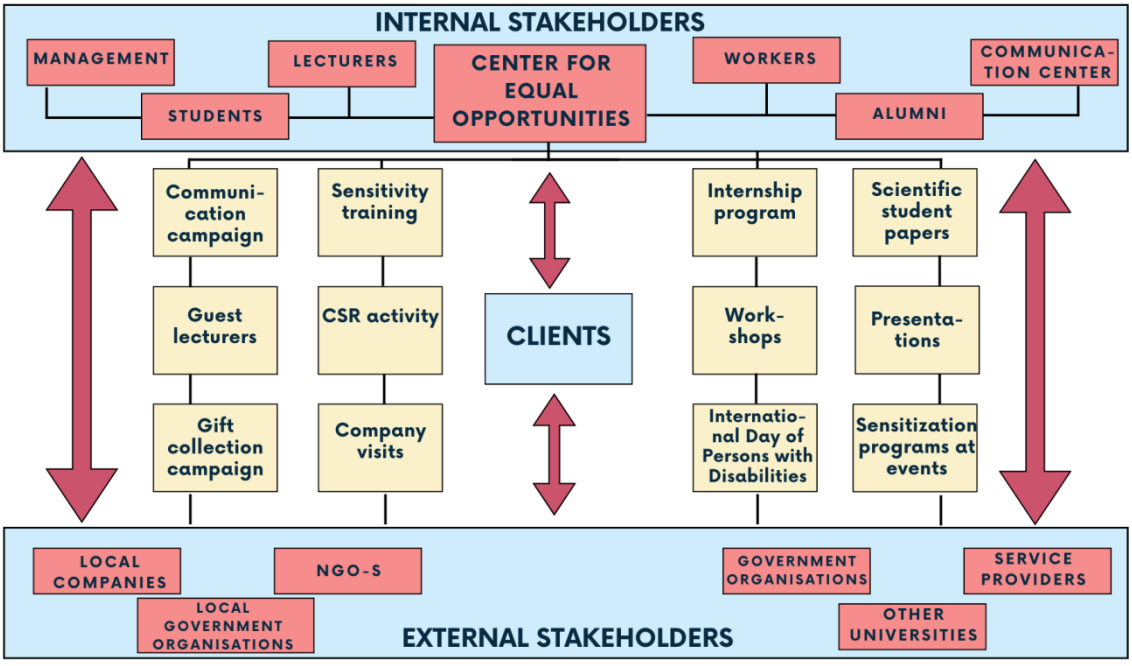

Figure 4. The planned social marketing program *(source: own editing)*

IV.2. Accessibility Index general use

Accessibility Index, which is designed to measure the physical accessibility of buildings, can be a useful tool to inform people with reduced mobility about the extent to which a building can be used by them. I would therefore consider it a good solution to make the use of the index general (even by law), especially for public institutions and buildings. If the index was displayed on buildings and on the websites of institutions, the affected persons would be informed in advance about the possibilities of access and use.
By assigning different colours to the accessibility levels (e.g. red, orange, yellow, green), the rating would inspire the companies to achieve a higher category.
In my experience, in the vast majority of new buildings, accessibility is an important aspect, which is definitely a positive and progressive phenomenon.

IV.3. Media representation

Media, as a public opinion shaper, is an important stakeholder for all social marketing activities. I would like to highlight the role of the media from two perspectives.
The first aspect is the media presence and communication messages of organisations and NGOs working with people with disabilities. Media, as a public opinion shaper, is an important stakeholder for all social marketing activities. I would like to highlight the role of the media from two perspectives.
The first aspect is the media presence and communication messages of organisations and NGOs working with people with disabilities and socially oriented messages. As one of the experts pointed out during the interview, "... visual and textual content based on human pity and compassion is typical. ...The message is always the same: we are starving, we are cold, how miserable we are, but there is a lot of value in the sector." One of the challenges is therefore to develop the marketing aspect of social sector actors: it is important that the organisations themselves communicate and produce content that delivers authentic, value-driven messages to the target group.
The second task is for media staff to be partners in presenting the issue in an objective, informative and empathetic way. Instead of exaggerated, extreme, stereotypical traditional media representations, it is necessary to use realistic representations that bring the parties closer together and aim to break down prejudices. Realist rhetoric, as presented by Nagy and Kármán (2021), should be applied, the aim of which is to normalise disability, making it more acceptable.

