

Qualitative research: A Dental Public Health Tool

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People make decisions and act in accordance with their subjective understandings of the situations they find themselves in.

Qualitative research

A range of methods which aim ‘to generate an in-depth and interpreted understanding of the social world, by learning about people’s social and material circumstances, their experiences and histories’

Richie and Lewis, 2003

Scientific paradigms

Positivist

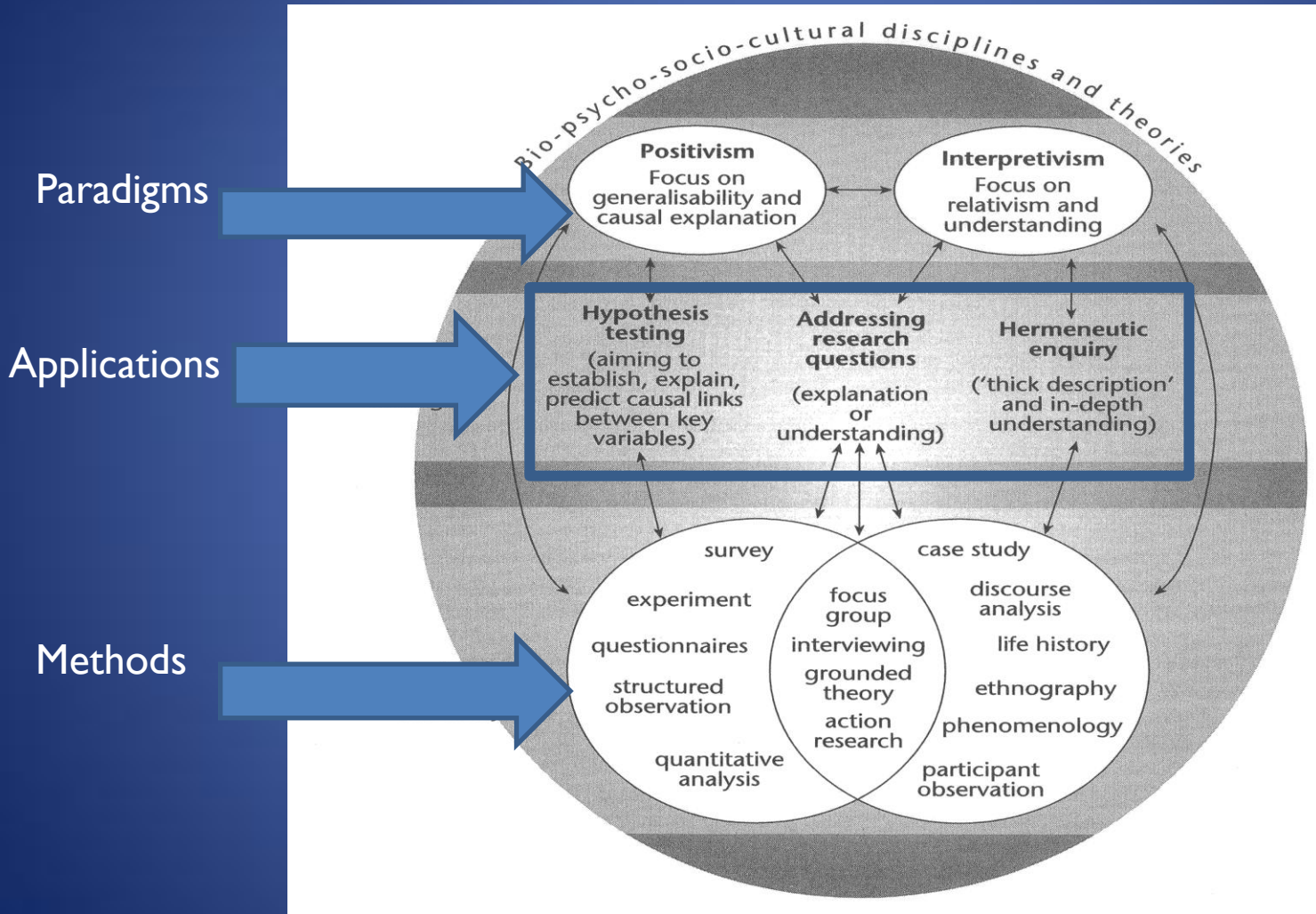
- If something is important it can be measured
- Define clearly, Measure accurately
- Compare - Experiment



Interpretative

- The whole is more than the sum of it's parts
- Study in depth, Refine Ideas
- Understand
- Explain relationships





