

## Editorial: Using qualitative research in the classroom

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Welcome to Volume 7, Number 1 of *Qualitative Research in Medicine & Healthcare*. As I read through each of the articles in this issue, it occurred to me that they are surprisingly similar in technique, but widely divergent in topic. Indeed, taken together, articles in this issue provide a useful lesson in how to effectively conduct qualitative research.

I speak from experience. I am fortunate in being paid to teach a course in research methods to polite, engaged undergraduates who are genuinely eager to learn. In the course, I cover research ethics, journal article structure, deductive vs. inductive approaches, and basic techniques used in quantitative and qualitative research. Not surprisingly, teaching qualitative research is my favorite part of the course, so I save it for the end.

As it happened, this semester, the qualitative part of the course coincided with my editing articles for this issue. I found myself sharing these articles with my students again and again to illustrate abstract course concepts with concrete examples.

For example, in class, we talk about the necessity of using small samples in qualitative research, balanced by the richness of meaning and depth of human experience provided by participants testimony about their lives. In this issue, for example, Thomas A. Clobes and Heather Craig Alonge use interviews with Latina college students to illustrate the precarious position these students found themselves in during the COVID-19 epidemic as they weighed worries about job loss, distrust of conflicting information with the need to maintain their health and the health of their family members. Similarly, Rachel M. Vaughn and her co-writers dig down into the experience of healthcare providers during roughly the same period of time—again providing witness to the daily experience of professionals on the “frontline” of the epidemic as they, too, examine conflicting needs involving service to patients and colleagues, on one hand, and maintenance of their own wellbeing and that of their families, on the other. Although the topic is different in the accounts of women surgeons provided by Mari Thiart and her colleagues, the balance of frustration and accomplishment in their words is just as palpable. I use the word “balance” deliberately here because good qualitative research is never wholly one-sided, but profoundly nuanced.

Qualitative research is also about stories—a topic that I cover not only in my research methods course, but also during the entire semester in my course on health narrative. Each of these articles features stories—in whole or as fragments of memory—through which participants take charge of their respective interviews or focus group discussions, framing an ongoing issue in the present through reference to past experience. And it’s more than that because when telling stories, participants order events to demonstrate how they perceive causation and response, thus revealing and defending their perceptions about power, privilege, duty, service, honor, and many other of deeply human concerns. As I write this, I am particularly thinking of a story in Thiart et al. about a woman surgeon who wondered for years whether she was hired based on her merit or because she was “a girl.” Latina students’ stories in Clobes and Alonge are not only revelatory of each person’s unique experiences; repetitions among stories—such being confused after hearing conflicting government recommendations—demonstrate common experiences across entire populations.

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Key words: Qualitative research; teaching; methodology.

Received: 21 April 2023.  
Accepted: 21 April 2023.

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*Qualitative Research in Medicine & Healthcare* 2023; 7:11429  
doi:10.4081/qrmh.2023.11429

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Furthermore, through repetition, scholars conducting qualitative research recognize emergent themes. More often than not, these themes illustrate the interpretive dimension of qualitative research, arguably the most difficult. Interpretation is the most difficult and frustrating point of the qualitative research process, worse yet for the scholar who works alone. Every article in this issue is a worthy exemplar in interpretive thematic analysis. Vaughn et al., for example, describe rehabilitation therapists' feelings of riding an "emotional rollercoaster" and working in "war time" during the COVID epidemic. Not only are the themes revelatory of therapists' professional experiences, but their use of metaphor succinctly and directly emphasizes the affective dimension of their day-to-day lives at work.

I want to be very clear in saying that in presenting the words of many participants in their studies, not a single author in this issue ever speaks "for" those participants. To do so would be patronizing. Participants don't need to be given a voice by scholars; as demonstrated over and over in this research, participants already have their voices. Rather, interpretive scholarship is a kind of double turn—an interpretation of others' interpretations. Having written about phenomenological scholarship in a previous editorial for *QRMH*, I only want to point readers toward this technique in each of the articles presented here. Clobes and Alonge, for instance, combine many participants' stories into a metanarrative including reference to family structure, economics, and class division within the U.S. Latino population.

It is also important to point out that the best interpretive research (and by extension, all qualitative research) eschews dogmatism. It's a two-way street in that scholars have to truly listen to the voices of their participants, even (especially!) when participants' views run counter to what researchers might want to hear. Surprises abound in qualitative research for those who are willing to take a chance in being open to the unexpected. As I write this, I am thinking of the story in Thiart et al. in which one of the harshest critics of women surgeons in a hospital was a woman supervisor. This would come as a surprise to many, and to their credit, Thiart and her colleagues took that idea—which ran very much against the feminist grain

of their article—and dug down into it, revealing the compelling reason for that supervisor's harsh tone.

Finally, I must point out that each article in this issue provides a lesson in interpretive methodology. Without doubt, the single criticism that I most often see among *QRMH* reviewers is that authors don't explain the steps taken in conducting data analysis. Each article here provides a clear picture of the interpretive process from start to finish. Clobes and Alonge, for example, explain how they moved from observation to codes and then, themes. Vaughn et al., go even further, describing how they used an established six-step analytical process followed by further steps in identifying themes, and ultimately, seeking external verification of themes via consultation with colleagues external to the study. Thiart et al. describe how themes emerged through discourse among the writing team and that member checking was used to verify those codes as well as the eventual interpretation. Taken together, these articles provide a clear guide for student and professional researchers in both how to analyze data and how to represent that process on the page.

I am fortunate in being among the first people to read work published in *QRMH*, to be able to share this material with my students as models for conducting insightful, inspiring, and useful qualitative research and, now, in being able to share it with you.

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