vance. Also, the process of qualitative data collection, preparation, analysis, and interpretation is intertwined (6). Because relevant information-rich cases congruous to the focus of the study are of prime concern, qualitative research uses purposeful sampling (18-20) as a primary sampling strategy to identify, recruit, and exclude studied informants. When it is determined that collected information is adequate for the purpose of the study, the data collection stops regardless of how many cases have been included. The quality of qualitative research cannot and should not be judged by the number of cases alone. Also, the relatively small sample sizes used in qualitative research are definitely not the methodology's weakness.

Finally, the aim of research inquiry should not be limited to solution testing and an explanation for prediction and control. There are many problems in the world that need to be critiqued and understood in depth before jumping to test an intervention. As reiterated by Patton (21), "Qualitative inquiry cultivates the most useful of all human capacities—the capacity to learn from others." Thus, an aim to understand more clearly is definitely not the trap in academia, as concluded by the author (1).

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References

- Blinkhorn AS. Qualitative research does it have a place in dental public health? J Public Health Dent 2000;60:3-4.
- Lincoln YS, Guba, EG. Paradigmatic controversies, contradictions, and emerging confluences. In: Denzin NK, Lincoln YS, eds. Handbook of qualitative research.
 2nd ed. Thousand Oaks, CA: Sage Publications, 2000:163-88.
- 3. Guba EG, Lincoln YS. Competing paradigms in qualitative research. In: Denzin NK, Lincoln YS, eds. Handbook of qualitative research. Thousand Oaks, CA: Sage Publications, 1994:105-17.
- Mishler EG. Validation in inquiryguided research: the role of exemplars in narrative studies. Harv Educ Rev 1990; 60:415-42.

- Maxwell JA. Understanding and validity in qualitative research. Harv Educ Rev 1992;62:279-300.
- Sandelowski M. Qualitative analysis: what it is and how to begin. Res Nurs Health 1995;18:371-5.
- 7. Miles MB, Huberman AM. Qualitative data analysis: an expanded sourcebook. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994.
- Flick U. An introduction to qualitative research. Thousand Oaks, CA: Sage Publications, 1998:122-4, 128-34.
- 9. Asbury JE. Overview of focus group research. Qual Health Res 1995;5:414-420.
- Kidd PS, Parshall MB. Getting the focus and the group: enhancing analytical rigor in focus group research. Qual Health Res 2000;10:293-308.
- Greenbaum TL. The handbook for focus group research. 2nd ed. Thousand Oaks, CA: Sage Publications, 1998.
- Krueger RA. Focus groups: a practical guide for applied research. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994.
- Morgan DL. Focus groups as qualitative research. 2nd ed. Thousand Oaks, CA: Sage Publications, 1997.
- Morgan DL. The focus group guidebook. Thousand Oaks, CA: Sage Publications, 1997.
- Gibson BJ, Drenna 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.
- Alford RR. The craft of inquiry. Theories, methods, evidence. Oxford, NY: Oxford University Press, 1998:123-5.
- Sandelowski M. One is the liveliest number: the case orientation of qualitative research. Res Nursing Health 1996; 19:525-9.
- Morse JM. Quantitative and qualitative research: issues in sampling. In: Chinn PL, ed. Nursing research methodology: issues and implementation. Rockville, MD: Aspen, 1986:181-93.
- Sandelowski M. Sample size in qualitative research. Res Nurs Health 1995;18: 179-83.
- Patton MQ. Qualitative evaluation and research methods. 2nd ed. Newbury Park, CA: Sage Publications, 1990:169-86.
- Patton MQ. Qualitative evaluation and research methods. 2nd ed. Newbury Park, CA: Sage Publications, 1990:7.

Dr. Blinkhorn Responds

I am delighted that my guest editorial has provoked a response. All too often in academia, discussion on methodology is ignored and individuals fail to take the opportunity to discuss differences in the open forum of peer-reviewed journals. Clearly, my respect and enthusiasm for qualitative

methodology has drawn support; but the tone of some of the comments on aspects of my text suggests a certain defensiveness and sensitivity.

I totally agree that qualitative research can be placed under "an umbrella of several paradigms"; however, I have concerns that external review of data is unacceptable. It smacks of "I know I am right and my interpretation of issues raised is the only tenable answer." There must be a middle way, and my suggestion on external review clearly needs more discussion, but should be addressed by researchers in the field of qualitative research.

"Focus groups" has become a somewhat tarnished term, as politicians and others may misuse them for their own ends; thus, I agree wholeheartedly with the elegant description of the range of qualitative inquiry given in the comment on my editorial.

I stand by my assertion, which counsels caution when interpreting results from small qualitative studies, so follow-up studies are essential. However, these do not have to be the rather blunt "questionnaire" approach, but can be based on qualitative methodologies. I still believe, despite the cogent arguments raised by the author, that all too often oral health researchers have repeatedly investigated the same problems without offering or testing any solutions. It is up to a new generation of qualitative researchers to give a clearer picture of human behavior in relation to oral health that will help us all to offer practical advice to those involved in health promotion and the provision of clinical services.

In conclusion, may I once again emphasise that qualitative methods do have the potential to contribute to formative evaluation, the understanding of process, and the identification of multiple, often unexpected interactions and impacts of complex human behavior related to both general and oral health.

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