

MASARYKOVA UNIVERZITA

Fakulta sociálních studií

Čítanka pro kurs PSY 722 – 11. část (IV.)

Tento text slouží výhradně jako učební materiál pro studenty kursu „Metody výzkumu v psychologii“ (PSY 722), vyučovaného na Fakultě sociálních studií Masarykovy univerzity v Brně.

Výzkumná zpráva – IV. část

Presenting qualitative research up close

Zdroj: Wilson, H. S., Hutchinson, S. A.: Visual Literacy in Poster Presentation.

In: J. M. Morse (Ed.): Completing a Qualitative Project. Thousand Oaks, Sage, 1997.

Early Probable Alzheimer's Disease & Awareness Theory

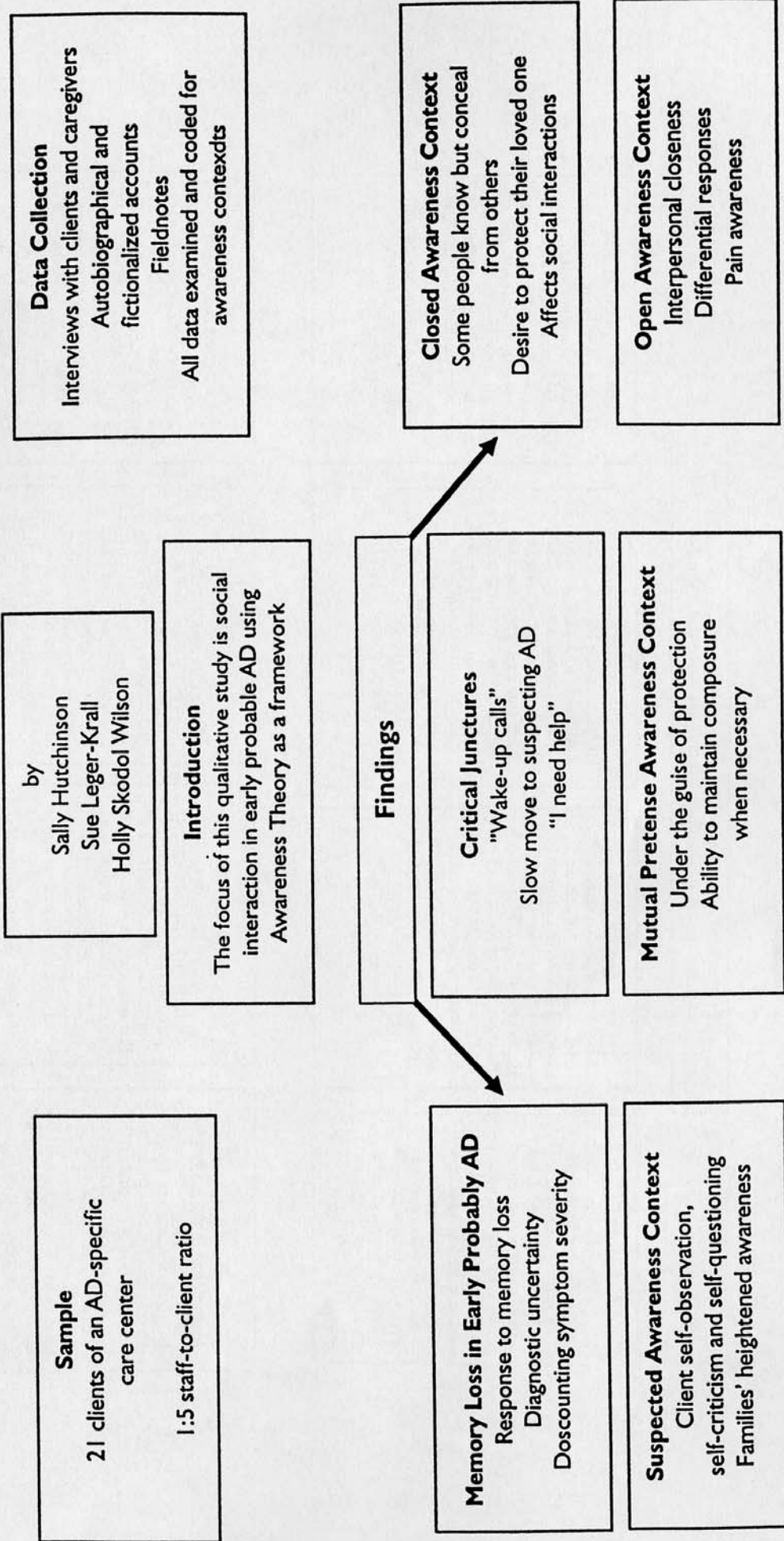


Figure 4.2: Example of More Effective Poster Design

Early Probable Alzheimer's Disease & Awareness Theory

Sally A. Hutchinson, Sue Leger-Krall, and Holly Skolnik Wilson

Abstract

The focus of this qualitative study is on social interaction in early probable Alzheimer's Disease. Glaser and Strauss's Awareness Context theory is used as a framework for the analysis of data from 14 probable AD clients, 1 autobiographical account, 1 fictionalized account, 14 family caregiver, 1 family caregiver focus group and over 500 pages of field notes.

Purpose

The purpose of this research was to use the substantive theory of Awareness Context to illuminate social interactional issues of early AD. This use of this theory and application of its data is called emergent fit. The emergent fit mode "allows the researcher...to expand personal work by exploring in depth...a small part of a larger phenomenon."

