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**Letter to Editor** 





# Qualitative Research in Pediatric Dentistry: Challenges and Opportunities

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#### Abstract

Research in pediatric dentistry (PD) has often prioritized quantitative analysis, ignoring qualitative factors that limit our understanding of children's emotions and experiences regarding dental treatment. Qualitative research offers insights into the experiences of children and families, highlighting shared concerns and assisting dental professionals in crafting better communication strategies to enhance engagement with children.

Keywords: Pediatric dentistry, Qualitative research, Children, Dental care

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#### Introduction

Pediatric dentistry (PD) is a specialized field that addresses the unique dental needs of children. However, the research landscape in this area has predominantly focused on quantitative methods. Through my engagement with various stakeholders in our dental community, it has become increasingly clear that qualitative research is underutilized, leaving a void in our understanding of children's perceptions, fears, and experiences related to dental care. This gap limits our ability to deliver patient-centered care that truly addresses the needs of our youngest patients.

Qualitative research offers a powerful lens through which we can explore the complexities of children's dental experiences. It allows us to capture the voices of children and their families, providing insights into their feelings, beliefs, and attitudes towards dental treatment. By understanding these perspectives, we can identify barriers to care, enhance communication strategies, and ultimately improve patient outcomes. However, the challenges associated with conducting qualitative research in PD cannot be overlooked.

As a passionate pediatric dentist, dedicated researcher, and vice-chancellor for research at a prestigious dental school, I have immersed myself in a diverse range of topics, including innovative materials (1-3), cutting-edge procedures (4), epidemiology (5), prevention strategies (6-9), and treatment modalities (10) within the field of PD over the years. Yet, one of the most significant challenges I have faced is identifying "hot" research areas that could truly

revolutionize pediatric dental care, making engagement in qualitative research significantly valuable to me.

Most qualitative research efforts in dentistry have focused on the insights of parents (11,12). In my role, I have witnessed firsthand the hesitance among researchers to engage in qualitative methodologies, often due to concerns about participant recruitment, ethical considerations, and the perceived rigor of qualitative data. This reluctance is detrimental to our field as it hinders a comprehensive understanding of the multifaceted nature of pediatric dental care. Therefore, advocating for a more robust integration of qualitative research into our studies is imperative to foster a culture that values diverse methodologies and the insights they provide.

# Challenges in qualitative research

One of the primary challenges in conducting qualitative research in PD is recruiting participants (13). Parents often have concerns about their children's involvement in research, particularly regarding the potential for discomfort or distress during interviews or focus groups. Moreover, children may be reluctant to share their experiences, especially if they have had negative dental experiences in the past. To address these concerns and encourage children to share their experiences, researchers can implement several strategies. Clear communication about the research process and informed consent can help build trust. Utilizing engaging, age-appropriate methods, such as play-based interviews or visual aids, can make participation enjoyable for children. Creating a



supportive environment during data collection, involving parents when appropriate, and establishing a feedback mechanism for children can further enhance comfort and encourage open expression.

Research indicates that by the age of five, children possess the cognitive skills necessary to express their thoughts (14). However, there exists a variability in their communication and cognitive capabilities. Piaget's findings suggest that children between four and eleven years old often struggle to engage in conversations effectively, primarily due to their ongoing linguistic development (15). Researchers are required to adapt the topic guide to reflect the specific age range of the children being studied. The questions formulated in the topic guide ought to be suitable for the distinct linguistic and cognitive stages of each child (15), since certain children may be more talkative, while others might either fail to respond adequately or give irrelevant answers. The choice to employ focus groups for children, rather than engaging in one-on-one interviews, may affect their ability to communicate effectively. Primary school-aged children are able to articulate their perspectives as they engage with the ideas of others, and their memories can be activated through the input of their fellow students (16). However, it remains uncertain whether the focus group context has an impact on peer influence.