IV.4. Improving physical accessibility at the University of Miskolc

Based on the presented investigations and case study, I have formulated recommendations to improve the physical accessibility of the University of Miskolc. When designing interventions, it is recommended to focus on rooms with higher accessibility and to make modifications that significantly improve the accessibility index. The proposed changes can be financed by the normative grant received for students with disabilities. The number of disabled students at the university is increasing, especially for students with physical disabilities. The implementing of my proposals would greatly help the institution to provide them with equal access to services.

The results presented in this thesis, a deeper understanding of inclusive attitudes and suggestions for influencing them in a positive direction can actively contribute to increasing the social inclusion of people with disabilities and thus improve their quality of life. In addition, the studies and suggestions made will contribute to the development of the image of the University of Miskolc as an 'inclusive university' by improving the level of physical and attitudinal accessibility, thus helping to position the university.

The topic of this dissertation offers the possibility of a broad spectrum of further research. With regard to physical accessibility, it would be worthwhile to examine other higher education institutions using the accessibility index and to carry out comparative analyses. In the field of inclusive attitudes, it would also be possible to compare with other universities to see whether regional and social differences result in significant differences in inclusive attitudes. A further research step would be to extend the sample to other segments of society, moving beyond the specific field of higher education.

V. REFERENCES

1. Ajzen, I. (1985): From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckmann (Eds.), Action control: From cognition to behavior. Berlin, Heidelber, New York: Springer-Verlag
2. Ajzen, I., Fishbein, M. (1980): Understanding attitudes and predicting social behavior. Englewood Cliffs, NJ: Prentice-Hall.
3. Albert, J. (2013): Érték, környezet, környezeti tudatosság. In: Beszteri Béla: A felfedező tudomány. Széchenyi István Egyetem, Győr.
4. Allport, G. W. (1954): The nature of prejudice. Cambridge/Reading, MA: Addison-Wesley
5. Andreasen, A.R. (1994): Social marketing: Definition and domain. Journal of Public Policy and Marketing, 13(1), pp 108-114.
6. Antonak, R. F., Livneh, H. (2000). Measurement of attitudes towards persons with disabilities. Disability and Rehabilitation, 22, 211–224.
7. Az épített környezet alakításáról és védelméről szóló 1997. évi LXXVIII. törvény
8. Becker, M. H. (ed) (1974): The Health Belief Model and Personal Health Behavior. Thorofare, NJ: Charles B. Slack.
9. Bihariné Kalászdi, B. (2022): Egyetemi hallgatók fogyatékossággal élőkkel kapcsolatos befogadó attitűdjének vizsgálata a Miskolci Egyetem két kiválasztott Karán tanulók esetében. In: Hantos Periodika 3: 2 pp. 162-170. , 9 p.
10. Bocsi, V. (2012): Hallgatói értékvilágok és kari struktúrák. In: Educatio, 2012/3.
11. Bogdan, R., Biklen, D. (2013): Handicapism. Wappet, M., Arndt, K. (eds.): Foundations of disability studies. Palgrave Macmillan, New York. 1-16.
12. Breckler, S. J. (1984). Empirical validation of affect, behavior, and cognition as distinct components of attitude. Journal of Personality and Social Psychology, 47, 1191–1205.
13. Campbell, D. T. (1963): Social attitudes and other acquired behavioral dispositions. In.: S. Koch (Ed.) Psychology: A study of a science. Vol. 6. New York, McGraw-Hill.
14. Chan, C. C. H., Lee, T. M. C., Yuen, H., & Chan, F. (2002). Attitudes towards people with disabilities between Chinese rehabilitation and business students: An implication for practice. Rehabilitation Psychology,47, 324-38. http://dx.doi.org/10.1037/0090-5550.47.3.324
15. Cugelman, B. (2010): Online Social Marketing: Website Factors in Behavioural Change. Doktori (PhD) értekezés. Wolverhampton; University of Wolverhampton.
16. Európai fogyatékosságügyi stratégia 2010–2020: megújított elkötelezettség az akadálymentes Európa megvalósítása iránt. Az Európai Bizottság közleménye. Brüsszel, 2010.11.15.
17. Findler, L., Vilchinsky, N., Werner, Sh. (2007): The Multidimensional Attitudes Scale Toward Persons With Disabilities (MAS): Construction and Validation. In Rehabilitation Counselling Bulletin, Vol. 50, No. 3, April 2007.
18. Getachew, A. (2012): Factor analysis of the multidimensional attitude scale in a sample of Ethiopian college students. Idézi: Lu, J, Kim, K, H (2017): Understanding Self-

