Desire to learn qualitative methods among researchers in healthcare fields

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July 2023 saw the high point to date of my 25+ years in academe. I had the pleasure of presenting a workshop—"Strategies for Writing Effective Qualitative Research in Healthcare"—at the 18th annual conference of the International Society for the Study of Self-Injury (NSSI). Hosted by the Medical University of Vienna, the conference featured dozens of presentations, of which a sizeable minority were qualitative in nature. Qualitative research at the conference addressed such topics as stigma pertaining to NSSI, young adults' experiences with NSSI in India, healthcare staff views of NSSI behaviors, and reasoning/beliefs among patients who self-injure.

The conference was held just over a mile from the Sigmund Freud Museum, the building where Freud lived, practiced, and wrote most of his best-known work from 1891 until 1938, when he was forced to emigrate to London due to Nazi invasion and annexation of Austria. I was fortunate to be able to tour the museum, and I found it to be a deeply moving experience. In the rooms where I had the privilege to walk among the many other visitors, Freud spent decades listening deeply to stories told by patient after patient. Many of these stories, of course, became the basis Freud's scholarship, which—along with those of contemporaries such as Carl Jung—revolutionized our understanding of mental health, personal identity, social expectations, and the human experience(s). The proximity of Freud's home and workplace to the location of the NSSI conference has given me a lot to think about with regard to the need for more training in qualitative research methods even at the highest levels of educational prestige in the healthcare field.

As I entered the conference presentation room, I felt honored to see about thirty people in attendance—mostly graduate students in psychology, along with at least one practicing healthcare provider/scholar. Immediately, I sensed a strong desire among those in attendance to learn more about qualitative research methods in healthcare. Never have I presented my work in a venue where I was asked more questions or where discussion was easier to generate among participants. Afterward, throughout the conference, participants thanked me for simply encouraging them. In fact, it was more than a desire to learn on their part, it was a real *hunger to do* qualitative research.

Multiple workshop participants said that they wanted to do more qualitative research, but they found it to be a delicate proposition, and as they told their stories, I noticed many signs of agreement throughout the room: nodding heads, knowing smiles, amicable laughter. I was never told that faculty advisers prohibited their students from doing qualitative research, but from the comments that I heard, I noticed four themes that mitigated against graduate students' pursuing qualitative research.

First, graduate students were openly fearful of spending their time on research that might not be highly valued in their field. As I mentioned above, by far, the dominant research trend among NSSI research at the conference was quantitative in nature, and I think it safe to say that the same is true in most areas of healthcare research. Participants in the workshop equated a dominant tendency with respect, projecting forward that if they were to conduct qualitative research, it would be less respected than quantitative scholarship—and, therefore, not get them very far in their professional trajectory.

Second, and a corollary to that point, it became evident in participants' comments that because their advising faculty primarily used quantitative methods, the students

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themselves often (though not always) received minimal, if any, formal training in qualitative methods. It wasn't that faculty devalued qualitative research, but that too often, "qualitative" dimensions of faculty research on which workshop participants contributed consisted of a few open-ended questions tacked onto the end of an otherwise quantitative survey.

The tendency to think of qualitative research in that way, as it happens, is the primary reason why manuscripts are rejected or returned for major revisions at *Qualitative Research in Medicine & Healthcare*. Such manuscripts too often seem to be afterthoughts to the primary (i.e., more important) part of the study. Worse yet, such research tends to simply quantify what participants report in the open-ended questions, calculating how many times participants said A, B, and C and then triumphantly classifying numerical tendencies as "emergent patterns," thus missing the theoretically informed, interpretive dimension of qualitative scholarship.

Third, as I noted above, many workshop participants hungered to do qualitative research. They saw significant potential in understanding patients' subjectivities and in interpreting the deep structure of patients' "lived experience"—a term that came up many times among the qualitative research at the conference. I got the impression that many workshop participants felt a troubling cognitive dissonance in wanting to take the less traveled path and seeing value in that path, but at the same time, feeling that going that way could be risky. Why spend so much time doing research that might be considered of secondary value in their professional sphere even *if* it passed peer review into publication?

My fourth takeaway from discussion with workshop participants was that one or two graduate students had determined that the best course forward was to put most of their effort into quantitative research, but to do qualitative work on the side, for lack of a better term, as a "pet project"—a lamentable, but in at least some situations, an understandably realistic compromise.

To be very clear, it is important for me to repeat that no participant in the workshop ever said that they were discouraged from doing qualitative research by their faculty advisors. Rather, doing the math in their minds, the general feeling among the group was that quantitative research was the safer bet and that qualitative research was at best an add-on to their already heavy work burden and at worst a potentially undervalued use of time and resources.

Perhaps I wouldn't have thought so much of the situation had it not been for the Freud Museum just a short distance away. It's impossible for me to imagine what our world would be like without Freud's use of qualitative research techniques: case studies, narrative analysis, discursive interpretation, and more. (For more on this topic, see Kvale, 2003.)

And it isn't just that one conference or limited to psychology. As editor of *QRMH*, I make myself available to authors through virtual visits from time to time. Over the past few years, I have spoken with many scholars—some in graduate school, some well beyond it—who want to learn more about how to use qualitative research methods, despite the fact that they work in professional environments where quantitative methods are far more commonplace.

One could argue, of course, that there is a vast body of excellent qualitative healthcare research, this journal being a good example(!). My impression from the ISSS conference and from speaking with authors, however, is that much of this research comes to use through graduate training in fields outside of healthcare. Communication is a good example health communication. Indeed, two of the three features in this issue (three out of four, including this editorial) are written by communication experts.

Mike Alvarez (2023) provides an autoethnographic review of a film festival on death and dying. In typical qualitative tradition, Alvarez's review is both thickly descriptive and deeply personal. Alvarez evidences love for the written word, deftly putting the reader into the context of the festival and then, turns his description back on himself as he reflects on his experience with the death of a loved one. Then, he goes one step further, explaining the communal (and, arguably, cathartic) experience in a shared experience provided by a festival held in a tangible, shared space, as opposed to a atomistic, virtual experience.

By coincidence regarding my emphasis on Freud's legacy, Damla Ricks and Grace Ellen Brannon analyze the price mental health counselors often pay as professional listeners, especially during times of crisis. Effective mental health counseling, of course, depends upon clear, multidirectional communication. During critical events, such as the COVID epidemic, counselors were pressed to the breaking point due to excessive demand of their skills. Ironically, as revealed through participant testimony, technology designed to ease their burden (virtual meeting platforms) could further exacerbate counselors' being perpetually "on," accelerating a downward spiral of exhaustion.

Moving away from specialization in communication, but staying with mental health, Isabella Natale, Craig Harvey, Pene Wood, and Karen Anderson (2023) provide a welcome venture into qualitative research on relationships among pharmacology, addiction, and public wellbeing. Who would know more about barriers to successful opioid substitution than people who have participated in a program designed for that purpose? Using thematic analysis, Natale et al., explore participants' perceptions, experiences, desires, and fears—with particular focus on take home naloxone—in the hope of better treating current patients and, ultimately, those who are not yet in treatment programs.

I am certain that many readers will find in these articles a wealth of useful information. In fact, all told, arti-

cles in this issue have already been viewed more than 1,000 times prior to my writing this editorial. Beyond their informational value, however, I hope that these and other offerings in *QRMH* will serve as inspiration for others to venture into qualitative research in healthcare.

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