Another significant challenge in applying qualitative research methods with young children arises from personality differences, which can impact their conduct during focus group discussions (17). Some children demonstrate a high level of interaction, while others tend to be more introverted and less inclined to engage. The role of social and psychological growth is crucial in promoting communication skills in children as they navigate their school experiences (18).

Ethical considerations are paramount when conducting research involving children. Researchers must navigate complex ethical landscapes, including obtaining informed consent from parents while ensuring that children understand the research process. This dual layer of consent can complicate recruitment and data collection efforts (19). To effectively address these ethical challenges, researchers should develop age-appropriate consent forms and conduct educational sessions for both parents and children to clarify the study's objective and risks. Implementing a clear assent process for children, along with ongoing communication with parents, ensures that both parties feel informed and comfortable with participation. Collaborating with ethics review boards and providing training for researchers on effective communication strategies can further enhance the ethical conduct of the research. The power imbalance between researchers and children can significantly influence the accuracy of research findings, as children may feel pressured to withhold their true opinions. To ensure valid and reliable data, researchers must obtain informed consent without coercion and create an environment where children feel safe to express themselves. Empowering children by allowing them to withdraw from participation and using participatory methods like storytelling can enhance their comfort and engagement. Adhering to ethical guidelines is crucial for protecting children's rights and welfare, ultimately improving data quality while fostering a respectful atmosphere that values children's voices.

In addition to ethical considerations, selecting appropriate data collection methods is crucial in qualitative research. Researchers often utilize focused interviews, focus group discussions, and participant observation as primary methods in qualitative studies with children (20). Furthermore, the "story crafting" technique (21) and photographic prompts during focus group discussions (22) have also emerged as valuable approaches for investigating children's viewpoints. Techniques such as narrative and play-based interviews (23) or visual aids (24) can be effective but require careful planning and execution. In 2019, Holmes outlined several play-oriented methods for conducting interviews with children aged 3 to 6 years (25). This model synthesizes semi-structured interviewing concepts with participatory approaches and creative techniques. The strategies utilized feature familiar play objects for young children, such as Play-Doh, building blocks, and puppets, and each interview is customized according to the unique preferences of the individual child (26). Visual aids serve as effective tools to address numerous obstacles faced during qualitative interviews, such as deriving profound insights from participants, ensuring clarity in both questions and answers, structuring intricate information, focusing on data pertinent to the research inquiry, fostering a positive relationship, and navigating the power dynamics between researchers and interviewees (24). Through the use of visual tools in interviews, qualitative researchers can effectively enhance the quality, significance, and integrity of the data collected (24). Finally, while there is often a perceived divide between qualitative and quantitative research methodologies, integrating qualitative findings with quantitative data is essential for providing a comprehensive understanding of pediatric dental issues. Researchers must find ways to bridge this gap to enhance the overall quality of research in the field. Conducting qualitative research with children presents unique challenges, including the limited understanding of credibility issues, the potential for external influences to shape children's views, and the behavioral discrepancies that can occur during group discussions.

### Opportunities in qualitative research

Qualitative research provides an opportunity to delve deep into the experiences of children and their families regarding dental care and treatment. By capturing their narratives, researchers can identify common fears, anxieties, and misconceptions that may affect children's willingness to seek dental treatment. This understanding not only informs the development of targeted interventions to improve patient experiences but also enhances the overall quality of care provided. Furthermore, insights gained from qualitative research can help dental professionals develop more effective communication strategies tailored to children. By understanding how children perceive dental procedures and what language resonates with them, practitioners can foster improved patient-provider interactions, ultimately reducing anxiety and enhancing cooperation during dental visits.