Report Multidimensional Attitudes Scale Toward People With Disabilities: An Exploratory Analysis. In Rehabilitation Psychology, Vol 62, No. 2, 110-118.
19. Golovics, J. (2015): Korlátozott racionalitás és altruizmus: behaviorizmus a közgazdaság-tudományban. In: Hitelintézeti Szemle, 14. évf. 2. szám, 2015. június, 158–172. o.
20. Grames, M., & Leverentz, C. (2010). Attitudes toward persons with disabilities: A comparison of Chinese and American students. Journal of Undergraduate Research, 13, 1–6.
21. Gustafsson, E. Alawi, N. Andersen, P.N. (2019): University students' attitudes toward the physically disabled in Palestine and Norway: a multidimensional, comparative and quantitative study. In: An-Najah Univ. J. Res. (Humanities) Vol. 33 (11), 2019.
22. Hochbaum, G. (1958): Public Participation in Medical Screening Programs: a sociopsychological study. In Public Health Service Publication No. 572. Washington, D.C. Government Printing Office
23. Hofmeister-Tóth, Á. (2003): Fogyasztói magatartás, Aula Kiadó, Budapest, 2003.
24. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics_-_barriers_to_social_integration. Letöltés: 2019.03.12.
25. https://www.hofstede-insights.com/models/national-culture/. Letöltés: 2020.03.25.
26. https://www.ksh.hu/stadat_files/ege/hu/ege0052.html - 4.1.2.9. Fogyatékossággal élők vármegye és régió szerint STADAT
27. https://www.ksh.hu/stadat_files/nep/hu/nep0034.html - 22.1.2.1. A lakónépesség nem, vármegye és régió szerint, január 1. STADAT
28. Illyés S.,Erdősi S. (1986): Az épek fogyatékos személy képe és fogyatékosokhoz való viszonya. In: Kolozsi B, Münnich I. (szerk.): Társadalmi beilleszkedési zavarok. Bulletin VI. Budapest. 3– 57.
29. Kapitány Á. – Kapitány G. (2012): Konszenzusok és ambivalenciák. Reflexiók egy értékkutatás eredményeihez, In: Messing Vera és Ságvári Bence (szerk.) (2012): Közösségi viszonyulásaink 2012/1, A családdal, az állammal és a gazdasággal kapcsolatos társadalmi attitűdök, értékek európai összehasonlításban.
30. Kegye, A., Megyeri K., Németh Sz., Szarvas H., Pánczél M., Szabados T., Wéber A. (2013): Védett tulajdonságú csoportok hozzáférésének akadályai a közigazgatási döntéshozatalban. Egyenlő Bánásmód Hatóság, Budapest.
31. Keller, T. (2009): Magyarország helye a világ értéktérképén, Budapest, a tanulmány a TÁRKI „A gazdasági növekedés társadalmi/kulturális feltételei" című kutatási programja keretében készült.
32. Keller, T. (2010): Magyarországi értéktérkép: normakövetés, egyéni teljesítmény, szolidaritás és öngondoskodás elfogadottsága a magyar társadalomban. In Szociológiai Szemle 20(2): 42–70.
33. Kotler, P - Roberto, E. (1989): Social Marketing: Strategies for Changing Public Behaviour, New York, Free Press
34. Kotler, P., Zaltman. G. (1971): Social Marketing. An Approach to Planned Social Change. Journal of Marketing 35(3): pp 3–12.
35. Kovács M. (2010): Az előítéletek okai és mérséklésük lehetőségei: a szociálpszichológiai nézőpont. Alkalmazott Pszichológia 12 (1–2), 7–27. Idézi: Tiszai, L. (2018)
36. Lewin, K. (1952): Constructs in field theory. In Cartwright, D. (Ed.), Field theory in social science: Selected theoretical papers by Kurt Lewin. London, Tavistock
37. Lu, J, Kim, K, H (2017): Understanding Self-Report Multidimensional Attitudes Scale Toward People With Disabilities: An Exploratory Analysis. In Rehabilitation Psychology, Vol 62, No. 2, 110-118.

