

Research-minded practice

DID YOU KNOW?

INTRODUCTION

Purpose

The meeting point of research and practice is one of the most fraught locations on the social work map. All too often, practitioners complain that research findings never tell them what they do not already know are matched by researchers' criticisms that practice is based on professional folk lore. The purposes of this activity are modest: to put research on the student's map. This activity is designed to help students to become research *minded* in their practice, by being aware of their own preconceptions, so that they can at least begin to test them.

Method

No preparation is needed before you give the student a copy of *Did you know?* Make sure students know they will be reading the news cuttings a section at a time (numbered 1, 2 and 3) and that you will be discussing each section before moving on to the next.

Ask students for their first, unconsidered reaction to the reports, section by section. How does it fit any existing beliefs and knowledge that they hold about this subject - does it confirm or challenge them? Discuss different hypotheses which might explain the findings reported in the item; does the student have firm views about these explanations? How does the different information which comes to light in the next section of each report influence the student's views? (About twenty minutes for each account).

After you have discussed each of the three sections in both items, ask students to reflect on the process as a whole. How do they assimilate new information and what are their views about research in general?

Variations

The research findings in *Did you know?* are reported at a broad or 'macro' level. You may want to use the same technique (discussing reports of research findings in different stages) with material which is closer to home. Is there a piece of operational research conducted in your agency which the student should read? What research has had significance in the particular setting where the student is placed? *Did you know?* sensitizes students to the use and abuse of research, and to their own responses to research.

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DID YOU KNOW? Activity

Read one section at a time and formulate your own hypotheses as possible explanations. How do your hypotheses change in response to the new information in each section?

LESS TRANSPLANTS FOR BLACK PEOPLE

1 Black Americans who need kidney transplants are significantly less likely to receive them than whites.

The conclusion, published in the New England Journal of Medicine by a group of transplant physicians, is the latest effort to address a trend that has troubled the medical profession for several years. Although black people are four times more vulnerable than whites to kidney failure, studies have shown that when transplants become available, they tend to go to white patients.

In 1985, only 21% of all kidney transplants went to blacks, even though they accounted for 28% of the patients with serious kidney disease, according to the Health Care Financing Administration. Figures from the United Network for Organ Sharing indicate that although blacks make up a third of the nearly 18,000 people on the national waiting list, they received only a fifth of the kidney transplants last year.

2 Previous studies have theorized that subconscious bias might account for the inequity in transplant rates.

But Thursday's report - a

review of existing data by a committee of the American Society of Transplant Physicians - concluded that "it is likely that both biological and socio-economic differences between blacks and whites contribute to this inequality."

"We never found anywhere that there is any wilful discrimination against blacks or other minorities," said Dr. Jaroslav Havel, a co-author of the study and a professor of medicine at the University of California, Los Angeles.

Rather, Havel said, the little hard evidence available points to a variety of complex factors, ranging from a lack of health insurance among blacks to differences in blood types that make many black patients incompatible with the majority of organs in the donor pool.

For example, the study found, white families are two or three times more likely than blacks to donate a deceased relative's organs for transplantation.

Blacks have a much higher incidence of hypertension and diabetes that can result in kidney failure and thus are over-represented on the waiting list for

kidney transplants. But because of genetic differences in blood and tissue

types, many black people cannot accept organs taken from whites; they have to compete for a much smaller organ pool.

"We strongly feel that the differences could be improved if we could encourage donations by racial minorities," Havel said.

3 Another possible factor, the study found, may have to do with variations in insurance coverage. Although Medicare pays much of the cost of transplants for most people, it does not offer complete coverage in every state. Poorer blacks may be unable to afford the remaining costs, and may therefore be considered less suitable candidates for transplants, the study noted.

Other factors may have to do with whether a patient is a good risk for a transplant, the physicians found. For example, the study noted, doctors may not offer transplants to black patients because they may suspect them of alcohol and drug abuse, which would undermine surgery.

"The prevalence of heroin abuse may be higher in blacks than in whites," the authors explained.

adapted from Shawn Hubler

EMILY ASSERTS HER MANHOOD

1 Parents who name their daughters Sophie or Emily in the hope of encouraging a feminine personality may instead turn out gender rebels who will reject conventional sex roles, psychologists said yesterday.

For parents with sons, avoiding the name Nigel makes good psychological sense as people cannot agree whether it is has macho or wimp associations.

Psychologists Carol Johnson and Helen Petrie, of Sussex University, surveyed the perceived masculinity and femininity of names and whether these could influence personality.

2 For women, but to a much lesser extent for men, names appeared important in shaping personality. Women either embraced the feminine stereotypes suggested by their names or rebelled, shortening them to "unisex" versions, such as Chris for Christine, or adopting male versions, such as Alex for Alexandra or Charlie for Charlotte.

Ms Johnson told the annual conference of the British Psychological Society that 255 students had found little difficulty in assessing the masculinity or femininity of 86 names - with the exception of Nigel.

"The lack of agreement on Nigel surprised us. There are two different stereotypes in Great Britain about

Nigel," says Ms Johnson. "One is very upper class such as the actor Nigel Havers, and the other is an Essex Man figure such as racing driver Nigel Mansell."

The researchers found that the most feminine name was seen as Sophie, and the most masculine as John. Lee was judged the most unisex.

The students were given personality tests to assess masculine and feminine attributes. Women with highly feminine names had more feminine personalities, while those who had abbreviated their names showed more masculine characteristics.

3 "Our study suggests that it is women who refuse society's sex role orientation who are using their diminutive names as one way of indicating this rejection.

"Giving a daughter a highly feminine name may have an enduring effect on her personality. Amongst our subjects there were no boys named Sue but there were girls named George, Cecil and Jack."

from Chris Mihill, *The Guardian*