

Chapter 2 : Methods

Participants

The target sample for this study was individuals with either an early or late diagnosis of Attention Deficit (Hyperactivity) Disorder, Dyslexia or a combined diagnosis. Ages 18 years of age and over. Respondents were recruited through the University of Wales Trinity Saint David (UWTSD) Psychology Experimental Management System (EMS), which is aimed at students.

A total of () participants responded, out of this sample () data sets were analysed including () males percentage here and () females percentage here. Any other identifications will be stated here . Ages ranged from () years of age standard deviations and m calculations here .

Design

The study was mixed methods, consisting of quantitative and qualitative data (statistics and thematic analysis). For the qualitative element, demographic information was collected (including gender, current age, age of diagnosis and highest level of education) and a web-based online survey of 10 questions, using the software Qualtrics. Along with this, the quantitative data was collected by using one psychological scale, the 10 item, Rosenberg self-esteem scale (see Appendix) which is a self-assessment of self-esteem levels.

The two independent variable's were the time of diagnosis (early or late) and type of diagnosis (ADHD, Dyslexia or combined) with one dependent variable (Self-esteem).

After data was collected, results were analysed to establish whether there were significant differences between receiving an early or late diagnosis of ADHD, Dyslexia or Combined on educational experiences, social relationships and self-esteem levels. A 2x2 ANOVA was carried out to determine whether there was a statistical relationship between self-esteem levels and time of diagnosis (1.Strongly agree, 2.Agree, 3.Disagree, 4.Strongly disagree) to 10 statements (eg 2. I feel I have a number of good qualities).

The responses to the questions were analysed in accordance with qualitative thematic analysis (please see appendix), analysing personal experiences of receiving either an early or late diagnosis and it's impact on educational experiences and social relationships. By analysing the responses and making notes, the determination of codes and themes could be made based on the frequency of occurrence of topics in the data.

Measures

The Rosenberg self-esteem scale (RSES), a 10 item self-report inventory which assesses the general self-esteem levels of an individual, reponses are scored on a 4-point likert scale ranging from strongly agree (1) agree (2), Disagree (3) and Strongly disagree (4). The RSES was chosen due to high levels of test reliability and being an emperical measure of self-esteem across many years.

Before the main statistical analysis, the self-esteem scale was entered into the program SPSS and was tested for reliability using Cronbach's alpha. A Cronbach's Alpha value of .7 or above, indicates

good internal reliability of a psychological scale, the RSES had a Cronbach alpha of (.). Respondents were also asked to answer 10 questions regarding their educational experience and social relationships, through 10 free-text open-ended questions (for example, 'how much academic support did you receive for your diagnosis?'), these were chosen to allow respondents to express their own experiences in their own words regarding the time of their diagnosis.

Ethical Considerations

A Dissertation Proposal and an application for Ethical Approval was completed by the principal researcher (Appendix) prior to data collection. This was done to ensure that the overall wellbeing of both the researcher and the participant, had been adjusted and thought about accordingly. This was evaluated by the university and approval was granted by the SREC (School Research Ethics Committee).

Due to this study being heavily associated with early and late diagnosis of ADHD or Dyslexia, it had several potential ethical concerns that were identified prior to any of the study commencing. Due to the topic area of diagnosis, it was a possibility that respondents could get distressed when asked to answer questions about their diagnosis, especially if it was particularly difficult. This was also apposed to education experience with the diagnosis and the impact on social relationships. The researcher doing this study also had personal experience of having a late diagnosis of Dyslexia and acknowledged the need for certain precautions to the wording and topic areas of the questions to avoid any possible psychological distress being caused to anyone involved in this study.

Once respondents opened the link to the study via EMS on their electronic browser, they were showcased an information sheet (See Appendix) which detailed everything the study involved, including the approximate time it would take to complete and contact details regarding the principal researcher and supervisor.

This was followed by a consent form, this was interpreted as informed consent if the participant chose to carry on after this point. The consent form explained that respondents had the right to withdraw at any time during the study by closing their browser, without giving a reason. it was also heightened that all responses would be anonymous and will be stored confidentially. A debriefing page was displayed once both sections of the study was completed (see Appendix) to explain further the aims of this research and the reasoning behind conducting this study, with contact details of the principal researcher and supervisor if the respondent were to have any enquirys or concerns. In addition, the UWTSD support services were linked, for respondents to click if they felt that they needed to gain extra support for their diagnosis or simply wanted to know more about it.

A explanation prior to the start of the scale and questions was included stating that participants do not continue if they felt the topics disclosed in the questions was likely to cause distress. The principal researcher was in touch with the research supervisor frequently, so in the case of any issues arising, there was guidance and support available to deal with any concerns. All respondent data and demographic information (gender, current age, age of diagnosis and highest level of education) was kept securely on a password protected laptop in possession of the principal researcher, in line with the Data Protection Act (2018). All responses given into this study were anonymous and kept strictly confidential (British Psychological Society, 2014). All data involved in this study was conducted from the EMS and was then

kept securely on the UWTSD cloud one drive system which is password protected. Data was then permanently deleted from the UWTSD one drive system as soon as the dissertation was over.

Study Procedure

The online questionnaire was first delivered in the week commencing (date here) with a total of () respondents, through the UWTSD EMS system, an internal database of research studies targeted specifically at a student population.

The study was shared through the UWTSD EMS system. When the respondents clicked on the study on EMS, they were then transferred to qualtrics via a link on their electronic browser. This was continued by an information sheet (see appendix) which provided details about what their data is being used for, where it will be kept, the layout of the study and contact information of both the principal researcher and supervisor.

Once this was displayed, respondents were shown a consent form, respondents were asked to provide consent by ticking a box to gain their permission to contain any of the subject areas disclosed within the study are likely to cause distress, to not take part in the study and that all respondents were free to end their participation at any point of the study by closing their internet browser, highlighting that no data will be traced back to them and not be included in the analysis. However, if a participant chooses to withdraw after submission, this cannot be done as the data set will not be recognisable to the principal researcher as they are all anonymous.

After, a series of demographic questions were shown, with respondents being asked to provide information on their gender, current age, age of diagnosis and highest level of education. Once this section was completed, the RSES was introduced with a short paragraph providing instructions about the scale and how to score answers. After the scale was completed, if the respondents choose to continue, they were taken to the qualitative data collection part of the study, and was provided with instructions and details on what the 10 open-ended questions were about.

Lastly, respondents were showcased a debrief page, explaining the aims and objectives of the questionnaire, thanking for their participation and providing contact details of the principal researcher and supervisor as well as the UWTSD support services if they'd like to seek extra support. The information sheet, consent form and debrief sheet were also all downloadable in the case the respondent would like to keep the sheet on their device, with a link at the end and clear instructions on how to download the form if needed.