38. Luksander, A., Mike, K., Csite, A. (2012): Maguk urai – a magyar vállalkozó lelkialkata. A magyarországi kisvállalkozók értékvilágának néhány jellemzője. műhelytanulmány. Versenyképesség Kutatás Műhelytanulmánysorozat. TM 67. sz. Budapesti Corvinus Egyetem.
39. McCombs, M. (2004): Setting the agenda: The mass media and public opinion. Cambridge, Polity Press.
40. McKenzie-Mohr, D., Smith, W. (1999): Fostering sustainable behavior – an introduction to community-based social marketing. Gabriola Island, Canada: New Society Publishers
41. Mikrocenzus 2016. / 8. (2018) A fogyatékos és az egészségi ok miatt korlátozott népesség jellemzői, Központi Statisztikai Hivatal, Budapest.
42. Nagy, Sz. (2012): A társadalmi marketing aktuális kérdéseiről – a környezettudatos magatartás mozgatóerői. In Gazdaságtudományi Közlemények 6. kötet, 1. szám (2012) pp. 61-74.
43. Nagy, Z. G., Kármán, B. (2021): Fogyatékos személyek médiareprezentációja a reklámokban – egy célzott, rövid kutatás bemutatása. In: Gyógypedagógiai Szemle, 49. évfolyam, 2-3. szám. pp. 143-155. DOI: https://doi.org/10.52092/gyosze.2021.2-3.4
44. Pacsuta, I. (2017): Felsőoktatásban részt vevő hallgatók összehasonlító kvalitatív értékvizsgálata. Erdélyi Társadalom, 15(2), pp. 27–39. https://doi.org/10.17177/77171
45. Pál, E. (2016): Értékkutatások – a fiatalok számára fontos értékek. In Fehér András, Kiss Virág Ágnes, Dr. Soós Mihály, Dr. Szakály Zoltán (szerk.): Hitelesség és Értékorientáció a Marketingben. Debreceni Egyetem Gazdaságtudományi Kar: Debrecen. ISBN: 978 963 472 8 pp. 446–459.
46. Peattie, K., Peattie, S. (2009): Social marketing: A pathway to consumption reduction? In: Journal of Business Research, Vol.62, iss. 2, 2009. február, pp. 260-268. Idézi: Rekettye, G., Rekettye, G. (2009): A világ jövője – a jövő marketingje. In: Vezetéstudomány XXXX. évfolyam, 2009. 2. szám. pp. 2-8.
47. Pettigrew, T. F. (1998): Intergroup contact theory. Annual Review of Psychology, 49 (1), 65-85.
48. Piskóti et al. (2012): A társadalmi marketing paradigmái - elméleti-módszertani alapozó kutatás. OTKA
49. Pusztai, G., Szabó, D. (2014): Felsőoktatási hallgatók és fogyatékossággal élő társaik. In: KAPOCS 2014. (13. évfolyam) 4. szám pp. 23-37.
50. Rogers, E. M. (2003): Diffusion of Innovations (5th edition), Free Press
51. Rohan, M. J. (2000): A Rose by Any Name? The Values Construct. In.: Personality and Social Psychology Review, 4./3.
52. Rokeach, M. (1969): The Role Of Values In Public Opinion Research. Public Opinion Quarterly. 32 (4) 547-559.
53. Rosenberg, M. J., Hovland, C. I. (1960). Cognitive, affective, and behavioral components of attitudes. In M. J. Rosenberg, C. I. Hovland, W. J. McGuire, R. P. Abelson, & J. W. Berhm (Eds.), Attitude organization and change. An analysis of consistency among attitude components (pp. 1–14). New Haven, CT: Yale University Press.
54. Rosenstock, I. M. (1966): Why people use health services. Milbank Memorial Fund Quarterly, Vol. 44, pp. 94-124.
55. Sahin, H., Akyol, A. D. (2010). Evaluation of nursing and medical students' attitudes towards people with disabilities. Journal of Clinical Nursing, 19, 2271–2279.
56. Sallis, J. F., Owen, N., Fisher, E. B. (2008): Ecological models of health behavior. In Glanz, K., Rimer, B. K, Viswanath, K. (Eds.): Health behavior and health education:

