

Qualitative Research—Does It Have a Place in Dental Public Health?

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Finding out "what the people really want" have become the watchwords of many working in politics and commercial organizations. But how to pinpoint these elusive views can be a difficult and time-consuming exercise. One way, which has become the mantra for many, is qualitative research—particularly, gathering specific subsections of the population into small focus groups and seeking a consensus view. The focus groups are certainly beloved of potential presidential candidates, car makers, and those in the toiletry/perfumery business. Every politician wants a message that the majority will support, a car must evoke the spirit of the age, and that scented hair balm must appeal to both genders in the bathroom wars.

Clearly, presidents, prime ministers, and high-powered business executives believe in the value of qualitative research, given the vast sums of money supporting myriad agencies and university departments offering to discover that elusive answer. Can we in the more academic environment of public health sup from this potentially valuable source of information? As with most things in life, the answer is equivocal. Let me consider the positive points of qualitative investigations:

- Hypotheses can be postulated and investigated. If the results are promising, further investigations can be undertaken on a larger scale using quantitative techniques.
- Discussions with individuals and groups may generate a new way of looking at an old problem.
- General background information can be collected that is helpful when estimating interest in different social or health problems.
- Questioning people in a relatively free way may gain more wide-

-ranging information than is possible using questionnaires.

- The meaning of conflicting or unexpected data from large-scale quantitative research can be investigated in greater detail.
- Health promotion programs can be monitored and assessed using this methodology.
- It is possible to use complicated interviewing techniques that concentrate on imagery, feelings, and motivation—areas in which the traditional questionnaires may lack subtlety and depth.

Any technique is open to abuse, and qualitative researchers have to be extremely careful to be scientific and objective. Potential qualitative researchers must take note of some problems:

- Recruitment criteria must be clear. Participants should not be friends, anyone who has been recruited to a group twice should be excluded, and no one should have been in a group in the previous six months.
- Discussions should take place within an informal atmosphere.
- Group leaders should be trained and not dominate or lead discussions. The respondents must set their own priorities.
- Socially desirable responses are a problem, especially if one participant is allowed to dominate the discussions.
- The use of direct quotes can add emphasis to the findings; however, these must not be taken out of context. All too often a researcher will seize on a quote that supports preconceived notions and does not reflect the general discussions.
- Many researchers do not check the reproducibility of their findings. Given that focus groups are taped, a proportion (say, 10%) of the discus-

sions should be reviewed by another researcher. This approach should avoid the preconceptions of the person doing the research overwhelming the collected evidence (1).

- The volume of data collected during open-ended discussions is enormous and attributive error is a major hurdle to scientific reporting. Condensing information into a readable and meaningful format can lead to bias—hence the need for external review of some of the raw data.

- Researchers using qualitative techniques must always be aware that their results are based on relatively few respondents; thus, other confirmatory studies must confirm "new" findings. Indeed, in the commercial world a great number of focus groups are used and the findings synthesized to give a definite answer. However, this luxury of multiple groups usually is not an option for university researchers because of the costs involved.

To argue over the merits of qualitative or quantitative research methodologies is futile. They are different and each has a place in the research armamentarium. It is much more important to ensure that the objectives of a research project are clearly stated so that data are not used to offer solutions to problems that were not investigated. In addition, sample representativeness and hence recruitment criteria must be clearly specified, regardless of the data collection system.

The paper presented by Gibson et al. (2) in this issue of the *Journal of Public Health Dentistry* is an example of using qualitative data collection techniques to examine an issue in great detail. Their study must be considered exploratory because it is geographically specific and uses only a small number of focus groups. Dental visit-

ing is a complex mixture of behaviors, and logic does seem to enter the equation for many people. Dr. Gibson and his co-workers have taken a new theoretical direction in an attempt to bring order to human activity. I believe they have succeeded to a certain extent; however, the theoretical concepts need further evaluation to ascertain their practical value. Other researchers will have to investigate regular dental attendance in terms of the psychological and sociological influences.

As Gibson et al. have shown, quali-

tative methodology certainly has a place in public health research for problem definition, hypothesis generation, and evaluation. Nevertheless, all of us in academia must not fall into the trap of continually collecting data to highlight problems, without ever testing solutions. I suggest public health researchers accept the validity of qualitative and quantitative data collection techniques and concentrate on action research to test interventions to provide health care planners and the public with scientifically validated programs rather than raising the specter of more problems without solu-

tions. I trust that Gibson et al., whose innovative vision has shed new light on dental visiting, will be in the vanguard of those who put new theories to the test.

Reference

1. Blinkhorn, AS, Leathar DS, Kay EJ. An assessment of the value of quantitative and qualitative data collection techniques. *Community Dent Health* 1989;6: 147-51.
2. Gibson BJ, Drennan J, Hanna S, Freeman R. An exploratory qualitative study examining the social and psychological processes involved in regular dental attendance. *J Public Health Dent* 2000;60:5-11.

ERRATA

We regret that due to a printer error in Heller et al.'s article appearing in the Vol. 59, No. 1, Winter 1999 issue of the *JPHD* (p 6), the charts for Figures 1 and 2 were switched. Figure 1 should have the bar chart that was used in Figure 2, and vice versa.