CHAPTER 6

DISCUSSION OF RESULTS

6.1 Introduction

The following chapter will describe, and consider the reasons for 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 are considered that were controlled for in the research. The possible role played by the demographics of the experimental and control groups, in relation to the interpretation of the content of the video scenarios 1 and 2, is discussed. These results will then be interpreted more broadly in relation to the relevant literature that formed the conceptual basis for this research.

6.2 Inter-group results: Pre-and-post questionnaires 1 and 2: Confidence and skill constructs

When examining and comparing the similarities and differences between the experimental and control groups’ performance on the confidence and skill constructs of the pre-and-post questionnaires 1 and 2, no contradictory evidence was found in any of the measures used. All results obtained consistently pointed to the improvement within the experimental, as compared to the control group on the post-questionnaires as compared with the pre-questionnaires. This pointed to the impact of the training session on their confidence and skill in identifying barriers to, and facilitators of interaction with customers with a cognitive-communication disorder following a TBI (Table 5.2 and 5.3).

With reference to the confidence construct, Tables 5.2 and 5.3 illustrate how on both post-questionnaires 1 and 2, the experimental groups’ confidence improved in feeling significantly more comfortable and self assured about interacting with, and serving this kind of customer on their own. Such customers may have a range of cognitive-communication problems that may potentially create attitudinal barriers for them within the retail encounter (Tables 4.2; 4.3; and 4.4). This finding (reflecting confidence in serving the customer on one’s own) contrasted with both video scenarios, where the sales assistants approached by the customers called in several colleagues (including management) to understand and assist the customer appropriately.
Experimental group participants became more confident at the 10% level on post-questionnaire 1; and at the 5% level on post-questionnaire 2, as compared with their results on both pre-questionnaire administrations, where neither experimental nor control group performed statistically significantly on this construct.

When examining the results on the skill construct (Tables 5.2 and 5.3 respectively), it is evident that neither group performed statistically significantly on either the pre-or-post questionnaire 1 administration. In contrast, the experimental group was found to be already statistically significantly more skilful at the 5% level on the skill construct of pre-questionnaire 2 (before training) in identifying barriers to, and facilitators of interaction with this given type of customer. In addition, they became even more skilful at the 1% level of significance after the administration of post-questionnaire 2 (following their once-off training session), with respect to their ability to recognise the correct amount of time to spend with this customer, and the appropriateness of asking her to repeat her request, or write something down (as her speech was hard to understand). The participants were also able to recognise the competence of the customer shown in the video scenario, in spite of her relatively unintelligible dysarthric speech.

The finding that the experimental group was statistically significantly more skilful at the 5% level than their control group counterparts on pre-questionnaire 2 (before they received training) (Table 5.3) is surprising in view of the effort by the researcher to take the following factors into account:

- All participants were randomly assigned to the experimental and control groups, and were matched on variables of gender; age distribution; educational level; the ability to speak and understand English; position and number of years working for the company; and knowledge of anyone with a speech problem (Table 4.11).
- All participants were further matched in that they all worked in stores within the Northern region of the large supermarket chain, and received ongoing, nationally-formulated in-store training provided to all company employees across all the regions. This focused largely on customer care and service as part of the company ethos (Ackerman, 2005).
- The participants viewed video scenarios 1 and 2 (Table 4.6) together and in the same sequence during the pre-and-post administration sessions 1 and 3 of the main study (Table 4.1).
In order to minimise the Hawthorne effect (Adair, 1984; Mertens, 1998; Sohlberg et al., 1998), the same pre-questionnaire instructions were provided by the researcher to the combined groups of participants in session 1 (Appendix 14), who were given no prior knowledge that any further training would take place. Experimental group participants were only informed after completing pre-questionnaires 1 and 2 that they would be returning 2 weeks later for another session. All participants were, however, informed that the researcher was from the University of Pretoria and that they were participating in a research project, which may potentially have influenced their performance. Adair (1984) refers to numerous variables mediating the Hawthorne effect including among others: prestige stemming from being selected; special attention (being in an experimental group) heightening attention to the task; and clear performance expectations. To further minimise this Hawthorne effect, all participants were informed that there were no correct or incorrect answers before completing the pre-and-post questionnaires.

