

Task 1

Important questions when considering the literature

Having read the title, abstract, and statement of purpose, is it easy to determine how relevant the study is to you?

Is the topic introduced in terms of previous investigations and what is known and not-known so that it is well placed?

Were decisions about design/procedures explained in terms of what has been effective/ineffective in previous studies?

Were any previous conflicting findings discussed and given consideration in the researcher's study?

Do references include investigators with well established track records in the field?

Is the selection criteria, number and process clearly explained and justified?

Was the design explained clearly and justified?

Are all instruments named and described and validity and reliability measures provided where appropriate?

Were environmental conditions/protocol/data collection methods explained?

Do the conclusions stay within the bounds of the findings, or are they pure speculation?

Is the conclusion easy to connect with the purpose and research questions that shape it?

Is it apparent how the findings fit into the existing body of knowledge?

Are all limitations addressed?

Does the researcher answer the 'so what' question?

Adapted from Locke, Silverman & Spirduso (2004). Reading and understanding research.

In 1989, Branch, Horowitz, and Carr interviewed groups of older people: some vision impaired within the past five years, and others with self-reported, good or excellent vision. Branch et al.'s study contained a large sample of 1625 in the first stage of interviews, and 1317 participants in the second stage. For the last stage, data was obtained from a New Zealand-wide probability sampling of 825 private dwelling residents aged 65+ over an eight year period. The overall aim of the research was to identify relative disadvantages for those with recent vision decline. Few demographic differences were found between the two groups in functioning such as in bathing, dressing, eating, transferring, grooming, and walking across a room. However, differences in other activities of daily living were found. Participants with significant vision decline were more likely than peers with constant good or excellent vision to need assistance with grocery shopping and paying bills. Those with impaired vision were less likely to climb stairs, do heavy housework, and walk half a kilometre. The vision impaired group reported compromised physical function, and unmet needs in terms of housekeeping, food preparation, and diminished social and emotional function. When controls for age and gender were used, the vision impaired group was found to be no more likely to use formal social or health services than their sighted counterparts. Branch et al. concluded that personal perceptions of vision loss compromise well-being and functioning in older adults. They also concluded that vision impairment is viewed as more disabling and is more feared than other health conditions.

It is important to note that all those with vision impairments in Branch et al.'s (1989) study lost vision within the five years between the first and second interviews. This relatively recent onset of significant vision impairment could have affected the results of the study, as it is likely that participants had not yet received comprehensive rehabilitation services, nor had they had the time to adapt to the recent loss of vision. The authors speculated that because vision loss is so feared, poorer functioning associated with vision decline may have more debilitating impacts on emotional well-being than other age related conditions resulting in similar functional changes. Although the authors clearly indicated that vision impairment contributed to functional dependency, it is not clear how vision impacted on function in comparison to other impairments or in light of concurrent impairments. Further, there was no way of assessing how participants' function compares to that of age related peers with no vision impairments within age cohorts.