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Editorial. *Qualitative Health Communication:* Current editorial challenges

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Issue 2 of *Qualitative Health Communication (QHC)* is out! While we were and are so proud of Issue 1, the open call for Issue 2 meant that this was the time we had to prove our worth, our raison d'etre. Because what was going to happen when authors were not invited directly to write for QHC as in Issue 1, but had to find us, find us relevant, and trust us with their work? Fortunately, as witnessed by Issue 2, QHC was found, was deemed relevant and many scholars trusted us with their articles. We see it as our finest job to honour this trust by giving articles and authors a fair treatment and professional communication, regardless of whether the article ends up being rejected or accepted. More on this below.

New challenges – how to interpret the Q, H and C?

The production of Issue 2 has come with new challenges for the us in the editorial board. With an open call, many discussions have been had in relation to what falls within the scope of QHC, and maybe more importantly, what falls outside? These discussions have naturally revolved around the three constituents of our name 1) Qualitative, 2) Health and 3) Communication. We will here share our reflections on the C for Communication.

From the beginning, we made a conscious choice to leave the definition of communication open. We have a broad understanding of communication which we attempt to illustrate by welcoming articles from many fields, such as linguistics, communication, media, medicine, nursing, public health, health services research, ethics, philosophy and anthropology. The open-ended definition enables us to be open-minded towards borderline cases, acknowledging that the health communication field is inter- and transdisciplinary. Understandably, this creates a potential challenge for authors who might find it difficult to know whether their research fits the scope. This has led us adjust our Submission Guidelines in which we now ask authors to explicitly state what role communication plays, both in their article - for example by indicating the proposed article's contribution and importance for the field of health communication in the discussion or practice implications - and in their Comments for the Editor.

The QHC communication philosophy

Issue 2 has also brought with it talks about who we want to be as a journal, as editors, and how we wish the communication to authors to be, both from us editors and from reviewers. A recent episode experienced by members of the editorial board exemplifies some of the specific challenges that are at stake, and how it can be to be at the receiving end of an unequal power relation (editor-author – article not accepted yet). We had submitted an article to a journal, and after peer review and revisions, we were told that our article still needed "a little work". At the same time, the editor-in-chief sent the following comments:

> So please make sure you follow the standards for an academic paper. So we will NEVER publish poor papers or papers with poor English.
>
> You are strongly encouraged to consult an experienced qualitative researcher to draft a paper ACADEMICALLY.

This caused frustration for several reasons. Here we try to unfold the example in an attempt to understand this frustration and discuss what we can learn from it – as editors. First of all, the vagueness struck us – what exactly should we change? Second, we found it self-evident that poor papers or poor English would not be published, but the statement made us question whether this was the editor's opinion of our paper – even though we had just been told that it only needed "a little work". Also, the assumption and statement that we are not experienced qualitative researchers seemed irrelevant – as the article should be under

review, not the authors. Finally, the style of communication, for example the use of capitalization, was experienced as condescending.

Why this little anecdote? We feel that this kind of communication is unnecessary and unproductive; therefore, there is a shared ideology in the editorial board that communicating with authors and reviewers should be done in a professional and friendly manner. The QHC philosophy is to be a high-quality, professional journal that it accessible and approachable for everyone.

Peer reviews can be harsh and harmful (Silbiger & Stubler, 2019; Hyland & Jiang, 2020). In recent years, the concept of the evil "reviewer 2" has gained ground. Reviewer 2 "symbolizes the peer reviewer who is rude, vague, smug, committed to pet issues, theories, and methodologies, and unwilling to treat the authors as peers" (Watling, et al., 2021, p. 299), and is seen in memes, on websites such as http://shitmyreviewerssay.tumblr.com and in Facebook groups such as "Reviewer 2 Must Be Stopped".

In our review guidelines, we remind reviewers that we are all both authors and reviewers, and we all value timely, precise, and constructive feedback on our submitted work. We explicitly state that we expect reviews to be written in a friendly tone. We find that QHC reviewers, both our permanent reviewers (see https://tidsskrift.dk/qhc/about/editorialTeam), and other reviewers we have invited have been excellent in observing these guidelines. QHC has not met any full-scale Reviewers 2s; however, on one or two occasions, we have witnessed unnecessarily strong language. This has led to the decision that if this occurs in the future, we will enter into dialogue with the reviewer about possible rephrasing.

