

From the Editor: Tips on Writing Qualitative Research in Medicine & Healthcare

Articles published by *Qualitative Research in Medicine & Healthcare* generally pass through multiple manuscript iterations prior to acceptance for publication. Many other submitted manuscripts, of course, never make it that far. No doubt the story is the same for any reputable research journal.

Since becoming editor of *QRMH* in 2021, I have developed a fairly consistent set of suggestions for authors in the hope of moving manuscripts toward publication. Not every suggestion is suitable for every manuscript, so I tailor my comments to authors accordingly. In this brief editorial, I offer my suggestions based upon dozens of manuscripts that I have read and replied to, plus many more comments that I have read from highly encouraging and supportive colleagues who I am fortunate to have reviewing for this journal.

First, for authors who are new or fairly new to qualitative research, I suggest finding an exemplary article to use as a model. Reading excellent qualitative research will help you to appreciate good writing style. The best qualitative research has particular tone to it and an engaging rhythm that sets it apart from its quantitative counterparts. Qualitative research projects a kind of warmth. More than a warmth, in fact. It's a burning desire to *say* something that is worth saying—a message that can enrich a reader's point of view and maybe even change their life. To put it bluntly, effective qualitative scholarship tells a good story.

Stories require settings and characters. Qualitative research should have both. Give your readers a sense of being in the research setting through vivid, sensory description. Drop your readers right into the scene through a liberal dose of thick description. Appeal to the readers' senses by not just describing what the context looks like, but also the sounds and maybe even

the smells of the place. Context also includes other factors worthy of description including the history of the institution, city, or region where the research takes place: What defines that place? How did it become that place, and how does that condition your research?

Even more important, present research participants to your readers as fully developed human beings. Give your readers a sense of what is going on in the minds of your participants by, when appropriate, describing their fears, dreams, and hopes. Let them speak in their own ways by using extended quotations, but then, follow through by explaining why those quotes are important, that is, how the quotations illustrate or emphasize the point you are making. In other words, quote heavily from interview transcripts and/or primary source texts, but don't leave the quotes hanging. Follow through with explanation.

A theory used to guide your research either as a starting place, as a means of making sense of your data, or both is not essential; however, in many manuscripts that I have read, a guiding theory would help more than I can say. On the other hand, it is just as important not to become a servant to a theory so that what we look for and the conclusions that we reach are determined before we even begin. Theories help us find our ways along dark, winding paths, but they shouldn't determine our course. And don't be afraid of data that doesn't fit your theory; instead, embrace that data and follow it through. Theories are nothing more than ideas to help us along the way. Rather than limit us, they should take us as far as they can. The most exciting part about qualitative research for me is finding the end of the path and then pushing forward. Qualitative research should be an adventure.

This is the comment that I most often read from reviewers: Describe your methodology in detail. Explain how you collected your data, what you did with your data, and the reasons for

your decisions. Clearly walk your readers through every step of the process. Here is a good rule of thumb: Once they read your article, your readers should know what to do if they want to replicate, at least in principle, your study by adapting your approach to wherever they are, using what resources they have.

Speaking of methodology, be sure to use the correct terminology when describing your methodological approach, and don't promise more than you deliver. Reference to "phenomenology" is a case in point. "Phenomenology" is a word that authors often like to say they are doing, but too often, their application of the term is at best superficial. That is a sure way to alienate a reviewer who enjoys a good phenomenological read. "Phenomenology" has a wide range of applications; however, in my experience, phenomenology in qualitative health research is fundamentally about understanding participants' experiences as conditioned by their worldviews. Anyone who wants to do a phenomenological study needs to first read "Deep Play: Notes on a Balinese Cockfight" by Clifford Geertz (1973). If you haven't read that at least once, you shouldn't be writing phenomenology. Besides, it's a joy to read. (See my comments above about telling a good story and using thick description above.)

Even if you don't take a phenomenological perspective, read Geertz's essay anyway. Geertz clearly demonstrates what interpretation in qualitative research is all about. Qualitative research is a kind of double turn. First, explain what is going on in the minds of the people who have been kind enough to let you into their worlds. This is when you let them speak through extended quotation. Then, apply your analytic skills (often informed by theory) to identify emergent patterns amidst participants' discourse and explain what those patterns mean to you as a health researcher. To be completely thorough, I would add that a triple turn would be to

explain your perspective back to the participants to see if it resonates with them. They don't have to agree with everything you say, but they should at least be able to appreciate your perspective. Some of the most satisfying moments in my career have been when participants told me that, yes, I really got it; I really understood.

Two more technical points are worth mentioning. First, be sure to get Institutional Review Board (IRB) approval before you begin your research, and state clearly in your paper that you received that approval. As editor, that is literally the first thing that I look for, and I won't read a manuscript that doesn't have IRB approval when human participants are involved.

Finally, make sure that your manuscript is written in clear English writing style. While *QRMH* desires and welcomes writers from around the world, we publish in English, so it is a good idea to get your manuscript proofread by someone fluent in English if that is not your first language. As a person who speaks only one language, I am in awe of multilingual people, yet as editor, I respectfully urge authors to remember that a manuscript fraught with writing errors is not likely to impress reviewers.

Among our many emails back and forth from early drafts to polished proof, a *QRMH* author told me that he hopes that readers will find his article to be "useful." Utility is arguably the most vital aspect of any type of research—qualitative, quantitative, or mixed. Clearly useful articles excite reviewers, so make a case for why anyone would benefit from reading your work

I am eager to build the reputation and professional impact of *QRMH*. As such, I am always looking for excellent qualitative healthcare research. I urge authors to consider my suggestions above in the hope of adding further excellent scholarship to our body of excellent published research.

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Work cited

Geertz C. Notes on the Balinese cockfight (1973). In C. Geertz (Ed.), *The Interpretation of Cultures* (pp. 412-453). Basic Books