

Advancing Dental Hygiene Knowledge Through Qualitative Research

**Thursday, 6/24/2010
2:30pm-5:30pm**

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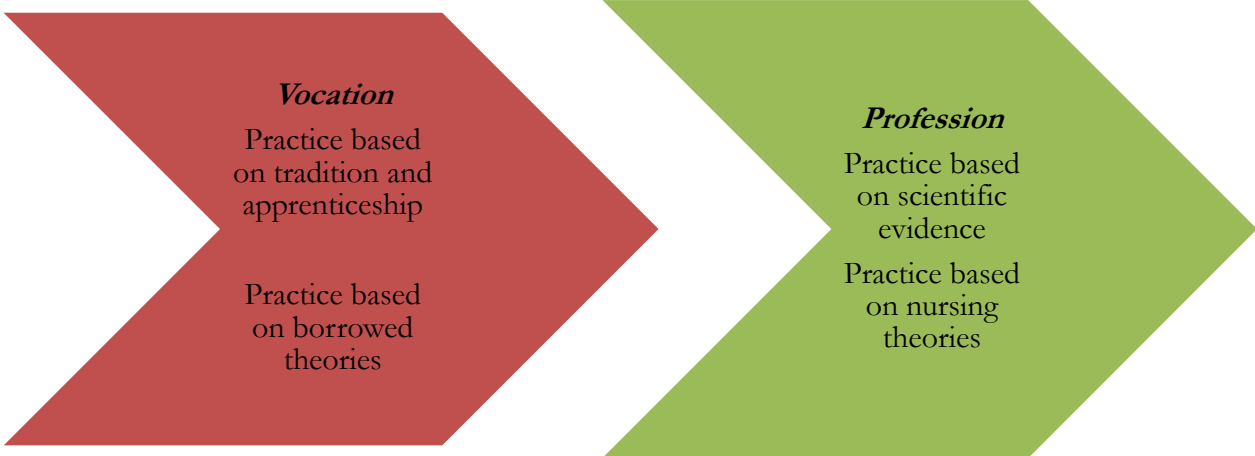
2010 ADHA Annual Session, Las Vegas, NV
Thursday, June, 24, 2010 2:30 – 5:30 pm

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Development of Nursing Profession



Quantitative studies involve the collection of numbers by measuring variables. The researcher is an objective observer during data collection using surveys or equipment to collect numerical data. Data analysis generally involves the use of statistics to determine the outcome of the study.

Qualitative inquiries seek to understand peoples' experiences and their meaning by collecting words through interviews or observation in a natural setting. The researcher is the data collection instrument and personally immersed in the data analysis.

Activity: Comparison of Quantitative and Qualitative Data Related to Musculoskeletal Disorders (MSDs)

Clinical Application of Qualitative Research (Kearney, 2001)

1. Understand patient experiences and provide support being sensitive to their needs.
2. Assess the progression of disease or condition
3. Provide anticipatory guidance
4. Advise patients of ways to improve disease or condition

Application of Qualitative Research to Other Facets of Nursing

1. Understand aspects of nursing practice
2. Understand specialty nursing practice
3. Professional development
4. Understand contextual factors influencing the quality of care, access to care, health disparities, health promotion and disease prevention.
5. Student experiences

