The psychosocial impact of oral conditions during transition to secondary education

ABSTRACT

Aim Transition to secondary education is a significant life event. Little is known about the impact of oro-facial conditions during this time and how concerns may contribute as a risk factor to negative adaptation. The aim of the study was to explore experiences of young people with oro-facial conditions as they undergo the transition to secondary education.

Study Design Qualitative interview and diary study.

Methods Participants were children aged 11-12 years with a range of clinical conditions who attended a dental hospital. Participants completed a two-week diary during the transition and were interviewed about the diary and their experiences. The interviews were audio-taped and transcribed verbatim.

Results Seventeen participants returned the diary and were interviewed; they described both changes in school environment and social interactions. A key finding was the concerns about aspects of themselves that children developed during this time. For some young people these concerns were about their oro-facial condition. No links between gender, severity of condition and experiences of school were apparent.

Conclusion Transition to secondary education affected young people to varying degrees. Timely treatment for those concerned about the condition of their teeth may improve the likelihood of positive adaptation.

Key words: Child; Qualitative; Education.

Introduction

The transition from primary to secondary school is a significant life event for children worldwide [Sirsch, 2003]. Research with children during their first few weeks at secondary school has identified anxieties including ‘feeling lost’, ‘not having friends’, ‘strict teachers’ and general fear of the new school routines [Brown and Armstrong, 1982; Zeedyk et al., 2003]. Positive aspects of the educational transition have also been described such as ‘having more choices’, ‘new subjects’ and ‘making new friends’ [Jindal-Snape and Foggie, 2008]. Wide variation between individuals, in their adaptation to the changes, has been highlighted and attributed to factors including psychological characteristics such as self-esteem and resilience [Jindal-Snape and Miller, 2008]. Many secondary schools seek to ease the transition through induction programmes including primary school children visiting secondary schools, tours of the buildings and buddy systems with older children [Zeedyk et al., 2003].

To reduce the impact of significant life events (such as changing schools) and to improve the likelihood of positive adaptation, Rutter suggested decreasing the number of risk factors to avoid an unmanageable accumulation [Rutter, 1987]. Previous research with children with developmental defects of enamel has suggested that the transition to secondary school may be a period when concerns start to arise about oro-facial appearance [Marshman et al., 2009]. Clinical impressions also indicate that children with visible dental differences may be prompted to request interventive treatment prior to starting secondary school. However, little is known about the impact of oro-facial conditions on children during the educational transition and the contribution of concerns about oro-facial appearance as a risk factor to negative adaptation. The aim of the study, therefore, was to explore the experiences of young people with a variety of dental/oro-facial conditions as they undergo the transition to secondary education.

Materials and methods

The method adopted was a qualitative approach in order to fully capture experiences and perceptions [Morse, 1992] thus allowing the impact of educational transition to be explored in young people’s own words.

Theoretical framework

Theoretical frameworks are used in qualitative research to guide interpretation of the data. Symbolic interactionism is a sociological perspective that emphasises the relationship between the self and social interactions. This framework is appropriate as social interactions have been identified as important during educational transitions [Brown and Armstrong, 1982; Zeedyk et al., 2003; Jindal-Snape and Foggie, 2008] and relevant to young people’s perceptions of their oral health [Ostberg et al., 2002; Beaune et al., 2003; Fitzgerald et al., 2004]. It has already been applied to research of young people’s experiences of chronic illness [Woodgate, 1998] and the impact of developmental defects of enamel on young people [Marshman et al., 2009].

Sample

The sample included 11-12-year-old children who attended the Paediatric Dentistry Clinic of the Charles Clifford Dental Hospital, Sheffield, UK. Participants were purposively selected from a larger sample of young people who were participating in a complementary quantitative study of the relationship between coping, self-esteem and oral health-related quality of life in young people as they undergo the transition to secondary education. Participants were chosen to represent a range of clinical conditions...
including dental caries, hypodontia, cleft lip and palate, incisal trauma and developmental defects of enamel.

Qualitative research involves relatively small samples that do not attempt to be statistically representative [Sandelowski 1995]. Typically, recruitment continues until no new information emerges and data become repetitious, indicating 'saturation' [Glaser and Strauss 1967]. Twenty-one patients volunteered to complete a two week diary and have a semi-structured interview. Children with a severe learning disability or significant medical history that could affect their ability to complete the diary, or influence their experiences of changing schools were excluded from the study. This study was approved by the North Sheffield Research Ethics Committee. Consent was gained from both the young person and the parent/carer.

Diary
A two-week diary was developed to explore contemporaneously the feelings and emotions of participants during the time of educational transition. Young people were involved in the process of developing the diary to ensure it was child-centred. A draft version of the diary was developed by the research team and this was piloted with three young people and significant changes were made as a result. Examples of such changes were re-formatting, amendments to the wording and alterations in the activities and schools subjects included.

The diary included closed and open-ended questions and opportunities for drawing including self-portraits. In response to feedback from young people, during the development of the diary, the content covered aspects of school life including travel to school, lessons, break time, after school clubs, feelings about the new school and also descriptions of personal qualities, appearance and interactions with others. The young people began completing the diary the day before they started the new school.