I. Rich pictures

Understanding
perspectives, motivations
and frames of reference

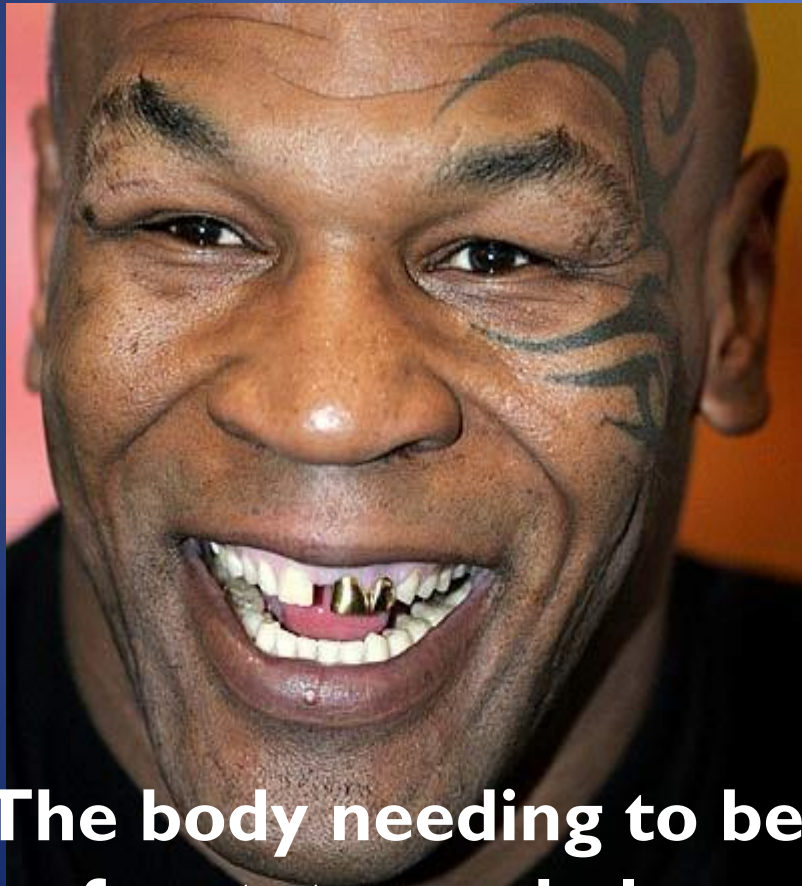
Rich pictures bring you into some-one else's world

- It feels as though it's a red day in your diary...I can't plan anything after that... as though it's the last days in your life (IP9)

I'm going to die this time...I won't survive this... (IP2)

- Everything just becomes impossible for me...I can't handle it.. I almost blackout...it goes through my whole self...don't touch me I'll fix this myself... I don't want anyone to touch me... I lose control over everything..... (IP8)

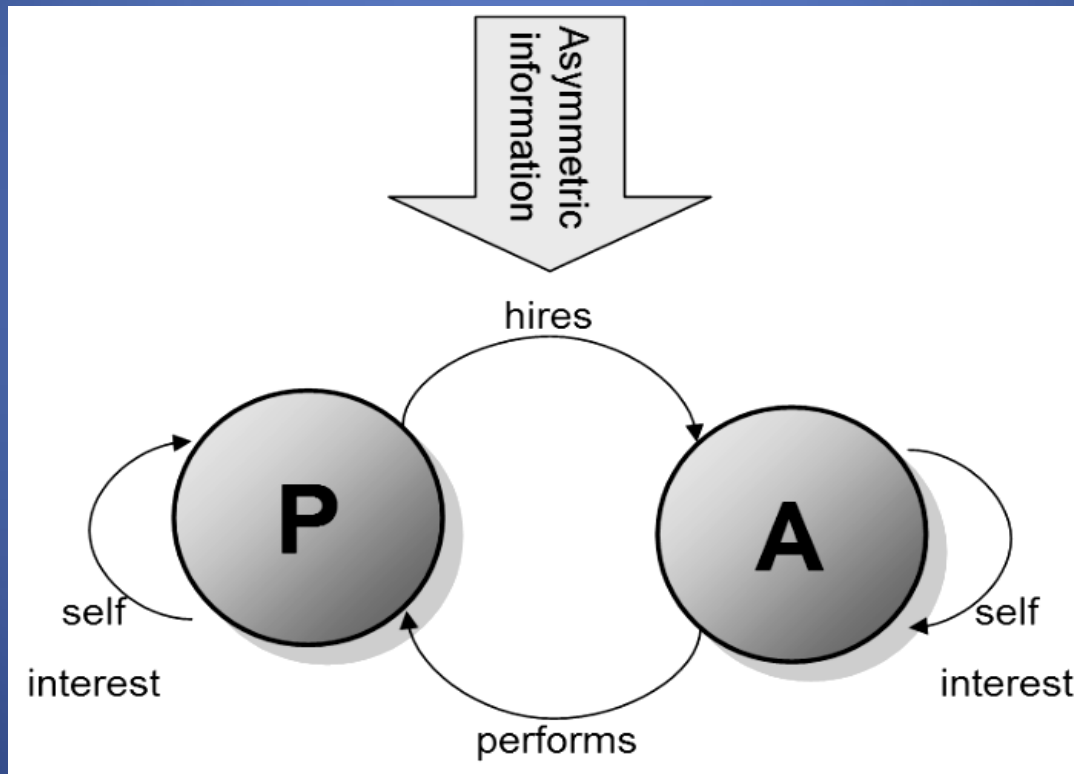
Understanding behaviour in the context of people's logic, knowledge and beliefs



Qualitative research concentrates upon the *meaning* placed upon the behaviour itself and how the social circumstances in which people live and work shape their 'style' of life (Williams, 1995).