Two factors that could potentially have contributed to the experimental group being statistically significantly more skilful in the pre-questionnaire 2 administration, while not statistically significantly more skilful in the pre-questionnaire 1 administration, include the following:

• In spite of the experimental and control groups being matched, practical circumstances arose in session 1 that led to changes in the anticipated composition of the experimental and control groups, where the experimental group comprised more CSM’s (13) than the control group (8), but fewer Deli and Bakery sales assistants (7), as compared to 14 in the control group (Appendix 29A). While not a statistically significant difference, this nevertheless skewed the experimental group in terms of containing more participants with more advanced in-store training levels, focusing very specifically on the company’s core values related to excellent and courteous customer service (Ackerman, 2005). Although this demographic may have contributed to the experimental group participants being more skilful as compared with their control group counterparts (even before training) when viewing video scenario 2, this same factor did not contribute to the former’s results when viewing video scenario 1 for the first time. However, in relation to this distribution of experimental and control group participants, closer examination of the content of the video scenarios may account for this differential finding.

• Both video scenarios 1 and 2, while reflecting different transactions, were considered to be representative supermarket interactions adequately highlighting the themes identified as universal barriers and facilitators during sales transactions involving a customer with a
TBI (Table 4.5). However, while video scenario 1 (The photo counter scenario) (Appendix 9) (that was shown before the administration of pre-and-post questionnaire 1), superficially presented an interaction with a customer requesting a particular spool at the photograph counter of the store, identification of barriers and facilitators by the research participants was clearly more complex for the following reasons: The scenario represented a very typical interaction concerning an individual with a TBI (Larkins et al., 2004; Milton et al., 1984; Prutting, 1982). From the outset, the “customer” requested an apparently scarce item that was unavailable in the store (an 800 ASA spool), and he lacked the insight to notice both the inappropriateness of the request, as well as the length of time taken by the manager and several sales assistants (15 minutes and 06 seconds) in trying to assist him with his request. The inappropriate pragmatics of his interpersonal communication (resulting from his cognitive-communication disorder) included, for example, over-familiarity with the manager, whom he teased about his name. He also asked the manager at various points in the lengthy interaction to give him items for nothing (e.g. a free Kodak photo album; a free camera); shouting loudly for service; together with his apparent lack of awareness of the growing discomfort of the manager and sales assistants who were unable to meet his requests. These examples comprised a cluster of behaviours that were sufficiently subtle and complex, making it difficult for the experimental and control group participants to identify the barriers to, and facilitators of the interaction with either confidence or skill in the pre-questionnaire administration. After the training session, the experimental group became more confident and less anxious in the presence of this kind of customer, although, when compared with their control group counterparts, they did not improve on the skill construct of this particular questionnaire (Table 5.2).

In contrast, video scenario 2 (The return counter scenario) (Appendix 10) that was shown before the administration of pre-and-post questionnaire 2, reflected an interaction where a customer with very dysarthric speech, and some accompanying physical difficulties, asked if she could return an expensive item, for which transaction, company policy required a till slip. Her speech was highly unintelligible to the 4 sales assistants and manager who tried to assist her, but in contrast to video scenario 1, this customer was pragmatically far more appropriate and insightful, and the issues requiring decisions by the research participants (in completing pre-and-post questionnaire 2) were more similar to the customer service scenarios with which they were specifically trained to deal in their in-store training. Thus the more experienced experimental group participants could
have used their experience and training to respond more skilfully (than their control
group counterparts) in the pre-questionnaire 2 administration. Furthermore, the impact of
the training session then improved their skill even more in the post-questionnaire
administration, resulting in this group being significantly skilled at the 1% level of
significance (Table 5.3) as compared with their control group counterparts.