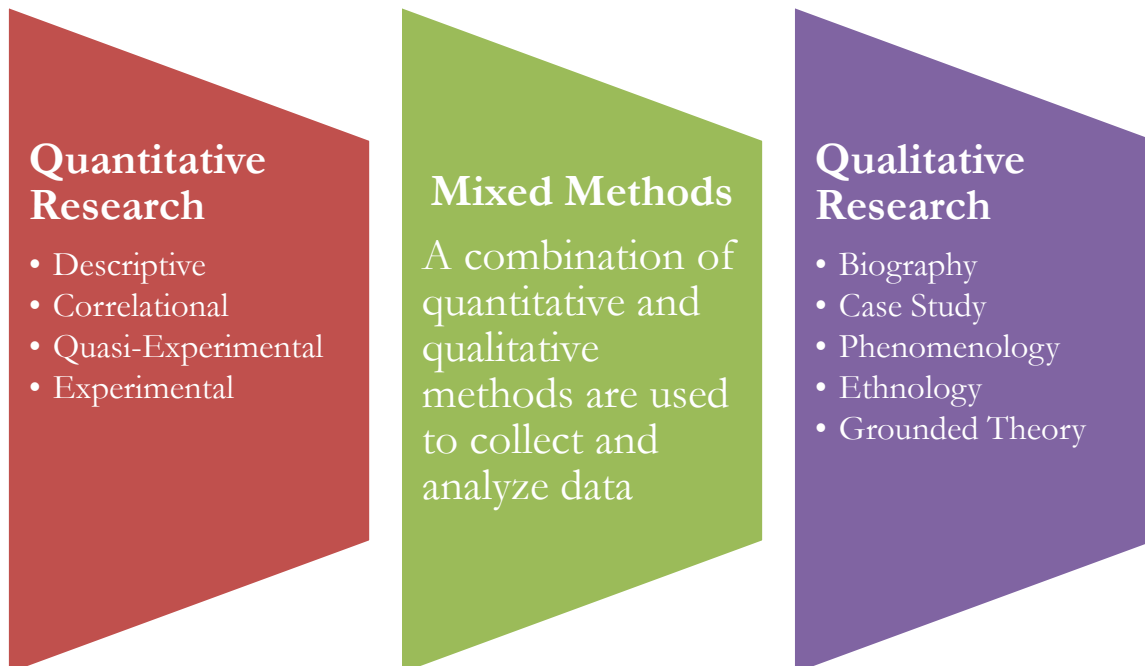
Dental Hygiene: Focus on Advancing the Profession (ADHA, 2005)

Research Focus Area

- Create a research infrastructure
 - Increase the number of DH researchers
 - Increase DHs with doctoral degrees
 - Increase DHs as primary investigators
- Identify research priorities in the National Dental Hygiene Research Agenda
- Provide funding for research
- Value research
- Prepare DHs for evidence-based practice
- Educate DHs on research through participation in ADHA sponsored workshops
- Establish research as a career path in MSDH and PhD programs

ADHA's National Dental Hygiene Research Agenda (NDHRA) (ADHA, 2007)

1. Health Promotion/Disease Prevention
2. Health Services
3. Professional Education and Development
4. Clinical Dental Hygiene Care
5. Occupational Health and Safety



Traditions of Qualitative Inquiry (Creswell, 1998)

Qualitative Approach	Purpose	Examples	Activity: Ideas for National Dental Hygiene Research Agenda
<i>Biography</i>	Explore an individual's life		
<i>Case Study</i>	In-depth analysis of one case or numerous cases		
<i>Ethnology</i>	Describe and interpret a cultural or social group		
<i>Phenomenology</i>	Understand the meaning of lived experiences		
<i>Grounded Theory</i>	Constructing a theory grounded in the data		

Theory: Synergy in Social Action to Improve Access to Care (Rogo, 2009)

Relationship Between *Learning* Critical Awareness and *Educating* to Raise Awareness of Underserved Populations' Needs

