

Some ideas for qualitative research in oral and craniofacial sciences.

Ricardo Cartes-Velásquez.¹

Affiliations: ¹Editor-in-Chief, Journal of Oral Research. Facultad de Odontología, Universidad de Concepción, Chile.

Corresponding author: Ricardo Cartes-Velásquez. Roosevelt 1550, Concepción, Chile. Phone: (56-41) 2204 232. E-mail: journal@joralres.com

In my last editorial a call was made for more qualitative research in oral and craniofacial sciences. The aim of this call was to achieve a better understanding of our relationship with patients, thereby improving the oral health-related quality of life and satisfaction with dental treatments and the quality of the dentist-patient relationship.¹

Today there is a limited body of knowledge obtained through qualitative research in the oral and craniofacial sciences. If we review the articles and papers published in indexed journals during the last five years, the topics are limited. The results of some of these studies are presented below.

Ghazali *et al.*,² studied the patients' concerns in routine head and neck oncology follow-up clinic using qualitative and quantitative methods. With the use of a qualitative methodology they managed to identify new concerns, a lack of understanding among some patients and the role played by the medical specialists within a multidisciplinary team.

Dyer *et al.*,³ evaluated the experience of patients when their treatment was delegated to dental therapists. They were able to identify several aspects involved in the patients' experience. These aspects were grouped in the themes of trust in and familiarity with the dental team, focusing on emotional and communication aspects.

Van der Zande *et al.*,⁴ identified the main obstacles or barriers to accepting and using digital technologies by dentists. They found that these barriers could be grouped into Innovation, User, Dental practice, and Socio-political context. Another important finding is that there were a wide variety of positions regarding dental technologies, from early adopters to non-adopting dentists.

On the other hand, Visschere *et al.*,⁵ reported that *the integration of oral health care into day-to-day care seems to be a major problem due to a multitude of barriers*; Riggs *et al.*,⁶ found that *migrant women face significant barriers in accessing mainstream dental services*; Niesten *et al.*,⁷ reported that *frail elders associate oral hygiene with self-worth, but readily abandon visits to a dentist unless they feel that a dentist can relieve specific problems*; and Sbaraini *et al.*,⁸ found that *with considerable effort, motivation and coordination, it is possible for dental practices to work against the dental 'mainstream' and implement prevention as their clinical norm.*

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However, there are other aspects of the clinical and non-clinical practice in the oral and craniofacial sciences that can be approached with qualitative methodologies, particularly in Chile.

For example, the use of a qualitative methodology would allow to determine which are the qualities of Chilean surgeon dentists that people value most;⁹ how people with disabilities manage their oral health care, and what is their relationship with the dentist and the rest of the medical staff; what are the expectations of dental students, speech therapy or medicine students in Chile regarding their future work;¹⁰ what level of understanding and which objectives authorities have re-

garding public health policies in our country; what are the beliefs of dentistry and speech therapy teachers and professors concerning the skills their students should have, how they should acquire them and what their role is in the training of future professionals; what perceptions researchers in the oral and craniofacial sciences have of the policies and opportunities that exist in Chile to carry out this type of work; among others.

Many aspects of clinical and non-clinical practice in the oral and craniofacial sciences have been poorly examined, some of which, as previously mentioned, could be better studied and understood using a qualitative approach.

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