

Learning about perspectives of patients and colleagues through qualitative research

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Welcome to the third issue, Volume 7, of *Qualitative Research in Medicine & Healthcare*. As usual, articles demonstrate the immense range of applications for qualitative scholarship in the field of healthcare.

Before introducing this issue's articles, I want to welcome some new folks to *QRMH*. Dr. Paula Hopeck and Dr. Elizabeth Spradley joined our editorial board. Dr. Hopeck teaches at Commonwealth University in Bloomsburg, Pennsylvania where she researches end-of-life issues and trains nursing students as they transition into the nursing profession. Dr. Spradley teaches courses in communication and medical humanities at Stephen F. Austin State University in Nacagdoches, Texas. Dr. Spradley has published widely on narrative and identity, instructional communication, and work-from-home issues. Also, we have our first-ever book review editor: Dr. Michelle Walter, teaching specialist and lecturer at the Centre for the Study of Higher Education at the University

of Melbourne. Dr. Walter's research examines mental illness from the perspective of poststructural feminist theory. Dr. Walter contributed this issue's book review on mental health in higher education.

Articles in this issue represent an interesting scholarly duality. Three articles examine what most often comes to mind when the topic of qualitative research in healthcare arises in professional discourse, i.e., research on challenges faced by patients. On the other side of the duality, we have two articles and a book review that, in a sense, turn the investigative lens backward; rather than studying patients, these authors examine experiences and perspectives of academics (in healthcare and other fields) and other healthcare professionals.

All three articles focusing on patient experiences illustrate how patients use discourse as a means of strengthening their resistance, resilience, and efficacy. Heidi Lempp and her co-authors examine the power of metaphor use among patients with long-term conditions. Metaphors of uncertainty, acceptance, and resistance reveal the deep structure of patients facing and coming to terms with illness, often requiring major shifts in perspective and behaviors. Metaphors, as the authors amply illustrate, can be both empowering and disempowering. The more that healthcare providers attend to the construction and use of metaphors, the better they can hear and understand their patients' struggles.

Katie Heiden-Rootes and her co-writers similarly examine metaphor use, this time among patients who are transgender and non-binary (TGNB); however, whereas Dr. Lempp et al. study metaphor use among individuals, Dr. Heiden-Rootes et al. look at ways in which metaphors are shared. Here, instead of fortifying the individual, metaphors have a communal function. As I write this, I am thinking in particular of the ways informal networks help TGNB patients find their "unicorn doctor," i.e., a doctor whose behavior is marked by understanding, compassion, and willingness to keep learning about TGNB patients' experiences, desires, fears, joys, and pain. Along with metaphor use, Dr. Heiden-Rootes et al. explain how recurrent ways of speaking reveal common experiences among TGNB patients, and again, awareness of these tropes can help

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all kinds of healthcare providers improve their “unicorn” selves.

In her analysis of patient discourse, Lisbeth Lauge Andersen focuses on entire stories, rather than metaphors, per se. Andersen’s article differs from most research published in this journal over the past few years insofar as she deliberately provides minimal description of the participants. Whereas authors typically contextualize discourse by providing enough demographic and biographical details to provide a mental image of each person (without revealing identities, of course), Andersen withholds such details, instead, letting the stories “breathe” on their own. Andersen’s analyses are particularly insightful in revealing how emotionally painful—and thus, counterproductive—casual insensitivity can be within healthcare settings.

Turning the lens back onto academics and providers, we have Michelle Walters’ book review on mental health challenges among academics. The anthology being reviewed—*Mental Health Among Higher Education Faculty, Administrators, and Graduate Students: A Critical Perspective* by Teresa Heinz Housel—is an collection of chapters, many of which are firsthand accounts of mental health struggles. I was particularly pleased to see special attention in Dr. Walter’s review to a chapter written by Andrea L. Meluch who recently published an article in this journal and who regularly reviews for us. As an academic, I found Dr. Walter’s review particularly striking as I saw more clearly than ever how faculty are crushed under intense pressure with regard to teaching, research, and service (i.e., free labor), compounded by employment insecurity and increasingly heavy workload (we are now teachers, scholars, and experts on ever-changing delivery platforms). Further, as laborers whose mental acuity is a determining factor in employment, academics are at extreme professional risk when it comes to disclosing struggles with mental health. Perhaps most refreshing in Dr. Walters’ review is her frank admission that given these conditions, “psychological distress is a perfectly reasonable response.”

The final two essays in this issue are less about professional distress and more about knowledge acquisition, although the article by Catherine Pengelly, Carolyn Spring, and Rachel M. Taylor strongly suggests that knowledge acquisition can help with stress reduction. Specifically, Pengelly et al., describe the benefits of a writer-in-residence program within a hospital in the United Kingdom. As editor of this journal, I can attest (with all good spirit) that healthcare providers often need help with their writing—everything from punctuation and formatting to organization of findings and application of theories and models. Dr. Pengelly et al. describe not only the need for a writing program for all kinds of writing in a hospital setting, but also the relief users express in being able to improve their skills in a confidential setting, especially given the stigma associated with poor writing skills. (I would be remiss to not also mention my gratitude

to co-writer Rachel Taylor who is also among our *QRMH* reviewers; this journal could not function without its excellent cadre of reviewers.)

Alicia K. Matthews and her co-authors do a kind of double turn on the topic of knowledge, investigating healthcare providers’ knowledge about lung cancer screening among low-income, Black men which, in turn, included providers’ assessments of patients’ knowledge. Dr. Matthews et al. reveal that although providers had a generally good understanding of barriers to screening among Black male patients, there were serious deficiencies in providers’ knowledge of salient factors including eligibility criteria and referral processes. Again, the authors close by making a case for more and better training among healthcare providers to better understand challenges and opportunities in the lives of their patients.

Indeed, if there is one consistent theme running through this issue, it’s that training in seeing things from other people’s perspectives—whether those perspectives be of patients or colleagues—is an ongoing process. That process need not be a chore, however. As I tell prospective authors over and over again, good qualitative scholarship should be a pleasure to read. I hope that readers will enjoy reading and learning from these essays.

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