DEVELOPING CRITICAL AWARENESS (Learning Process)	
Connecting to Underserved Populations	<ul style="list-style-type: none"> • Emotional connection to individuals and their families
Realizing the Stakes of Oral Health in Underserved Populations	<ul style="list-style-type: none"> • Awareness of unmet oral health needs of vulnerable populations • Awareness of low stakes of preventable oral diseases • Awareness of high stakes of life threatening oral diseases
Developing a Personal Commitment	<ul style="list-style-type: none"> • Identifying values that guide action • Having a commitment to a mission or vision to improve oral health of underserved populations
Awareness of Dental Power	<ul style="list-style-type: none"> • Awareness of power of organized dentistry and its long reach into systems influencing oral health • Awareness of roadblocks to impede change in status quo initiated by hygienists • Awareness of power to maintain gatekeeper function to oral health
Awareness of Injustice of Political System	<ul style="list-style-type: none"> • Awareness of unfair actions of policy makers • Awareness of back room politics influenced by wealthy contributors
Awareness of Injustice of Dental Insurance System	<ul style="list-style-type: none"> • Awareness of overburdened Medicaid system • Problem of a lack of insurance codes for every dental hygiene procedure • Denial of reimbursement to dental hygienists
BUILDING THE ORAL HEALTH OF UNDERSERVED POPULATIONS (Educating Process)	
Raising Awareness of Underserved Populations' Needs	<ul style="list-style-type: none"> • Educating to raise consciousness of oral health status and access to care needs • Educating middle class advocacy groups and oral health professionals who do not see the pain and suffering from the lack of oral health care

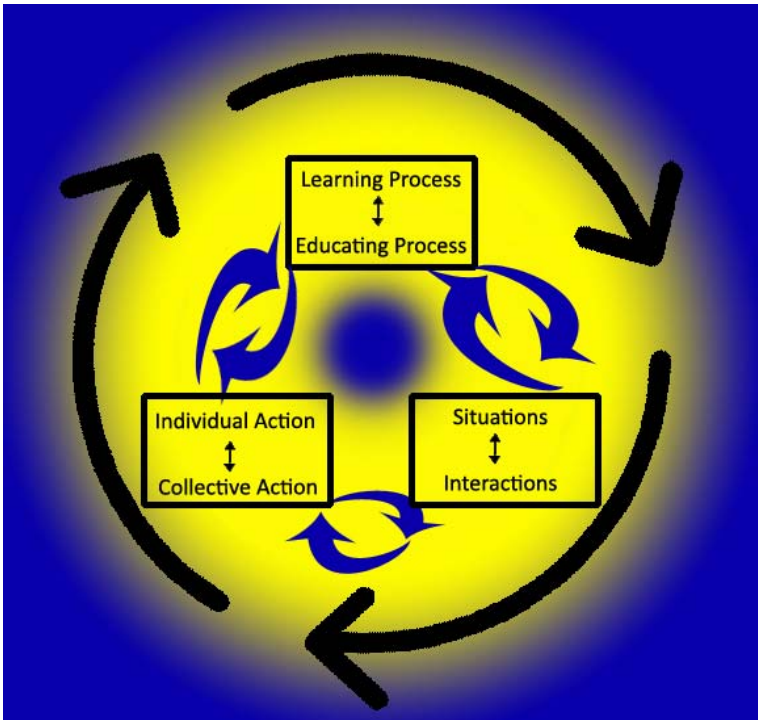
Relationship Between *Learning* to Challenge the Status Quo and *Educating* to Enhance the Oral Health of Underserved Populations

CHALLENGING THE STATUS QUO (Learning Process)	
Bucking the System	<ul style="list-style-type: none"> • Awareness of need to change status quo of systems to improve oral health • Systems include oral health delivery system, dental insurance system, political system, and dental hygiene education
Specialization by Overcoming Challenges	<ul style="list-style-type: none"> • Accommodating situations to over challenges • Challenges faced in restrictive laws, dental insurance system, economic viability of practice, and ongoing access to care problems
Awareness of Personal Power	<ul style="list-style-type: none"> • Empowerment by “making a difference” in oral health of underserved populations and political arena • Taking control of their careers by operating a business
Awareness of Risks	<ul style="list-style-type: none"> • Awareness of vulnerability when challenging the status quo • Vulnerability = personal risks and financial risks
BUILDING THE ORAL HEALTH OF UNDERSERVED POPULATIONS (Educating Process)	
Enhancing the Oral Health of Underserved Populations	<ul style="list-style-type: none"> • Educating to build oral health of individual clients • Educating to build the oral health of individuals and their families through public health programs

Relationship Between *Learning* to Survive in Social Action and *Educating* Others to Build Support