In addition to improving communication, qualitative research can play a vital role in shaping policies and practices within PD. By highlighting the unique needs and preferences of children and their families, researchers can advocate for changes in dental education, practice guidelines, and public health initiatives that prioritize the well-being of young patients. Moreover, qualitative research allows for a deeper exploration of cultural factors that influence children's dental experiences. Cultural determinants that play a role in dental care engagement consist of behaviors, beliefs, attitudes, and values, encompassing aspects like dietary practices, approaches to infant nutrition, the care of primary teeth, concern for oral hygiene, and familiarity with dental health (27). Cultural beliefs and values play a crucial role in determining how individuals approach the process of seeking care. Cultural and racial identity shapes child-rearing practices, which subsequently affect a child's risk of illness and their skills in handling new and potentially stressful experiences, such as those encountered in dental offices or during dental procedures (28). Understanding how cultural beliefs and practices impact dental care can empower practitioners to provide more culturally competent care, ensuring that all children receive appropriate and respectful treatment.

# Conclusion

While qualitative research in PD presents several challenges, it also offers significant opportunities to enhance our understanding of children's dental experiences. By addressing recruitment and ethical concerns, employing appropriate data collection methods, and integrating qualitative findings with quantitative research, we can unlock valuable insights that will ultimately improve patient care.

## **Competing Interests**

The author declare that she has no competing interests.

# **Ethical Approval**

Not applicable.

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#### References

- Gisour EF, Jahanimoghadam F, Aftabi R. Comparison of the clinical performance of self-adhering flowable composite and resin-based pit and fissure sealant: a randomized clinical trial in pediatric patients. BMC Oral Health. 2024;24(1):943. doi: 10.1186/s12903-024-04449-6.
- Gisour EF, Jalali F, Jahanimoghadam F, Dehesh T. Clinical and radiographic success rates of pulpotomies in primary molars treated with formocresol, Biodentine TM, and Endo Repair: a randomized clinical trial. Pesqui Bras Odontopediatria Clin Integr. 2023;23(4):e220005. doi: 10.1590/pboci.2023.037.
- Jahanimoghadam F, Gisour EF, Dehesh T, Hasheminejad J, Ranjbar M. A comparison of conventional sodium fluoride varnish and nano sodium fluoride gel regarding fluoride uptake into enamel of deciduous teeth: an in-vitro study with SEM-EDX analysis. Fluoride. 2023;56(1):41-54.
- Jahanimoghadam F, Javidan A, Ranjbar M, Torabi M, Kakooei S, Sharififar F. The healing effect of nano emulsified *Plantago major* L extract on oral wounds in a Wistar rat model. BMC Complement Med Ther. 2024;24(1):327. doi: 10.1186/ s12906-024-04621-z.
- Jahanimoghadam F, Tohidimoghadam M, Poureslami H, Sharifi M. Prevalence and risk factors of bruxism in a selected population of Iranian children. Pesqui Bras Odontopediatria Clin Integr. 2023;23(12):e210224. doi: 10.1590/pboci.2023.020.
- Jahanimoghadam F, Shokrizadeh M. Fluoride; an updated review. J Kerman Univ Med Sci. 2023;30(3):189-98. doi: 10.34172/jkmu.2023.31.
- Jahanimoghadam F, Moslemi F. Evaluation of knowledge and preparedness of pedodontists and residents to prevent and treat pediatric medical emergencies during dental treatments. Pesqui Bras Odontopediatria Clin Integr. 2024;24:e210246. doi: 10.1590/pboci.2024.058.
- Jahanimoghadam F, Nikzad S, Ahmadipour H, Sadeghi S, Aftabi R. Baby-Risk of malocclusion assessment index: an assessment tool for preventive orthodontic treatment needs in a selected population of children in southeast of Iran. J Indian Soc Pedod Prev Dent. 2021;39(1):29-35. doi: 10.4103/jisppd. jisppd\_9\_21.
- Asadi N, Jahanimoghadam F. Oral care of intubated patients, challenging task of ICU nurses: a survey of knowledge, attitudes and practices. BMC Oral Health. 2024;24(1):925. doi: 10.1186/s12903-024-04652-5.
- 10. Jahanimoghadam F, Shojaeepoor R, Aftabi R, Shahravan A, Horri A, Jookar S. Impact of laughter therapy on anxiety and pain in pediatric dentistry: a double-blinded randomized, controlled clinical trial. Pesqui Bras Odontopediatria Clin Integr. 2022;22(3):e210160. doi: 10.1590/pboci.2022.069.
- 11. Sahrai P, Keshavarz-Mohammadi N, Ghasemi H. Perceived barriers of mothers in use of dental floss for their 3-6-year-old children: a qualitative study. J Qual Res Health Sci. 2016;5(2):136-47. [Persian].
- Salmani N, Abbaszadeh A, Rassouli M, Hasanvand S. Exploring the experiences of parents of hospitalized children regarding trust barriers to nursing care. J Qual Res Health Sci. 2016;4(4):385-94. [Persian].
- 13. Huang X, O'Connor M, Ke LS, Lee S. Ethical and methodological issues in qualitative health research involving children: a systematic review. Nurs Ethics. 2016;23(3):339-56. doi: 10.1177/0969733014564102.
- Baghlaf K. Necessity and relevance of qualitative research in pediatric dentistry. A literature review. Saudi Dent J. 2023;35(1):31-8. doi: 10.1016/j.sdentj.2022.11.012.
- Kortesluoma RL, Hentinen M, Nikkonen M. Conducting a qualitative child interview: methodological considerations. J Adv Nurs. 2003;42(5):434-41. doi: 10.1046/j.1365-

