

## Editorial

Warren Bareiss

Department of Communication, University of South Carolina Upstate, Spartanburg, South Carolina, USA

As we put the finishing touches on Volume 5, Issue 3 of *QRMH*, I have much to be thankful for as Editor. First, I will be the first to say that I couldn't put this journal together without Teresa Carrara, Managing Editor at PAGE-Press Journals. Teresa fields initial correspondence with authors, does a lot of the editing, solves problems as they occur with the website, and works with Claudia Castellano on page layout and proofs. Most important, Teresa keeps on my case and doesn't let me slide on anything. She has a knack for reminding of tasks that need to be done and for saving me from making mistakes. She is also determined to keep *QRMH* on track and on time. Oh, and she tells me when my perfectionist tendency goes too far. I can't imagine how I would do my job without Teresa's formidable contributions in the editorial and production process.

I also am grateful for our many reviewers – newcomers and veterans. Last issue, my first as Editor-in-Chief, was a bit of a struggle in finding reviewers, since I had pretty much exhausted the list at hand. I then turned to colleagues who I know through teaching and service. I was amazed at the positive responses that I received when I requested their help. To date, not a single person has turned me down when I asked them to join our cadre of reviewers. And only one person has turned down an offer for reviewing—and for good reason (the topic simply wasn't in their range of specialization). All reviews have been thoughtful and insightful. Never have I received a response from a reviewer where I thought that the person was not trying to be helpful

to the authors. Reviews tend to be lengthy and detailed, which is just what authors need, wherever manuscripts are in the rejection/acceptance scale.

Indeed, the kindness and generosity exhibited by our reviewers is in perfect step with the identity that I have come to associate with *QRMH*. I often find myself saying that *QRMH* is a *helping* journal. While we might not yet have the stature of some of the other journals in our field (it's early days yet!), I am proud to say that all of us at *QRMH* share a belief in the communal value of our journal. We really have created a mutually supportive place for those interested in conducting and reading qualitative research pertaining to illness and health.

In the spirit of being a “helping journal,” I am happy to begin a new feature for our journal. With this issue, I will begin to seek out and publish articles with a pedagogical focus on a regular basis. It occurs to me that if we are going to champion qualitative research, we should also take on the responsibility of welcoming and encouraging researchers who might be looking for some guidance in trying their hands at qualitative methodologies. In that spirit, we have not one, but two articles whose primary purpose is to explicate qualitative methodologies in ways that could be adapted or replicated in other settings.

Elissa Foster and Jay Baglia<sup>1</sup> describe their method for working with healthcare providers (HCPs) in reframing “difficult cases.” Informed by Kenneth Burke's dramatic theory, Dr. Foster and Dr. Baglia demonstrate that by recognizing and identifying narrative elements in their own stories, HCPs become responsible for the meanings and associations that they construct in their professional discourse. By deliberately reframing stories (and here, I include clinical reports), HCPs accept ownership of their stories as well as subsequent responsibility for how they rhetorically represent cases that didn't go the way they had hoped.

Lauren E. Weston, Sarah L. Krein, and Molly Harrod<sup>2</sup> also offer step-by-step guidelines for using a qualitative methodology—in this case, observation. Using their work in observing HCPs' use of personal protective equipment, the authors provide a guide that can be adapted to a variety of healthcare settings with respect to training fieldworkers, collecting observational data, and transcribing field notes. Among the challenges the authors usefully address is how to work within ethical guidelines while con-

Correspondence: Warren Bareiss, Department of Communication, University of South Carolina Upstate, Spartanburg, South Carolina, USA.  
E-mail: bareiss@uscupstate.edu

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ducting observational research so that trust is maintained between participants and researchers.

Besides our inaugural articles focusing on selected methodologies, this issue of *QRMH* also features two full qualitative studies. Andrea L. Meluch<sup>3</sup> examines how people diagnosed with cancer perceive social support and benefits in working with a community-based cancer wellness center. Through semi-structured interviews, Dr. Meluch reveals psychosocial benefits participants attribute to the wellness center including feeling accepted, being validated in their new sense of identity thrust upon them by their diagnoses, stress release, and feeling less isolated. Furthermore, patients at the center also saw the center as a crucial source of much-needed support. Clearly, the community-based center in the study, and others like in many other locations, provide a valuable means of re-connection for its clients.

Among all the articles offered in this issue of *QRMH*, work by Dinah A. Tetteh and Najma Akhther<sup>4</sup> reminds me most of what most attracted me to qualitative research many years ago. A student in my Health Narrative class just this morning asked me if stories that people tell should be considered “real” or “symbolic.” My answer was essentially “Yes.” Stories that ovarian cancer patients/survivors tell in this article are invitations. They invite listeners (and readers) to peer through windows into participants’ hope, fear, frustration, anger, joy, and sorrow. Most of all, the stories are about different ways that par-

ticipants deal with uncertainty. Response to uncertainty, in turn, is related to how open or guarded patients/survivors are when discussing their health with others.

And this brings us back to where we started, recognizing not only what stories reveal (or hide), but also the importance of narrative analysis in qualitative research. This issue of *QRMH* offers us so much regarding how we can best understand not only the experience of illness, but also how to better appreciate how we can find our ways into that understanding through careful use of qualitative methods.

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## References

1. Foster E, Baglia J. The Difficult Case Consultation: An intervention for interprofessional health communication. *Qual Res Med Healthcare* 2021;5:9977.
2. Weston LE, Krein SL, Harrod M. Using observation to better understand the healthcare context. *Qual Res Med Healthcare* 2021;5:9821.
3. Meluch AL. Psychosocial benefits of the social support experienced at a community-based cancer wellness organization. *Qual Res Med Healthcare* 2021;5:10232.
4. Tetteh DA, Akhther N. Openness and topic avoidance in interpersonal communication about ovarian cancer: An uncertainty management perspective. *Qual Res Med Healthcare* 2021;5:9376.