CHAPTER 1

ORIENTATION

1.1   Introduction

This chapter provides an orientation to the study. It encompasses background information, the purpose of the research, an outline of each of the chapters in the research, definitions of terms used within the context of the research, and finally an explanation of the abbreviations used.

1.2   Background

A general lack of awareness is evident regarding traumatic brain injury (TBI) and its impact, resulting in pervasive environmental, attitudinal and informational barriers marginalizing the individual. Paradigm shifts within the rehabilitation field (with specific reference to individuals with neurogenic-based communication disorders), have been advocated by various sources including the participation-based International Classification of Functioning, Disability and Health framework (ICF) (developed by the World Health Organization (WHO) in 2001); together with consumer-driven models of intervention, including the social model of disability (French, 1994; Jordan & Kaiser, 1996; Oliver, 1996); the Life Participation Approach to Aphasia Project Group (LPAA, Chapey, Duchan, Elman, Garcia, Kagan, Lyon & Simmons-Mackie, 2000); and the supported participation model (Ylvisaker, Jacobs & Feeney, 2003). Their combined focus is to progress beyond creating functional and relevant outcomes for the individual with communication disorders, in order to create environmentally-and-communicatively-friendly places, with fewer barriers and more facilitators. One of the ways to achieve this aim is by means of collaborative interventions with communication partner training programs, thereby empowering both the individual with a communication disorder and their communication partner. Training which aims to form partnerships between the individual with a disability and their community, enhancing both the awareness and the skill of the communication partner and thereby building community capacity in a sustainable way, has likewise been strongly advocated by Alant (2005a, 2005b), and Alant and Lloyd (2005). Examination of the literature specifically in relation to individuals with a TBI, reveals a dearth of published research evaluating the results of training the communication partners of individuals with a TBI (Togher, McDonald, Code & Grant, 2004). The call has thus been made to train individuals across uninformed sectors of society in order to facilitate enhanced participation for the individual with a TBI.

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As in the rehabilitation context, so too are transformations apparent within the corporate context not only internationally, but also in South Africa specifically. These include legislative changes addressing some of the inequalities within the workplace, particularly in relation to individuals with a disability. Corporate diversity awareness programs worldwide are increasingly common, with particular focus being evident on awareness related to race and gender issues, as well as on reduction of environmental barriers for individuals with disability. In spite of this trend, very few South African companies have reportedly addressed the issues of integrating individuals with a disability into the workplace, as well as of transforming company values in order to modify attitudes and remove barriers for both employees, and customers with disability (Silver & Koopman, 2000). Furthermore, in spite of the focus of contemporary business on the importance of customer care and service, only minimal reference, if any, is made to the customer with a disability. Various corporate consultants in South Africa have advocated the need to re-examine the corporate environment in relation to customer service, and to focus on a relationship economy, where a facilitative, barrier free and human-oriented environment is the focus (Bramley, 2003a, 2003b; Coats, 2003a, 2003b, 2003c, 2003d; Codrington, 2003a, 2003b, 2003c, 2003d, 2004). Philosophically this call relates to the South African concept and spirit of an Ubuntu management approach (Bhengu, 1996; Mbigi & Maree, 1995), emphasizing working together in a respectful and dignified way.

While the transformations within both the rehabilitation and corporate environments reflect efforts to reduce barriers for individuals with disability, many gaps remain within these two diverse contexts, specifically in relation to the ongoing need for the dissolution of barriers regarding individuals with a cognitive-communication disorder following a TBI. The current study, which develops and refines a communication partner training session aimed at customers with a TBI and sales assistants in a supermarket, evolved from the combination of these two contexts. The aim of this study is specifically to investigate the ability of sales assistants to identify barriers to, and facilitators of interaction with customers with a cognitive-communication disorder following a TBI, and whether training impacts on this ability.

1.3   Chapter outlines

The research is presented in seven chapters. In chapter 1, the basic orientation and motivation for the research, as well as this outline are provided. Definitions of terms used within the context of the research, as well as an explanation of abbreviations, are likewise included.

Chapter 2 provides an overview of the contemporary intervention issues specifically regarding the individual with a TBI, by examining the conceptual frameworks of the ICF (WHO, 2001) and the social disability model, which advocate participation and empowerment, together with a reduction of environmental and attitudinal barriers for these individuals. An overview of TBI is given, together with the potential range of cognitive–communication impairments that may result. Society's ignorance regarding the impact of these difficulties is highlighted, resulting in many of the obstacles that further marginalize these individuals. The literature reveals a paucity of research aiming to train communication partners in the effort to create communicatively friendly and accessible environments, which further emphasize the need for research aiming to lessen barriers, and empower communication partners, thereby potentially enhancing the participation of the individual with a TBI.