SURVIVING IN SOCIAL ACTION (Learning Process)	
Self-Awareness of Personal Abilities	<ul style="list-style-type: none"> • Recognizing challenges on a physical, emotional, and spiritual level • Being stretched beyond comfort zone
Specialization by Making Improvements	<ul style="list-style-type: none"> • Adapting policies, procedures, and strategies to improve efficiency and effectiveness • Improvements applied to direct access practices and legislative endeavors as members of professional association
Specialization by Taking on New Roles	<ul style="list-style-type: none"> • Change agent role for state association • Patient advocate role • Dental hygiene advocate • Community linker role in public health
Creating Something New	<ul style="list-style-type: none"> • Adapting to a new environment by applying an original idea or modifying something in existence
Generating Unique Approaches	<ul style="list-style-type: none"> • Creating ideas to overcome challenges or make opportunities to improve oral health
Connecting with Other Dental Hygienists	<ul style="list-style-type: none"> • Building relationships with colleagues and professional association membership
Awareness of Collective Power	<ul style="list-style-type: none"> • Developing a collective consciousness in coalitions, task forces, associations, advocacy groups to inspire collective action • Recognizing the direct and indirect collective power to influence change
Collaborating to Build Support	<ul style="list-style-type: none"> • Working together with individuals and groups toward a common goal • Developing relationships to build trust • Turf battles prevent collaboration
Collaborating to Gain Respect	<ul style="list-style-type: none"> • Developing relationships with individuals or groups to foster a mutual appreciation of each other • Lack of respect influenced by uneducated public, health care professionals, legislators, and dentists

BUILDING SUPPORT (Educating Process)	
Enhancing Knowledge of Support People	<ul style="list-style-type: none"> Educating people who were in a position to support direct access practice and public health programs
Improving Awareness of Dental Hygiene	<ul style="list-style-type: none"> Educating public on oral-systemic link Educating to build professional identity and professional association Educating to build a collective consciousness of issues related to: dental insurance reimbursement, direct access dental hygienists, and Advanced Dental Hygiene Practitioner (ADHP)
Raising Awareness of Legislation to Improve Access to Care	<ul style="list-style-type: none"> Educating to build support and gain respect within dental hygiene practitioners and professional association membership Educating legislators and their staff to build support and gain respect



Four key elements emerged from the data analysis, (1) the interrelationship between the learning and educating process, (2) the context of learning and educating, namely the situations and interactions with others (made evident through the situational analysis), (3) the movement of the hygienists from individual action to collective action, and lastly, (4) the perpetual momentum needed to sustain social action to improve access to care.

Synergy is the momentum energized by the interaction of the key elements to create a greater influence on social action than the individual elements alone. The momentum to sustain social action to improve access to care was created by the interrelationship within and between the key elements.

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**American Dental Hygienists' Association
National Dental Hygiene Research Agenda
Revised March 2007**

A. Health Promotion / Disease Prevention:

Studies in this category include those that are concerned with health maintenance and disease prevention; public health policy, advocacy and legislation; and development, validation and testing of instruments, strategies and mechanisms that demonstrate effectiveness.

1. Assess strategies for effective communication between the dental hygienist and client
2. Identify, describe and explain mechanisms that promote access to oral health care, e.g., financial, physical, transportation
3. Validate and test assessment instruments/strategies/mechanisms that increase health promotion and disease prevention among diverse populations
4. Investigate how diversity among populations impacts the promotion of oral health and preventive behaviors.
5. Investigate the effectiveness of oral self-care behaviors that prevent or reduce oral diseases among all age, social and cultural groups
6. Investigate how environmental factors (culture, socioeconomic status-SES, education) influence oral health behaviors
7. Identify optimal time periods for interventions that influence pathology, function and oral wellness.

B. Health Services Research:

Studies in this category are designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. It includes evidence-based information on health care outcomes, quality, and cost, use and access.

