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Editorial. Qualitative Health Communication: What can a new journal dedicated to qualitative health communication offer?

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Editorial. *Qualitative Health Communication:* What can a new journal dedicated to qualitative health communication offer?

Welcome to *Qualitative Health Communication (QHC*). What can a new journal dedicated to qualitative health communication offer? In this editorial, we will offer some answers to this question.

Let us start with an anecdote. A few years ago, two of the editors submitted a qualitative article to a leading health communication journal that stated that it welcomed both quantitative and qualitative research. Interestingly, the qualitative article received a desk rejection which was legitimised using quantitatively oriented terminology and approaches ("science of interventions", "subjective ratings", "outcome measures"). It was further suggested that instead of qualitative focus groups, "objective observations of communication behaviour" should be used in "a pre-test post-test control group design" as it would "provide much stronger evidence". (We want to underline here that a desk rejection might have been warranted, but it should have occurred on the right terms). We suspect this is a situation in which other qualitative health communication researchers may have found themselves, i.e. having their work assessed against inappropriate conceptualisations, methodological frameworks and criteria for validity. In *QHC*, quality will be assessed through a qualitative lens rather than applying a quantitative framework.

New provider-patient relationships, communication technologies, global health challenges, such as the COVID-19 pandemic and health-related climate change emergencies, call for qualitative approaches in order to grasp their complexities. As time, society and technology advance, for example through the advent of patient-centred care, professional cultures and norms also change, bringing with them new ideas and ideals of how doctors and patients engage with each other. Such changes necessitate ongoing pioneering research.

In addition, the article word count in many existing journals can impede qualitative researchers whose research largely uses words (e.g. quotes from interviews or interactions) as evidence and to signal academic rigour rather than statistics and numbers. This means that illustrative data often take up a large portion of the word count. In *Qualitative Health Communication (QHC)*, we allow 6,000 words, though with some flexibility.

Until now, no journal has focused exclusively on publishing qualitative studies in health communication. We hope that *QHC* will provide a much needed, new home for qualitative researchers and their research.

So what is Qualitative Health Communication (QHC)?

Qualitative Health Communication (QHC) is a fee-free Open Access peer-reviewed scientific journal that aims to analyse and improve communication between patients, health professionals, institutions and the public. QHC acknowledges that health communication is at its core an interdisciplinary endeavor, and thus is not restricted to a certain discipline. We therefore welcome qualitative research contributions from a wide range of fields (e.g. linguistics, communication, media, medicine, nursing, public health, health services research, ethics, philosophy, anthropology, cultural studies). QHC values articles that qualitatively investigate health communication phenomena, and critical research that engages reflectively with the societal implications of various aspects of health communication.

Why Qualitative Health Communication?

Communication is a fundamental component of health and healthcare. Effective health communication is critical for patient safety and quality of care and has important societal implications as it is well-known that communication breakdown can have detrimental effects on care, increase negative health outcomes, threaten patient safety and carry huge economic costs.

The health communication field is vast. Communication permeates healthcare, from diagnosis to treatment, from medical education to patient education, from social media to patient narratives, from the doctor's office to the public sphere – spanning a vast interdisciplinary field of research. *QHC* seeks to provide a forum for all aspects of the field such as interpersonal communication, public health campaigns, digital health, health communication in the mass media, patient engagement, health promotion, and health literacy.

As mentioned, the complexities and intricate functions of communication in healthcare can be best explored by applying qualitative approaches. Qualitative methods allow in-depth analysis of features of spoken, written, digital and otherwise mediated interactions across a wide range of clinical and allied health contexts. In this first issue, we have invited articles that address some of this interdisciplinary complexity across a variety of qualitative data and methods.

This inaugural issue includes two examples of conversation analysis as a useful method for health communication. White & Stubbe investigate small talk in surgical communication and Sansone, Ekberg & Danby ascertain how reassurance is used with parents in paediatric palliative care. **Zethsen** used *textual analysis* with a *linguistic* focus to examine the layfriendliness or readability of information leaflets for non-pharmacy restricted, over-thecounter medication. Critical discourse analysis is applied by Galasiński & Ziółkowska, who analysed 142 forensic assessment reports for 33 patients detained and hospitalized on forensic wards. Another core qualitative method, the interview, is also represented in this issue by Karidakis, Woodward-Kron, Amorati, Hu, Pym & Hajek who conducted 15 semistructured interviews to understand the communicative challenges and opportunities arising when providing health information to culturally and linguistically diverse communities during times of public health crises. Fage-Butler & Brannigan applied the interview method in their study of the experiences of pregnant women who attended antenatal group consultations. Interview data can be analysed in a myriad of ways; here we see thematic analysis (Karidakis et al.) and a post-intentional phenomenological approach (Fage-Butler & Brannigan) being applied. A variant of the interview method is applied by Sendra, Grosjean & Bonneville who used narrative interviews as part of a co-design approach where participants and researchers develop meaning together, to better understand the patient perspective of people living with Parkinson's disease. While QHC mainly publishes datadriven studies, methodological and theoretical contributions as well as reviews are also welcome. A good example of this is the position paper in the current issue by Diviani & **Rubinelli**, which is based on a selective *literature review* on self-management of chronic health conditions, and which argues that important areas in relation to self-management of (complex) chronic conditions which are currently under-investigated should be taken up in future studies.

The issue illustrates not only a variety of methods, but also the many kinds of data we work with in health communication research, i.e. interview data, naturally-occurring interaction data (both oral and telephone-mediated) as well as written communication data (patient information leaflets and forensic reports). Finally, our inaugural issue includes a book review by **Xiang Huang** of *Analysing Health Communication: Discourse Approaches*, an edited volume that clearly shows the value of the qualitative methods of discourse approaches to health communication.

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QHC – our vision

QHC's vision is to be the leading international journal for qualitative researchers of health communication. QHC aspires to be an inclusive outlet for both early career researchers as well as more experienced scholars. We want to be an approachable journal with a friendly and respectful tone in all our communication – for example, we say to reviewers that we expect reviews to be friendly and constructive.

We invite you to publish your qualitative health communication research with us in the future: https://tidsskrift.dk/qhc. If you wish to be involved, for example as a reviewer or otherwise, or if you have any questions, please email us at: ghc-journal@au.dk.

