

Editorial Tips on Publishing Qualitative Research in Medicine & Healthcare

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Welcome to Issue 3, Volume 6 of *Qualitative Research in Medicine in Healthcare*. The term “qualitative research” covers a wide range of theories and methodologies, and this issue certainly illustrates that diversity of approaches. As with most articles published in *QRMH*, authors featured in this issue worked 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.

Now that I am well into my second year of editing *QRMH*, 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 a 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

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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 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.

Each of the articles in this issue illustrates solid qualitative research. When I need an example of phenomenological research for prospective authors, I will point them to Hans Zingmark's and Anett Granberg-Axell's article on near-death experiences (NDEs). Zingmark and Granberg-Axell clearly explicate their method of speaking with patients about intensely personal, life-changing experiences. First, they listen deeply to patients with open minds, setting aside potentially prejudicial filters constructed across years of medical training. Instead, they provide long quotes from patient transcripts, looking for patterns in patients' interpreta-

tions of their experiences. Once patterns are found, Zingmark and Granberg-Axell re-interpret those patterns using a theoretical model and then build upon both sets of interpretations (i.e., patients' interpretations and their own) in proffering advice to other healthcare providers when communicating with patients who have had NDEs.

Monika Shehi Herr provides this journal's inaugural book review—a feature that I hope will continue with a range of scholars presenting in-depth reviews of new books using qualitative methods to explore healthcare issue. Shehi reviews *Becoming Disabled: Forging a Disability View of the World* by Jan Doolittle Wilson, an autoethnography demonstrating the ideological and, ultimately, political nature of disability. Reading Herr's review, it is clear that Wilson has a story to tell—a story intended to change readers' perspectives about how disability is constructed through discourse and policies, on one hand, and how it is lived as a day-to-day reality, on the other. As with the best of book reviews, Herr's review works as a stand-alone piece so that readers will learn much about the social construction of disability just by reading the review (although they certainly might be inspired to follow through by reading Wilson's book). Indeed, Herr even adds her own accounts into the review, both echoing and developing themes expressed by Wilson.

Another first for me as *QRMH* editor is a mixed-methods approach provided by Mellanie Springer and her cowriters investigating effective messaging for a stroke intervention initiative. This article demonstrates that research need not be an either/or approach when it comes to quantitative and qualitative methods, but rather, both approaches can be mutually supportive. As the authors point out, quantitative health research often begins with a qualitative phase that is under-described in the final report (if acknowledged at all). Springer et al. provide the very type of detailed explanation of methodology requested by many *QRMH* reviewers. Using a theoretically informed approach, the authors begin with explication of theoretical construct building, describe their interview procedure and interpretation of patients' perceptions and comprehension of intervention materials, and finish with a grounded understanding of how to most effectively frame intervention print and video messages for their intended audience.

Among our many emails back and forth from early drafts to polished proof, author Hans Zingmark told me that he hopes that readers will find his and his co-author's article to be "useful." Utility is arguably the most vital aspect of any type of research—qualitative, quantitative, or mixed. I extend Dr. Zingmark's wishes to all readers regarding each of the items presented in this issue of *QRMH*.

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