

QUALITATIVE HEALTH COMMUNICATION

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# Editorial and call for papers: Approaches to Qualitative Health Communication

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In the QHC team, we are continuously discussing the scope of our still fairly new journal *QHC*. Where do we place the field-specific and methodological boundaries? What is Qualitative Health Communication research? And what is it not? We have been discussing the three constituents of our name, i.e. Qualitative, Health and Communication. We have decided that it is time to delve further into the Q – of course in relation to the H and the C. Therefore, this editorial contains a call for papers for a *Special Issue on Approaches to Qualitative Health Communication*.

## Call for papers: Special Issue

The field of health communication has witnessed substantial growth in recent years, and there has been a growing emphasis on the application of qualitative research methods to explore and understand the complexities of communication in healthcare contexts.

Qualitative methods have proven invaluable in uncovering the multifaceted dynamics of health communication, providing insights that enhance both policy and practice to ultimately improve health outcomes.

The choice of method is intrinsically linked to the research aim and the kind of data used to understand the health communication phenomenon in question, but it can also spring from the researcher's field-specific understandings and traditions. It is well-known that the field of health communication draws on the theoretical and methodological underpinnings of a wide range of fields including linguistics, communication, media, medicine, nursing, public health, health services research, ethics, philosophy, anthropology and sociology, and we see the need for a forum where health communication researchers can gather and reflect on the methods available to us.

We therefore invite researchers to contribute to a special issue on "**Approaches to Qualitative Health Communication: Theories, Methodologies and Methods**" for publication in *Qualitative Health Communication* (<https://tidsskrift.dk/qhc>). This special issue aims to foster a deeper understanding of existing and new qualitative methodologies and explore their application in health communication research, by asking questions such as: How can we analyse health communication? Which theories, methodologies and methods are useful when aiming to understand health communication – and in what way?

We invite submissions that focus on all aspects of working with health communication data, including theories, designs, data collection and data analysis. Submissions can focus on a "big" method, e.g., discourse analysis, but we also welcome submissions on a methodological concept (such as "data saturation" or "triangulation").

We invite two categories of submissions:

- 1) introductions to using a specific method or theoretical approach specifically in health communication research and
- 2) critical reflections on existing methods

Category 1: Articles in this category can include well-established methods and innovative methods, but both types should specifically focus on their application in health communication research. These articles must include the theoretical foundations of the method, must include examples, argue for which kinds of data are relevant to analyse with this method and the weaknesses/limitations of the method. The articles should enable readers to understand specifically how to apply the method, methodology or theoretical approach; therefore, we encourage a section related to "how to use this method in health communication research".

Category 2: Articles in this category should provide critical reflections on existing and innovative approaches/qualitative methods in health communication research. These articles must include a brief summary of the theory, methodology, method, both by including the

theoretical foundations, and by placing it in a health communication context. Critical reflections can focus on the method, methodology or theoretical approach itself but also how a specific method has been used in problematic ways. We encourage these articles to include ethical reflections. Practical examples, for example of data analysis, are encouraged, if relevant.

We welcome original research articles and literature reviews, conceptual papers, and methodological pieces that focus on qualitative methods within the domain of health communication. While the data used to exemplify the method in question naturally must be health communication data, it is not a requirement that original data are presented.

## Timeline

- Submission of abstract: 30 March 2024 (to [qhc-journal@au.dk](mailto:qhc-journal@au.dk))
- Notification: 15 April 2024
- Manuscript submission: 1 September 2024
- Peer review process: 1 September-15 October 2024
- Revision process: 1 November-5 December 2024
- Final decision and notification: 20 December 2024
- Publication of the special issue: January 2025

## Submission Guidelines

Interested contributors are invited to send an abstract of no more than 600 words with a title by **30 March 2024** to the journal's email address ([qhc-journal@au.dk](mailto:qhc-journal@au.dk)). Please indicate the category of submission (1 or 2). Abstracts may include an additional page for data, examples of analyses, or other relevant information that does not lend itself well to an abstract. Please supply references (not included in the word limit). Authors will receive notification whether their abstracts have been accepted by 15 April 2024. Manuscripts are due by 1 September 2024.

Full manuscript submissions should be submitted through the journal's online submission system. Articles will go through the ordinary peer review process. Please indicate in the cover letter that your submission is intended for the special issue on "Approaches to Qualitative Health Communication". Authors should adhere to the journal's author guidelines (<https://tidsskrift.dk/qhc/about/submissions>).

## Issue 3(1) contributions

This issue features five interesting qualitative health communication articles. **Karlsson et al.** investigate how people living with chronic conditions use peer-led online communities (PLOCs) for support. Based on 20 semi-structured interviews, they find that knowledge on chronic illness is configured by information from peers in the PLOCs, medical expertise from doctors and the person's own experiential knowledge. They conclude that PLOCs play an especially central role for people living with chronic conditions at the onset of their diagnosis. **Ottesen & Strunck** examine the discursive constructions of the concepts of 'patient' and 'patient identity' in information documents for patients. Their study reveals that the patient's scope of action is generally very limited in these information leaflets. As a layperson and object, the patient is given an identity as a medical case, not as an involved and actively participating person, and it is concluded that there are only minor signs of a person-centred

approach. **Cafferty et al.** conduct semi-structured interviews to understand how mothers disclose their prediabetes to their family. They illustrate how mothers' stories of diabetes risk and support seeking illustrate the communication cycles they enact after a prediabetes diagnosis. It is concluded that disclosure to family is not sufficient for gaining support; mothers need family members to respond favorably to complete a positive communication cycle that can generate continuous emotional, social, and instrumental support. **Becker** reminds us how individuals with chronic pain often hide their pain for fear of not being believed or being too much of a burden for family and friends. Applying content analysis, Becker analyses how participants in an online therapeutic writing workshop show in what ways pain impacts them and how they have gained increases in empathy, self-care, and coping skills from living with it. Lastly, **Nguyen et al.** research gastrointestinal specialists' perspectives on telehealth encounters. Telehealth is found to be convenient for straightforward situations where there is a pre-existing relationship. However, improving communication within telehealth is required to address the barriers that telephone and video calls present.

Enjoy Issue 3(1), and please submit your work for our future issues!



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