### 2648.2003.02643.x.

- Darbyshire P, MacDougall C, Schiller W. Multiple methods in qualitative research with children: more insight or just more? Qual Res. 2005;5(4):417-36. doi: 10.1177/1468794105056921.
- 17. Gibson JE. Interviews and focus groups with children: methods that match children's developing competencies. Journal of Family Theory & Review. 2012;4(2):148-59. doi: 10.1111/j.1756-2589.2012.00119.x.
- Koegel RL, Koegel LK. Pivotal Response Treatments for Autism: Communication, Social, & Academic Development. Paul H. Brookes Publishing Co; 2006.
- Ross LF. Informed consent in pediatric research. Camb Q Healthc Ethics. 2004;13(4):346-58. doi: 10.1017/ s0963180104134063.
- 20. Gill P, Baillie J. Interviews and focus groups in qualitative research: an update for the digital age. Br Dent J. 2018;225(7):668-72. doi: 10.1038/sj.bdj.2018.815.
- 21. Hohti R, Karlsson L. Lollipop stories: listening to children's voices in the classroom and narrative ethnographical research. Childhood. 2013;21(4):548-62. doi: 10.1177/0907568213496655.
- 22. Briggs L, Lake AA. Exploring school and home food environments: perceptions of 8-10-year-olds and their parents in Newcastle upon Tyne, UK. Public Health Nutr.

- 2011;14(12):2227-35. doi: 10.1017/s1368980011001984.
- 23. DeCosta P, Skinner TC, Sørensen JL, Krogh Topperzer M, Grabowski D. Narrative and play-based interviewing a framework for eliciting the perspectives of young children. Qual Res Psychol. 2023;20(3):337-62. doi: 10.1080/14780887.2023.2195366.
- 24. Glegg SMN. Facilitating interviews in qualitative research with visual tools: a typology. Qual Health Res. 2019;29(2):301-10. doi: 10.1177/1049732318786485.
- Holmes S. Play-based interview techniques with young children. In: Using Innovative Methods in Early Years Research. Routledge; 2019. p. 92-108.
- Winter K. Novel and creative qualitative methodologies with children. In: Practical Research with Children. Routledge; 2016. p. 192-214.
- Hilton IV, Stephen S, Barker JC, Weintraub JA. Cultural factors and children's oral health care: a qualitative study of carers of young children. Community Dent Oral Epidemiol. 2007;35(6):429-38. doi: 10.1111/j.1600-0528.2006.00356.x.
- 28. Ng MW. Multicultural influences on child-rearing practices: implications for today's pediatric dentist. Pediatr Dent. 2003;25(1):19-22.