The body needing to be 'fit for work' or for status and pleasure?

Principal-Agent Model



Motivations and frames of reference



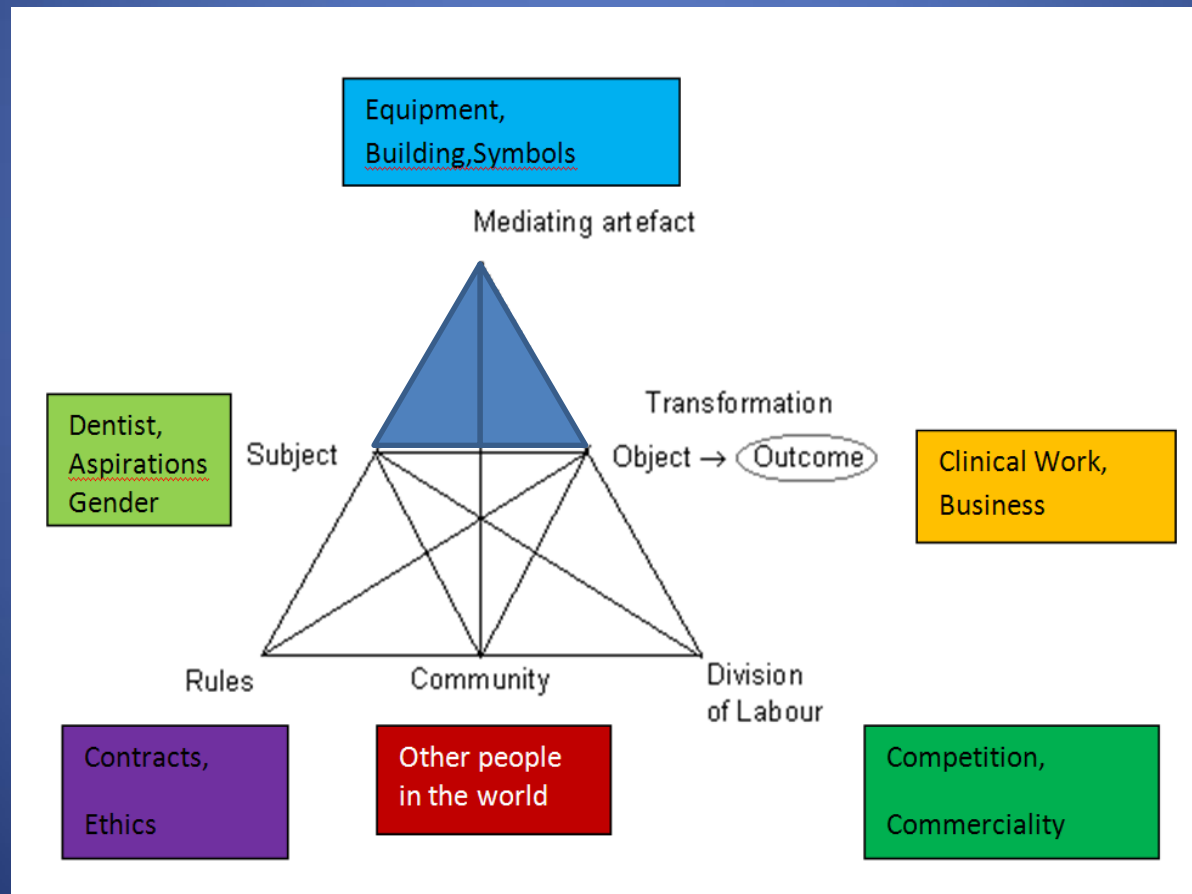
Behaviour in context



Wider considerations explain the social reality



Activity theory (Engestrom)



