

## COMMENTARY

# The Place of Qualitative Research in Public Health Dentistry

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The discussion between Siriphant (1) and Blinkhorn (2) is both exciting and interesting since it challenges us to consider the role and nature of qualitative research in dental public health. Such discussions are not new in dentistry and it seems that to some extent their character has maintained a familiar sensitive and combative tone. In particular, I am mindful of a similar discussion that occurred in the *British Dental Journal* in the late 1980s (3-8). In addition, discussions such as these have a surreal feel that (it never ceases to amaze) they should be necessary at all. The requirement that such debates need be repeated in much the same manner as they have previously has important implications for the type and quality of qualitative research that can and will be submitted to dental journals in the future. It is with this in mind that this commentary has been developed.

The first point is that the implications of discussions concerning the nature of qualitative research in dentistry are important because they indicate the epistemological and ideological framework under which such research is likely to be considered for publication. In agreement with Siriphant (1), the framework under which the editorial comments were made was post-positivist. Siriphant (1) draws from probably the most significant and authoritative source of information concerning qualitative research to date (9). This source indicates that qualitative research has moved far beyond its own post-positivist phase of inquiry into what is termed a post-modernist phase. This has led to an approach that doubts all previous paradigms (9).

Professor Blinkhorn is well aware of the multiple frameworks and epistemologies that underpin qualitative research and, indeed, he can clearly be identified with post-positivist work. I feel that, while the term "positivist"

often commands negative connotations in today's post-modernist environment, it should not be the case in this instance. Post-positivism is, however, a problem if it becomes approximate to an official ideology.

Despite all of this, however, Dr. Siriphant's concerns are significant, since there is without doubt an unfortunate tendency for qualitative research in dentistry to be placed within a post-positivist framework. This has far-reaching implications for the aspiring author who must travel through a journey of self-censorship. This commentary focuses on the shape such self-censorship might take.

The post-positivist hegemony appears to work on several levels. First, the aspiring qualitative author may choose deliberately post-positivist frameworks such as grounded theory because they use the language and assumptions of quantitative research and are therefore more likely to appear worthy for consideration in dental journals. Grounded theory is designed to demonstrate how people process problems in everyday life. In the paper the commentary was based on, it appeared that the ways in which the people in the study process their solutions might present more problems and challenges for dental public health than solutions. This classic problematizing role is one fulfilled by sociologists throughout the history of the discipline. Professor Blinkhorn (10) cautioned against creating problems without answers and kindly posed a challenge in his commentary on the paper to the authors. Yet, a major question that occurs to this author is just how far will post-positivism be able to address the problems posed in this exploratory work? Put differently, if post-positivism has been successfully challenged in qualitative research in general, to what extent will it provide answers in dentistry?

The second way in which the he-

gemony of post-positivism works is that the author may well refuse to commit too much time to the endeavor of publishing in dentistry. He or she might submit a substandard product for fear of working tirelessly only to find the paper rejected because it doesn't fit the journal's view of science. This strategy is a mistake, the result being that the work itself will be of poor quality and most likely be rejected. The answer might be collaboration with a dental author. Yet this does not resolve the problem of hegemony. Rather, it shifts the problem to a relationship and might still result in a particular type of research product. Evidence for hegemony in such relationships can be seen in the type of papers produced. Do they, for example, "fall between disciplines," never quite being sociological/qualitative and never quite being dental public health? I am sure there are several examples of these already published. I have had experience of producing a similar article that was rejected for being neither sociological nor dental. What a dilemma!

The fourth way in which the hegemony appears to operate is that the work will be written up for social scientists without ever being considered applicable to dentistry (11-14). While there is no doubt that most things we write should be suitable for dental public health, how can this happen unless an author sees the possibility of the work being accepted?

While it is appropriate that dental public health only selects what is relevant to itself, how can a sociologist judge what is relevant when his or her consciousness is evidently shaped by a completely different set of principles? This conundrum faces all qualitative researchers in dentistry, especially the sociologist for whom the problem might be that much of the post-positivist paradigm is redundant for the sorts of questions it asks. Per-

haps, therefore, dental public health should consider alternative forms of qualitative research?

I hope Professor Blinkhorn will forgive me, but this leaves us once again with a problem: how do we reconcile or accommodate post-modernist, critical theoretical, discursive, and communication theory perspectives in dentistry? Knowing what is appropriate would help those who do qualitative research to decide which journal to address when producing their finished work.

Undoubtedly, a debate over the role of qualitative research in dentistry is required. The question is: which forum is best suited to such a debate and how can it be facilitated?

## References

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