Setting and Sample

The primary site for clients was an AD specific day care center in a large southeast city. The program maintained an average of 21 clients who represented all stages of AD; there were 66% women, 29% African Americans, 64% Caucasians and 7% Hispanics. Staff-patient ratio was 1:5. Inclusion criteria was probable AD based on family report, clinical record or presence in care facility.

Data Collection and Analysis

Data collection involved interviews with clients and caregivers. We had both original and retrospective accounts. All interview data, the autobiography, fictionalized account and the field notes were examined for data that yielded information on awareness contexts. Data were coded and analyzed to fit the awareness context theory.

Findings

Memory loss in early probable AD
Diagnostic uncertainty: People were aware of memory loss but as a diagnosis of probable AD. Physicians offered literature but no actual dialogue of events. Discounting symptom severity: When clients were examined by a physician memory loss was noted as part of aging and misdiagnosed. Attributing memory loss to age, normalized and minimized probable AD symptoms

Findings

Critical Junctures
A shift from lack of awareness to suspecting of disease, occurred at different speeds of each client. Some patients experienced "wake up calls" about their condition. Closed awareness context: Some people know of their disease but conceal it from others. The concealing of status affect social interactions with kin, friends and co-workers.

Findings

Suspected awareness context
Client self-observation, self-criticism, and self-questioning: the client begin to self-evaluate the situation. Clients confirm or invalidate their suspicions. Families' heightened awareness: Families become suspicious of clients behavior. Multiple Pretense Awareness Context
Patient and family both know of the disease and it's care.

Discussion

Awareness is central to interaction. Awareness Context Theory provides a perspective on social interaction in AD, probably the most stigmatized and feared of the elderly. Independent assessments of clients' and families' awareness contexts are important so health care providers can be informed of the responses to AD. Understanding the wishes of those involved is essential for client centered care.

Figure 4.3: Example of Poorly Designed Poster With Spelling and Other Errors

go wrong, will. They tell us to anticipate the worst-case scenario when planning the materials to bring to a poster presentation session. They urge that we bring our own hammer, pushpins, thumbtacks, heavy-duty stapler, masking tape, glue, extra slide projector lightbulb and extension cord, and copies of all the handouts. Biancuzzo (1994) in her piece on posters about clinical innovation stresses the importance of bringing all the necessary materials for erecting a poster, and urges that you take a checklist to remind yourself of the date, time, and location for poster presentations. She also recommends that you keep track of other information for displaying posters including the name of the poster session, contact person and his or her phone number, and what the conference organizers will provide ranging from tables and backdrops to extension cords and power outlets. Her list of essentials includes a place to put the business cards of others interested in your work as well as your own business cards. She also encourages poster presenters to bring pages of stick-on mailing labels so colleagues who are interested in additional information about your work can receive it. Biancuzzo (1994) encourages poster presenters to anticipate questions and then to write viewers' questions down on a notepad.

Authorities also agree that you should arrive at least a half hour before the session is scheduled to begin; we suggest that you allow an hour. Morra (1984) has written the definitive article on both a schedule for producing a poster and tips on presenting it. Lippman and Ponton (1989) suggest that arriving early is absolutely necessary so that you can locate the building, find a convenient parking space, select a desirable location if one has not been preassigned, and exhibit your poster from the conference registration period onward. Arriving early also gives you time to troubleshoot.

The Postpresentation Phase

The most important way to gauge the effectiveness of your poster is to take note of the people who stop to look at it and engage you in discussion. You also can invite viewers to complete a brief, simple evaluation that contains questions that will stimulate responses from the audience about their perceptions of your work. After your poster session has been concluded, it's a good idea to note the interest of viewers in other posters on display. Figure out which were successful and why.

Lynch and Woolgar (1988) emphasize that visual representations in science require not only the crafting of resemblances but also the task of plumbing the depths of a phenomenon. Qualitative researchers have available the full range of literary devices and artistic conventions when preparing visual and graphic representations for rigorous, convincing, and defensible poster presentations.

Strunk and White (1979) leave us with a word on style that is particularly apropos for qualitative researchers: "Style not only reveals the spirit of a (wo)man; it reveals his/her identity as surely as would fingerprints" (p. 68). Leave the mark of your fingerprints, identity, and visual literacy on the qualitative research poster presentations you create. Try for an up-close research poetic.

Note

1. See also Norris (this volume) for examples of visual/graphic textual presentation strategies in her chapter "Meaning Through Form."

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Dialogue: Other Ways to Do Things

Muecke: When reading this [Norris's chapter], I thought back to a student who almost didn't make it through her master's because she didn't "think" in a normal, logical sequence that you could put a master's thesis into. She couldn't; she was a poet. She was brilliant! And what she studied was nonverbal physician-patient communication, and she analyzed videotapes. The work was unprecedented. Nobody could do it. And she worked at a choreography. She did not know how to capture this, except as a choreography, and she had great sheets of papers all over the office floor. She composed her own way to describe all of this, and then said, "How do I put this into a master's thesis?"

Boyle: Well, APA format, of course! [laughter]

Muecke: Well, we struggled and struggled with this. And then she started writing poetry about it. Ultimately that was the thesis that I wanted. She caved in to the rest of the committee and the power of academia, and finally just wrote a descriptive kind of narrative. And this was a tremendous loss to nursing. Tremendous! We are creatures of our culture! We have to be very careful of how our culture is squelching some of these new ways of knowing and being.