All that being said, we are still learning. If you think that we could do better – in our own communication or help our reviewers' communication – always let us know (qhc-journal@au.dk).

Issue 2 contributions

The six articles included in Issue 2 showcase the variety of the health communication field. **Russell & Quaack** investigate how physicians plan for advance care conversations. Based on planning theory and a multiple goals theoretical framework, authors use a hypothetical scenario to elicit physicians' plans to communicate to a patient about their options for life-sustaining treatment. They find that providers prioritized task and identity goals in their hypothetical plans of care, but that relational goal components were also integrated. **Alpert et al.** apply semi-structured interviews coupled with the associative imagery technique with 24 young adults to understand their attitudes towards vaping content on Instagram. They find that visually striking posts are necessary to get users' attention, and that most participants did not want to be associated with "hardcore vapers," by sharing, liking, and commenting on vaping posts. Their findings are relevant for developing interventions to reduce vaping among young adults through social media. **Petersen et al.** investigate how patients in infertility treatment use self-tracking practices through menstrual cycle or fertility apps and how this affects their bodily awareness both prior to and during treatment. They find that self-tracking in infertility treatment affects patients' bodily awareness in various ways, and that this can place patients in an ambivalent position towards health professionals. **White et al.** analyse the form and function of 13 referral letters and their associated recorded surgical consultations to understand what impact the referral letter has on the subsequent surgeon-patient interaction. They demonstrate a mismatch between the intended purpose, as demonstrated through official guidelines, and actual practice, seen through how letters are written and used within consultations. Based on their findings, they call for further research to allow for future changes to referral letter guidelines in the Australian setting. **Bradshaw & Carter** conduct 11 focus groups and apply the Theory of Reasoned Action to understand expectant mothers' knowledge, attitudes and beliefs about infant vaccination. Their results highlight a need for standardized vaccine-related education during the prenatal care period, especially for first-time expectant mothers. **Jackson et al.** interview six females with autism

spectrum disorders to explore their experiences of anxiety. Authors conclude that healthcare professionals need to have a better understanding of autism spectrum disorder-related anxiety in females, both for the assessment of anxiety and in order to improve outcomes and communication around autism spectrum disorder-related anxiety.

Issue 2 also includes two exciting book reviews. **Ting** reviews Tweedie & Johnson's *Medical English as a Lingua Franca* and gives an exciting introduction to the new field of MELF (medical English as a lingua franca). It is argued that the book is of interest to applied linguists as well as health communication researchers and teachers who strive to enhance interpersonal communication in healthcare. **Grego** reviews Brannigan's *Caregiving, Carebots, and Contagion* and provides us with a stimulating insight into the book's nuanced stance on carebots and communication.

Finally, Issue 2 includes a commentary by **Edmonds et al.** on the state of affairs in healthcare communication research during the continuing pandemic. Drawing on their backgrounds (communication researchers and medical professional), they reflect on the challenges and opportunities that the pandemic has created for healthcare communication research and practice. Their discussions include how the 'epistemics' of COVID-19 are navigated in patients' communication with doctors, the prognostic uncertainty of COVID-19 and the shift from face-to-face to video-mediated healthcare service provision.

Enjoy Issue 2, and please submit your work for our future issue!

References

Hyland, K. & Jiang, K. (2020). "This work is antithetical to the spirit of research": An anatomy of harsh peer reviews. *Journal of English for Academic Purposes*, 46. https://doi.org/10.1016/j.jeap.2020.100867

Silbiger, N.J. & Stubler, A.D. (2019). Unprofessional peer reviews disproportionately harm underrespresented groups in STEM. *PeerJ* 7:e8249. https://doi.org/10.7717/peerj.8247

Watling, C., Ginsburg, S. & Lingard, L. (2021). Don't be reviewer 2! Reflections on writing effective peer review comments. *Perspect Med Educ* 10, 299–303. https://doi.org/10.1007/s40037-021-00670-z

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