Theory, research, and practice (4th ed., pp. 465–485). San Francisco, Jossey-Bass. Idézi: Simplican et al., 2015.
57. Schalock, R. L. - Verdugo, M. A. - Jenaro, C. - Wang, M. - Wehmeyer, M. - Jiancheng, X. - Lachapelle, Y. (2005). Cross-cultural study of quality of life indicators. American Journal on Mental Retardation, 110, 298-311.
58. Schwartz, S. H. (2003): Univerzáliák az értékek tartalmában és struktúrájában. Elméleti előrelépések és empirikus próbák húsz országban. In.: Váriné Szilágyi Ibolya (szerk.): Az értékek az életben és a retorikában. Akadémiai Kiadó, Budapest, 105-154.
59. Séllei, B. (2015): Az érzelmi intelligencia szerepe a foglalkozási rehabilitációban. Eötvös Loránd Tudományegyetem, Budapest. Doktori disszertáció.
60. Séllei, B. (2018): Szemléleti akadálymentesség a felsőoktatásban, In: Opus et Educatio, 5. évfolyam 1. szám
61. Sharma, M., Romas, J. A. (2012): Theoretical Foundations of Health Education and Health Promotion. London: Jones and Bartlett Learning
62. Simplican, S. C., Leader, G., Kosciulek, J., Leahy, M. (2015). Defining social inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation. Research in Developmental Disabilities, 38, 18–29.
63. Stevens, L.F., Getachew, M.A., Perrin, P.B., Rivera, D., Olivera Plaza, S.L., Arango-Lasprilla, J.C. (2013): Factor analysis of the Spanish multidimensional attitudes scale towards persons with disabilities. In: Rehabilitation Psychology, 58, pp. 396-404. Idézi: Lu, J, Kim, K, H (2017): Understanding Self-Report Multidimensional Attitudes Scale Toward People With Disabilities: An Exploratory Analysis. In Rehabilitation Psychology, Vol 62, No. 2, 110-118.
64. Tervo, R. C., Azuma, S., Palmer, G., & Redinius, P. (2002). Medical students' attitudes toward persons with disability: A comparative study. Archives of Physical Medicine and Rehabilitation, 83, 1537–1542.
65. Tiszai, L. (2018): A közös zenélés szerepe a befogadó attitűd kialakításában. Modellprojekt és hatásvizsgálat. PhD értekezés. Eszterházy Károly Egyetem, Neveléstudományi Doktori Iskola.
66. Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030. (2021), Brussels, 2021.03.03.
67. Verkasalo, M. - Daun, Å. - Niit, T. (1994): Universal values in Estonia, Finland and Sweden. Ethnologia Europaea, 2.
68. Vilchinsky, N., Werner, Sh., Findler, L. (2010): Gender and Attitudes Toward People Using Wheelchairs: A Multidimensional Perspective. In Rehabilitation Counseling Bulletin, March 2010, pp. 163-174.
69. Wark, C., Galliher, J.F. (2007): Emory Bogardus and the Origins of the Social Distance Scale. In: The American Sociologist 38:383–395. DOI 10.1007/s12108-007-9023-9
70. Weinreich, N.K. (2006): What is social marketing? http://www.social-marketing.com/whatis.html. Letöltés: 2021.03.07.
71. Wiebe, G.D. (1952): Merchandising Commodities and Citizenship in Television. Public Opinion Quarterly 15(4): pp 679–691.
72. World Health Organization. (2011). World report on disability. Retrieved from http://www.who.int/disabilities/world_report/2011/en/
73. Wöhrle, J., Franke, S., Kissgen, R. (2018): The German Multidimensional Attitude Scale Toward Persons With Disabilities (G-MAS): A Factor Analytical Study Among High-School Students. In Rehabilitation Psychology
74. www.ksh.hu – Fenntartható fejlődés indikátorai – 1.10. A várható élettartam. https://www.ksh.hu/ffi/1-10.html

