

“Why do you want your child to have braces?” Investigating the motivations of Hispanic/Latino and white parents

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Introduction: Many psychological, social, and cultural factors influence parents' motivation to seek orthodontic care for their children. In this study, we used Q methodology to identify and categorize shared motives and determine whether cultural differences exist between Hispanic/Latino (H/L) and non-Hispanic/Latino, white (W) parents. **Methods:** The fundamental question posed to the parents was “Why do you want your child to have braces?” Q methodology involves 3 stages. (1) Interviews of H/L (n = 5) and W (n = 5) parents generated 35 statements that represented different motives to seek orthodontic care. (2) In the Q sort, 70 new parents (22 H/L, 48 W) ranked statements in order of relative importance using a forced distribution grid. (3) Factor analysis was performed separately for the H/L and W groups to uncover cultural differences. **Results:** Four motivational profiles were described for both the H/L and W parents based on the significant factors identified in each group. More H/L parents (18 of 22 parents) than W parents (22 of 48 parents) were characterized by 1 of their group's 4 profiles. Comparisons of the motivational profiles across the groups showed 4 global themes: well-timed treatment that prevents future dental problems, parental responsibility, perceived benefits, and perceived need instilled by the dentist. **Conclusions:** Four global themes captured the motives of most parents seeking orthodontic treatment for their children. Understanding these global themes can help clinicians frame their treatment discussions with parents. (Am J Orthod Dentofacial Orthop 2015;148:771-81)

For many parents, the decision to seek orthodontic treatment for their child is multifactorial. Combinations of psychological, social, and cultural factors influence their motivation to pursue care.¹⁻³ Although previous studies have investigated the factors that motivate parents,^{2,4-7} few studies have attempted to explain the significance of these motives and how they impact orthodontic treatment.⁸

Recently, Prabakaran et al⁶ used a systematic approach known as Q methodology to investigate parents' and patients' motivations for orthodontic treatment in the United Kingdom. Q methodology has been applied previously in medicine, nursing, social sciences, and health education to explore matters of perspective.⁹⁻¹² Prabakaran et al identified and described several shared viewpoints among parents that explained why they sought treatment. Interestingly, they found that more nonwhite parents (including all parents of “other races”) were motivated by a feeling of parental responsibility to seek orthodontic care for their children compared with their white counterparts. Their study emphasized the need for further research that includes other cultures and demonstrated that Q methodology is an effective tool to examine motivations for orthodontic treatment. Before the study by Prabakaran et al, only 2 orthodontic studies used Q sorting (part of Q methodology) to evaluate appearance, and neither study included factor analysis.^{13,14}

Our study was undertaken to better understand the subjective motives of parents who were seeking orthodontic treatment for their children and to examine

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potential cultural differences in their motivation. Q methodology uses qualitative and quantitative analyses to objectively compare the subjective human experience, systematically identifying a population's shared viewpoints or opinions.^{11,15,16} If shared viewpoints can be described in this study, orthodontists may better understand how psychological, social, and cultural factors influence the decision to seek treatment. It may also facilitate the development of culturally appropriate strategies designed to improve communication and treatment planning. We aimed to identify and categorize motivational profiles (ie, shared viewpoints among parents) that explain the reasons that Hispanic or Latino (Hispanic/Latino) and white parents seek orthodontic treatment for their children and to determine whether there are differences between the parent groups.

MATERIAL AND METHODS

The study participants consisted of Hispanic/Latino and non-Hispanic/Latino, white (white) parents whose children were seeking orthodontic care. The sex of the parent participating in this study was not recorded. The Hispanic/Latino Americans were compared with whites because they are the second largest ethnic group in the United States, with a significant representation in Washington state.¹⁷ Parents were recruited from the University of Washington's Department of Orthodontics and Center for Pediatric Dentistry in Seattle.

Recruitment occurred in the clinical setting when the parents accompanied their children to an initial orthodontic examination or consultation. To be eligible for this study, parents had to meet 2 criteria: (1) the parent self-identified with the Hispanic/Latino or white racial or ethnic group, and (2) the child was between the ages of 8 and 16 years. Parents were excluded if their child was referred for orthognathic surgery or had any syndromes or developmental disorders. Consent was obtained from parents before enrollment in the study. Participants were compensated with a gift certificate after participation. All study procedures and materials were approved under exempt status by the Human Subjects Division at the University of Washington.

Consistent with the Q methodology framework, this study was conducted in 3 stages: (1) development of the statements (concourse) about the topic and the final Q set, (2) ranking of the statements in the Q sort, and (3) factor analysis and interpretation.^{15,18} The fundamental question the parents were asked was "Why do you want your child to have braces?"

Questions answered by the Q methodology ask "What is the nature of a view or belief in a particular

population on a certain subject" rather than "What is the extent of those views or beliefs on that subject."¹⁰ The ability of Q methodology to uncover patterns for how and why subjects have particular viewpoints rather than quantifying the percentage of people with a particular viewpoint makes it valuable when asking subjective questions.¹⁸ Factor analysis "identifies a group of persons who have rank ordered the provided items in a very similar fashion or, in other words, a group of persons who share a similar perspective... about the topic."¹⁶ The factors become amenable to interpretation, representing narratives that explain the shared perspectives in the population.^{15,18,19} The distinctive characteristics of Q methodology related to sampling, validity, and reliability have been published previously.¹⁸

Stage 1: concourse and final Q set

To develop a concourse that adequately represents the perspectives of Hispanic/Latino and white parents regarding their motivation to seek orthodontic treatment for their children, statements were generated from brief open-ended interviews with the parents. Participants were asked to describe why they sought orthodontic treatment for their children, based on the question "Why do you want your child to have braces?" Interviews were conducted by the primary author (B.B.D.). When necessary, a Spanish interpreter was available. Parent responses were manually recorded verbatim. After 10 interviews with Hispanic/Latino ($n = 5$) and white ($n = 5$) parents, the responses reached the point of saturation, and no new statements were generated. The statements were compressed by deleting duplicate statements and combining similar statements.⁶ Compression of the concourse resulted in 35 distinct statements that formed the final Q set. For the final Q set of distinct statements, 2 or more participants had provided the same response.

Stage 2: Q sort

The sample size estimation was based on the guidelines of Watts and Stenner,¹⁶ who recommended strategic (or purposeful) sampling of a smaller number of participants to capture particular viewpoints. As they explained, the participant group, or P set, should be selected with care so that they represent "participants whose viewpoint matters in relation to the subject." Additionally, participant numbers in the P set were based on recommended guidelines of fewer participants than the number of items in the Q set.¹⁶ As further suggested, most P sets include participant numbers ranging from 40 to 60.

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