Chapter 3 examines the legislative changes worldwide, and in South Africa specifically, and the extent to which they have influenced contemporary practice in the day to day workplace environment. The dearth of training programs in relation to serving the customer with a disability is emphasized, as is the concomitant need for training programs enabling customers with a TBI specifically to function more fully and independently as a consumer. The chapter concludes with a visual representation of the theoretical rationale for the study, emerging from the gaps identified in both the rehabilitation and corporate contexts in relation to the individual with a TBI.

The methodology is set out in chapter 4, and includes a description of the aims, sub-aims and research design. The preparatory phases establishing the foundation of the main study are presented, followed by the pre-experimental phase in which the video scenarios and pre-and-post questionnaires 1 and 2 are developed and refined. This is followed by a presentation and evaluation of the pilot study, and thereafter the main study. A description of the training context, participants, equipment, measuring instruments, the training session itself, and data collection is provided, as well as of the data analysis and statistical procedures.

Chapter 5 provides an overview of the results obtained. The outcome of measures specifically examined within the experimental group before and after their once-off training session is presented. The chapter then focuses on sub-aim 3 of the research – to examine and compare the similarities and differences between the experimental and control groups' performance obtained by means of the confidence and skill constructs of pre-and-post questionnaires 1 and 2.

Chapter 6 offers a critical discussion of the results in relation to the similarities and differences between the experimental and control groups' performance on the confidence and skill constructs of pre-and-post questionnaires 1 and 2. Factors contributing towards these outcomes are postulated. Finally, the results are considered more broadly in relation to the relevant literature that formed the conceptual foundation for the research.

In chapter 7, an overview is provided of the conceptual rationale for the research, together with a summary of the results in relation to the development, refining and administration of 2 questionnaires and a training session aimed at increasing the confidence and skill of a group of sales assistants in identifying the barriers to, and facilitators of interactions involving customers with a cognitive-communication disorder following a TBI. The chapter concludes with a critical evaluation of the study, and makes recommendations for future research.

1.4   Definition of terms

The following frequently used terms need some clarification within the context of the study:

Facilitators - derived from the French "faciliter," meaning "to make an action or process easier" (Pearsall, 1998, p.656). Facilitators are defined in the ICF (WHO, 2001, p.214) as "factors in a person's environment that, through their absence or presence, improve functioning and reduce disability." The list of possible facilitators includes an accessible environment, positive attitudes of people towards disability, and the absence of stigma and negative attitudes.

Barriers - derived from the old French "barriere," denoting a fortification defending an entrance. Barrier refers to "an obstacle preventing movement or access, or communication or progress" (Pearsall, 1998, p.141). Barriers are defined in the ICF (WHO, 2001, p.214) as "factors in a person's environment that, through their absence or presence, limit functioning and create disability." The list of possible barriers includes an inaccessible physical environment and negative, stigmatizing attitudes of people towards disability.

Confidence – derived from the Latin "confidential," meaning having full trust. This word refers to "a feeling of self assurance and certainty arising from one's appreciation of one's own abilities or qualities" (Pearsall, 1998, p.385). Confidence comprises one of the internal mental functions identified by the ICF (WHO, 2001) that enable an individual to react in a particular way, and that distinguish one individual from another. It is defined by the ICF (WHO, 2001) as comprising

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"mental functions that produce a personal disposition that is self-assured, bold and assertive, as contrasted to being timid, insecure and self-effacing" (WHO, 2001, p.51). In the context of the current study, confidence refers to the manner in which the sales assistant serves and interacts with a customer with a TBI (defined in Table 4.8).

Skills - derived from late old English "scele," meaning "knowledge, expertise and the ability to do something well" as a result of "knowledge, ability or training" (Pearsall, 1998, p.1745). Skills comprise a bridging construct between the internal and external factors, referring to the practical skills in performing a particular task which, while they require a knowledge base, are easily learnt through demonstration and supervised practices (Bornman, 2001). Silberman (1990) has stressed how confidence grows as individuals master skills of increasing complexity. In the context of the current study, skill denotes the manner in which the sales assistant observes and responds to this kind of customer - including feelings regarding the customer's competence.

In the current research, confidence and skill are conceived as positive constructs, so that the presence of confidence and skill are regarded as potential facilitators for an individual, while the absence or diminution of these constructs are regarded as potential barriers for an individual.

1.5   Abbreviations

CAAC -   Centre for Alternative and Augmentative Communication, University of Pretoria
CCA   -   Customer Care Assistant
CSM   -   Customer Service Manager
GM   -   General Manager
SLP   -   Speech Language Pathology/Pathologist
TBI   -   Traumatic Brain Injury

1.6   Summary

The current chapter provided the rationale for the research by describing the background information that led to its development, as well as offering a description of the purpose of the study. It included an outline of the different chapters in which the aims of the research are described and realized. The chapter concludes with a definition of terms used within the context of the research, together with an explanation of the abbreviations used.

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