Interviews
At the end of the two weeks, the participants mailed their diaries back to the two members of the research team who were to conduct the interviews. The interviews were carried out in the young people's own homes, a more natural environment than the clinic, to ensure rich data [Kotzer 1990] and to help the young person view the researcher as an interested adult rather than as an authority figure [Faux 1988]. The content of the interview was informed by the young person's own diary and a topic guide. The topic guide was derived from examination of the literature, observation of children on clinics and piloting the topics with young people of similar ages. Topics included reflections back on the period when the participants changed school, defining aspects of their sense of self, appearance including orofacial appearance and perceptions of their adaptation to the new school environment. The interviews lasted on average 40 minutes and were recorded and transcribed verbatim. At the start of each interview the young people were asked to choose a pseudonym, these pseudonyms are used in the results.

At the end of each interview the participants were debriefed about the study. A summary of the findings was sent to each young person to allow them to feedback their comments if they wished.

Data analysis
The data were analysed independently by two researchers, one a qualified dentist and the other researcher with a social science background.

The analysis was guided by the principles of symbolic interactionism and the objectives of the study. The transcripts and diaries were read in detail to establish the young people's experience of changing schools, whether their oral conditions had featured in social interactions around this time and whether they had an impact on the young person's experiences of the educational transition. The second stage of the analysis was informed by constant comparative analysis and looked for variation within the data; between the content of the diary and the interview and between participants. Although originally developed for use in grounded theory, this approach has been widely used to expand understanding of experiences [Thorne, 2000].

The results are based on the concepts that emerged from the participants rather than on preconceived ideas from the researchers.

Sample
Of the 21 initial volunteers, eighteen young people returned the diaries. However, one young person was not interviewed for medical reasons. Of the remaining 17 participants, nine were female and eight were male. The participants came from both rural and urban areas in South Yorkshire and North Derbyshire, UK. From the postcodes, the neighbourhoods in which the participants lived ranged from the least deprived to the most deprived areas of the UK based on the Index of Multiple Deprivation 2007 [Department of Communities and Local Government, 2007].

Clinical status
Five participants had untreated dental caries, three participants had cleft lip or palate, three had traumatic injuries to the upper incisors (one treated, one untreated), three had developmental defects of enamel (one treated, one untreated), two had hypodontia and one had a partial denture.

Results
From the data it was apparent that educational transition was a period of significant change for young people. In addition to the obvious change in the school environment, there were also changes in social interactions with peers. Participants described how they developed concerns about aspects of their appearance during this time. For some young people these concerns specifically related to their oro-facial condition.

Changes in school environment
The transition to secondary school entailed a move to a larger building, with many more pupils, class rooms and the potential to get lost. These changes brought about mixed emotions as described in the following quotes:
“I was scared because I didn’t know what it were going to be like and if it was going to be more exciting as well ‘cos it’s a big school” Jamie (female).

“I was worried about finding my way around... sometimes, we will forget our way to the lessons and we will be late or sometimes it’s a bad lesson or sometimes you have got to try and find somewhere to sit in the cafeteria, which is really bad because it’s usually full” Emily (female).

“You move around a lot and you don’t stay in one classroom all day and one teacher, you have about 10 different teachers a day” Katherine (female).

Participants also noticed a change in the way they were treated at their new schools:

“It’s just a lot, lot different in every way. Like trust, you do like athletics and javelins, proper javelins. If you do it at primary school it’s them little rubber things, sponge things” Bart (male).

Generally, the participants adjusted quickly to their new environments, this appeared to take between two and three weeks.

Changes in social interactions with peers and friends

In addition to changes in the school environment there were also reported changes in social interactions particularly with peers and friends. The new school brought with it less opportunities to engage with friends from previous schools, while offering more chances to meet new people and make friends, but also the possibility of negative interactions such as bullying:

“All of my old friends weren’t with me. I didn’t see them as much, it’s like completely different, you don’t see them no more. Like every morning we have register in our little school and you were with them all day, every day. At comp, you only have break and dinner, and when you go into your form room you are completely away from some people” Bart (male).

“I like taking the bus in the morning because it’s exciting and I like it that I get to meet new people every day as there’s always someone at school that I say ‘hello’ to that I don’t really know” Emily (female).

“I was a bit worried, cos I thought I might get bullied a tiny bit, a small bit, then my friend on the first day, he got picked up and put in the bin” Chris (male).

A key feature of young people’s experiences of the first few weeks of the new school was ensuring they made a good impression during interactions with peers:

“Just generally worried about just embarrassing myself in front of people, making a first impression really. You worry about what people are going to think of you” Harriet (female).

Concerns about own appearance

The desire for peer approval led some participants to develop concerns about aspects of their appearance around the time of the educational transition including: eczema, weight, hair, eyebrows, height, wearing glasses. Emily described her feelings about her eyebrows:

“Well, [my eyebrows] always bothered me a bit, but it was a bit worse because I thought I was going to get teased... but I haven’t” Emily (female).