The author's publications related to the topic

1. Piskóti, I., Bihariné, K.B., (2024): A fogyatékossággal élőkkel kapcsolatos attitűdök, társadalmi marketing teendők. Marketing&Menedzsment (ISSN 2786-3395). 58. évfolyam. pp. 14. Megjelenés alatt
2. Piskóti, I., Bihariné, K.B., (2024): Fogyatékossággal élők társadalmi inklúziójának elősegítése a fizikai akadálymentesség mérőszámának megalkotásával – az akadálymentesítési index. Észak-magyarországi Stratégiai Füzetek (ISSN 1786-1594). 21. évfolyam 3. szám. pp. 11. (Megjelenés alatt)
3. Bihariné, K.B., (2022): Egyetemi hallgatók fogyatékossággal élőkkel kapcsolatos befogadó attitűdjének vizsgálata a Miskolci Egyetem két kiválasztott Karán tanulók esetében. Hantos Periodika, 3(2), pp.162–170.
4. Bihariné, K.B., (2022): Understanding the inclusive attitude. In "Mérleg és Kihívások - Fenntarthatóság" XII. Nemzetközi Tudományos Konferencia. pp. 678–684.
5. Bihariné, K.B., (2022): A fogyatékossággal élők társadalmi inklúziójának kérdései – szakértői interjúk alapján. In TRANSZFORMATÍV MARKETING: Társadalmi és üzleti kihívások integrált marketing-megoldásai. pp. 289–299.
6. Bihariné, K.B., (2022): A fogyatékossággal élők társadalmi inklúziójának kérdései – szakértői interjúk alapján = Issues of social inclusion for people with disabilities - based on expert interviews. In Transzformatív marketing. p. 77.
7. Bihariné, K.B., (2022): A társadalmi inklúzió szemléletbeli akadálymentesítési dimenziói. In Doktoranduszok Fóruma 2021.
8. Bihariné, K.B., (2022): A társadalmi befogadás fizikai akadálymentesítési dimenziói. In Doktoranduszok Fóruma, Miskolc, 2020. november 19. pp. 44–50.
9. Bihariné Kalászdi, B., (2021): Systematic literature research on disability-related publications in Hungary from 1959 to the present. MULTIDISZCIPLINÁRIS TUDOMÁNYOK: A MISKOLCI EGYETEM KÖZLEMÉNYE, 11(2), pp.254–261.
10. Bihariné, K.B., (2021): Inclusive attitude and its measurement opportunities from a social marketing perspective. In III. International Conference of Economics PhD Students and Researchers in Komarno. pp. 44–52.
11. Bihariné, K.B., (2021): Inclusive attitude and its measurement opportunities from a social marketing perspective. In III. International Conference of Economics PhD Students and Researchers in Komarno : Book of Abstracts.
12. Bihariné, K.B., (2021): Fogyatékossággal élők társadalmi inklúziója – nemzetközi jó gyakorlatok. SZELLEM ÉS TUDOMÁNY, 2021/3. szám, pp.5–22.
13. Bihariné, K.B., (2021): A sikeres társadalmi marketing alapja – az értékek nyomában. In Tavaszi Szél 2021 / Spring Wind 2021. Tanulmánykötet I. pp. 613–626.
14. Bihariné, K.B., (2021): A sikeres társadalmi marketing alapja – az értékek nyomában. In XXIV. Tavaszi Szél Konferencia 2021: Absztrakt kötet. pp. 329–329.
15. Bihariné, K.B., (2020): A fogyatékkal élőkkel kapcsolatos eltérő társadalmi attitűdök és ezek nemzetközi marketingre gyakorolt hatása. In Doktori kutatások nemzetközi marketing aspektusai. p. 4.
16. Bihariné, K.B., (2019): A társadalmi marketing megjelenése a marketingelméletben. In Marketingkaleidoszkóp 2019. pp. 43–51.