1. Identify how public policies impact the delivery, utilization, and access to oral health care services.



2. Investigate how alternative models of dental hygiene care delivery can reduce health care inequities.
3. Evaluate strategies dental hygienists use to effectively influence decision-makers involved in health care legislation (e.g., to provide direct access to dental hygiene care, autonomy and self-regulation of dental hygienists).
4. Assess how third parties influence access to and utilization of dental hygiene services.
5. Evaluate strategies that position and gain recognition of dental hygienists as a primary care providers in the health care delivery system.
6. Determine the *cost-effectiveness* of various oral health interventions (e.g., fluorides, sealants, mouth guards), in reducing or preventing oral diseases/conditions.
7. Determine the *cost-benefit* of various oral health interventions (e.g., fluorides, sealants, mouth guards), in reducing or preventing oral diseases/conditions.
8. Determine if differences exist in patient outcomes and costs for a given oral condition when services are provided by dental hygienists vs. others.
9. Identify factors that predict supply, demand and need for dental hygiene services.
10. Determine the effect of availability, cost and payment source of dental hygiene services on patient outcomes.
11. Develop valid and reliable measures of quality dental hygiene care.
12. Assess the impact of dental hygiene services on the outcomes of care for patients with special needs.
13. Assess the impact of increasing access to dental hygiene services on the oral health outcomes of underserved populations.
14. Determine the extent to which dental hygienists' working in collaborative practice settings with other health professionals or organizations improves the cost-effectiveness and quality of health care outcomes.

C. Professional Education and Development:

Studies in this category are concerned with educational methods, curricula, students and faculty; recruitment and retention of students and faculty; and, promoting graduate education and career path options.

1. Evaluate the extent to which current dental hygiene curricula prepare dental hygienists to meet the increasingly complex oral health needs of the public
2. Investigate how other health professions have established the masters and doctoral levels of education as their entry level into practice
3. Identify the factors that affect recruitment and retention of faculty
4. Assess how educators are socializing students to research
5. Investigate the extent to which new research findings are incorporated into the dental hygiene curriculum
6. Validate and test measures that evaluate student critical thinking and decision-making skills
7. Investigate curriculum models for training and certification of competency in specialty areas (e.g., anesthesiology, developmentally disabled, forensics, geriatrics, hospital dental hygiene, oncology, pediatrics, periodontology, and public health)
8. Critically appraise current methods of evaluating clinical competency (dental hygiene graduation competencies, standardized national board testing, clinical board examinations)
9. Validate measures that assess continued clinical competency

D. Clinical Dental Hygiene Care:

Studies in this category address the dental hygiene process of care (assessment, diagnosis, treatment planning, implementation and evaluation); decision-making and clinical reasoning; and data management systems.

1. Assess the use of evidence-based treatment recommendations in dental hygiene practice.
2. Assess how dental hygienists are using emerging science throughout the dental hygiene process of care.
3. Investigate the links between oral and systemic health.
4. Investigate how dental hygienists identify patients who are at-risk for oral/systemic disease.

5. Investigate how dental hygienists use emerging science to reduce risk in susceptible patients (risk reduction strategies).
6. Develop and test interventions to reduce the incidence of oral disease in special at-risk populations (diabetics, tobacco users, cardiac patients and genetically susceptible)
7. Assess which combinations of patient examination data can best be used to guide clinical decision-making.
8. Monitor the effectiveness of preventive measures (e.g., sealants, fluorides) in different patient populations.
9. Identify effective strategies for educating hygienists in how to evaluate research studies used to guide evidence-based practice.

E. Occupational Health and Safety:

Studies in this category focus on the practitioner, as well as the patient, exposure to risks; compliance and prevention issues; behavioral issues; and workforce recruitment and retention.

1. Investigate the impact of exposure to environmental stressors on the health of the dental hygienist (aerosols, chemicals, latex, nitrous oxide, handpiece/instrument noise)
2. Investigate how work-force stressors influence career satisfaction (ethical dilemmas, interpersonal relationships, communication, time management, etc.)
3. Investigate methods to decrease errors, risks and or hazards in health care and their harmful impact on patients.