There was variation in the degree to which oro-facial conditions were a source of concern for young people. However, this variation did not appear to be related to the actual severity of the clinical condition or the gender of the participant.

Ricky described his cleft lip in his diary (Fig. 1), but despite not liking its appearance he was apparently unconcerned about it, even though he was asked questions by young people he met at his new school. “That’s my bump on my lip. I just thought I might circle it. Yeah, it’s a cleft lip to be precise. It’s ugly but I’ve just got to accept that, you know, that I was born like that and I can’t change it, no matter what the doctors do so you’ve just got to live with it, to be honest it doesn’t affect my life at all.

“Well not many people have lips like me and I’ve forgotten what the percentage is, but if you ask my mum she knows, it’s quite rare and you know, they just hadn’t seen it before and they just like to find out, I didn’t mind telling them” Ricky (male) (Fig. 1).

FIG. 1 - Extract from Ricky’s diary.
David described his experiences of having amelogenesis imperfecta as he changed schools:

“I haven’t got any enamel on them, they don’t hurt, it’s just the colour of them. I just try to avoid them seeing my teeth... I keep my mouth closed when I smile” David (male).

This account included David’s attempts to minimise the impact of the appearance of his teeth. Similar accounts were also found of other young people taking actions to improve their appearance before starting the new school, for example losing weight, having their hair cut or not wearing their glasses.

Some participants sought dental treatment before starting the new school to ease the transition. Jamie described how she anticipated negative interactions with peers before she changed schools and she sought treatment in the holidays before she made the transition. Figure 2 demonstrates her gratitude following treatment: “I had like brown marks on the front two teeth, I didn’t know what they were going to say about them... it was a worry before I went to big school” Jamie (female) (Fig. 2).

Discussion

This study aimed to explore the experiences of young people with a range of oro-facial conditions during the transition to secondary education.

The findings concur with earlier studies that suggest the transition to secondary education is a significant life event [Sirsch, 2003]. This event brought about both changes in the school environment and changes in social interactions with peers. Young people developed concerns about aspects of their appearance during this time. For some young people these concerns were about their oro-facial condition, for others oro-facial conditions had little impact. Changes in the school environment were recurring themes, particularly the potential to get lost. This concern has previously been reported in the literature [Brown and Armstrong, 1982; Zeedyk et al., 2003].

The mixed emotions that accompany the transition have also been reported elsewhere [Jindal-Snape and Foggie, 2008]. A second theme was the changes in social interactions associated with educational transition, particularly desires to make new friends, worries about being bullied and wanting to make a good impression.

A significant finding, not previously reported, was the emergence of appearance-related concerns during the educational transition. While the aspects of appearance varied between individuals (skin condition, weight, height, spectacles), such concerns were a consistent finding. These anxieties arose in response to the potential for negative interactions and resulted in attempts to change appearance. For some young people, concerns developed about their pre-existing oro-facial conditions, this motivated young people to either conceal their teeth when smiling or to seek corrective treatment. However, the degree of impact of oro-facial conditions during the educational transition seemed unrelated to the severity of the condition. Other studies have also found poor agreement between normative assessments and children’s own assessment of their appearance and need for dental treatment [Astrom and Mashoto, 2002; Peres et al., 2003]. Variation in the impact of oral conditions between children has previously been associated with psychological characteristics such as self-esteem [Humphris et al., 2005; Gussy and Kilpatrick, 2006; Marshman et al., 2008]. Such factors have also been attributed to variations in adaptation to educational transition [Jindal-Snape and Miller, 2008].

These findings suggest, that for some young people, concerns about oro-facial appearance may be related to their adaptation to a different school. In these cases appropriate dental treatment should be made available before the educational transition so that concerns can be more appropriately addressed.

Methodological aspects of the study

Typically oral health research is conducted ‘on’ rather than ‘with’ young people [Marshman et al. 2007]. However, this study employed innovative qualitative methods to access young people’s own experiences of educational transition in their own words. The use of daily diaries in psychosocial and health-related research is an accepted approach for adults [Baker, 2006], but their use in children with oro-facial conditions has not been previously described. The diaries allowed children to record their feelings and emotions during the time of educational transition which could then be followed up during the interview. As demonstrated by Jamie’s comments, the young people enjoyed completing the diaries and being involved in the research process. A similar approach could be used in other oral health research with children, for example to capture children’s contemporaneous experiences of having dental treatment under general anaesthesia.

Recruitment was limited to participants who visited the Dental Hospital, rather than young people in the general population. This method could have affected the results, but was chosen to ensure treatment was available for those participants who required it.
Conclusion

In conclusion, the transition to secondary education had a varying impact on young people. Timely treatment for those concerned about the condition of their teeth may improve the likelihood of positive adaptation during educational transition.

Acknowledgement

The study was supported financially by Sheffield Hospitals’ Charitable Trust. We would like to thank all the young people who were involved and also to acknowledge academic support from the University of Sheffield’s Children and Young People Oral Health Research group.

References


Thorne S. Data analysis in qualitative research Evidence-Based Nursing 2000;3:68-70.