Overall, the results of this study provided experimental support for the impact of a once-off 4
hour long training session in statistically significantly improving the confidence and skills of a
group of sales assistants in identifying the barriers to, and facilitators of interaction with
customers with a cognitive-communication disorder following a TBI. These results were further
supported by the positive subjective training session evaluations and increased confidence
ratings of this group, where many participants recommended that this kind of training be
received “by all staff including management”. As a result, the training session content (focusing
on barriers and facilitators) assisted the experimental group participants in using their previous
in-store training and experience (Mintzberg, 2004) to consider different and new solutions with
greater confidence and skill.

It is important to examine the implications of this training session in relation to the results
obtained. On the broadest level, the training session facilitating these outcomes reflected a shift
in the training paradigm, that is, that rehabilitation professionals should develop collaborative
networks of support across social contexts (as advocated by numerous authorities in the field
including Simmons-Mackie et al., in press; Ylvisaker, 2002, 2003; Ylvisaker et al., 2001a;
2003). More specifically, this kind of training is seen to encompass a collaborative effort
between the sales assistant and the customer with a TBI, building community capacity as
advocated by Alant (2005b), and in so doing, potentially facilitating participation at a deeper
level for the individual. This training also addressed the dearth of communication partner
training programs (highlighted specifically in the field of TBI), and aimed at creating more
facilitative and less barrier-filled communication opportunities for such individuals, potentially
reducing the stigmatisation and marginalisation they faced (Cottrell, 2001; Sarno, 1986, 2004;
Togher et al., 2004). Furthermore, the participation of the particular large supermarket chain in
this diversity-focused training session, reflected the former’s commitment to transforming
company values regarding the possibility for change (Zander & Zander, 2000), and to the
potential of becoming a role model and leader, and “an employer of choice” (Silver & Koopman,
2000, p.9), removing barriers in the workplace for their employees, by making it more
comfortable for them to serve customers with a TBI. Such participation also reflected the spirit
of an Ubuntu approach (Bhengu, 1996; Mbigi & Maree, 1995) in which, through the removal of barriers, a more comfortable and respectful environment was potentially created for both the sales assistant and the customer with a TBI (Coats, 2003c; Codrington, 2003a).

Enhanced confidence, skill and comfort in interacting with customers with a TBI have been defined within the current research as positive constructs. Clearly, the training session reduced obstacles by empowering the sales assistant to identify barriers to, and facilitators of interactions with such a customer using increased confidence and skill. These outcomes were facilitated by means of opportunities provided in the training session to consider different and even new solutions with such customers, through integration of new insights in relation to established beliefs and experiences (Mintzberg, 2004; Silberman, 1990; Slavin, 1996). With regard to Alant’s suggestion of a dynamic relationship between participation and skills (2005a), enhanced confidence, comfort, awareness and skill as a result of this training session would not only empower the sales assistant, but also provide support for the customer with a TBI that would enable the latter to participate more comfortably and successfully in an everyday encounter such as shopping (Alant, 2005b; Bhengu, 1996; Coats 2003c; Codrington, 2003a; Cottrell, 2001; Garcia et al., 2002; Kagan and LeBlanc, 2002; Kagan et al., 2001; Mbigi & Maree, 1995; Simmons-Mackie et al., in press; Togher et al., 2004).

6.3 Summary

Chapter 6 discussed the most important findings of the research in relation to relevant literature in the field. The outcome of the training session revealed good ratings by the experimental group participants. In addition, all results consistently pointed to the improvement within the experimental, as compared to the control group on both of the post-questionnaires as compared with the pre-questionnaire administrations, demonstrating the impact of the training session on their confidence and skill in relation to interacting with customers with a TBI. Differences in results between the 2 groups were considered in relation to the factors that were controlled for in the study, as well as by a closer examination of the video scenarios content themselves. The latter highlighted some interesting possibilities related to the impact of pragmatic difficulties on the interpersonal interaction of the sales assistants and customers with a TBI, making it more complex and challenging for the research participants to identify and manage. Overall, the training session empowered the sales assistants to provide support for their customers with a TBI, thereby facilitating the possibility for both the sales assistant and the customer to participate more comfortably in the sales encounter.