2. Explaining and understanding social phenomena

Analysing text

*A single word
even may be a
spark of
inextinguishable
thought*

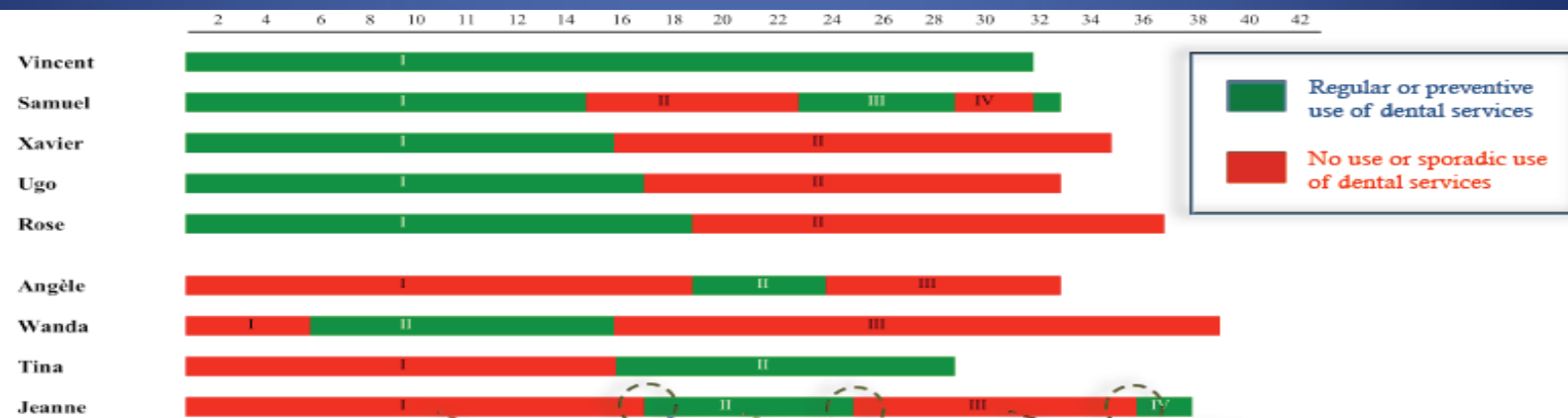
*Percy Bysshe Shelley
1792 - 1822*

Everything just becomes impossible for me... I can't **handle it**.. I almost blackout... it goes through **my whole self**... don't **touch** me **I'll** fix this **myself**... I don't want anyone to **touch** me... I **lose control** over everything..... (IP8)

Mapping the features of the phenomena

- **Existential threat** (threat of violation and threat of loss of autonomy)
- **Vulnerability** (traumatic life history, anxiety prone personality, negative preconceptions)
- **Unsupportive dentists** (lack of empathy, doubts about skills, lack of support from dental team)

Life-course perspective on use of dental services



Example: The story of Jeanne

Jeanne is a mother of two in her late thirties whose younger daughter lives with her and whose elder daughter has just moved out to live with the father. Jeanne considers she had a good childhood, except for instances of sexual abuse, particularly around the start of adolescence and forced sex by her boyfriend at age 16. She dropped out of school before completing *Secondaire 3*, did manual labor for a few years, and was promoted to a secretarial position until the shop where she worked was shut down in her early 20s. At this last job, she had insurance, and was able to pay for dental work she had not been able to afford at the time of an accident years earlier, when she suffered trauma to her front teeth. She also had a few more teeth extracted between age 16 and 20, and was hospitalized once due to tooth infection. Jeanne has suffered from depression and has been on antidepressants for a few years. She became involved with a woman's center that was pivotal in helping her to get through difficult times. Jeanne received treatment recently for a broken front tooth that resulted in improving its color: a newfound whiteness of the tooth has given her the confidence to smile and show her teeth. Jeanne hopes to take a brief training course and qualify for full time work in the near future.

Phase I: No dental visit

- Working class family in Montreal
- Covered by public dental insurance until age 13
- Victim of sexual abuse, which may have triggered the anxiety and "nervousness" she began experiencing during the abusive period

Turning point 1

Critical event: Dental abscess and emergency dental visit (hospitalisation)

Phase III: Renouncement

- Interruption of the dental rehabilitation process and sporadic use of dental services instead
- Spiral of interrelated problems:
 - Difficult relations with partner, separations
 - Unplanned pregnancy followed by abortion
 - Inability to find a job
 - Depression

Turning point 2

Critical event: Jeanne and her partner lose their jobs and discover "misery"

Turning point 3

Critical event: Consultation for a broken tooth triggering other visits

Phase II: Dental rehabilitation

- Series of dental care episodes (good relationship with dentist)
 - Age 16 to 20: mostly dental extractions (Jeanne drops out of school at age 16, but does not have any dental insurance with first 3 jobs)
 - After age 20: more complex treatments (Jeanne obtains dental insurance with 4th job)
- Jeanne emancipates from parents: financially autonomous, she leaves family home at age 22 and lives with first partner

Summary

Qualitative methods come from a different scientific paradigm to quantitative methods

Qualitative methods can address relevant questions which are difficult to answer with quantitative methods alone.

There is a focus on meaning and understanding because

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