Editor's Introduction

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To our readers, reviewers, authors, members of our boards, our amazing Managing Editor Francesca Baccino, and to all of those who consider submitting and whose work I imagine delighting in, this is the closing of a year. The last issue of 2018. It is a time for counting blessings, for standing still and looking backward at all that has transpired, for taking it in. For acknowledging all that we have sown and have yet to reap.

I expect much to change for *Qualitative Research in Medicine and Healthcare* (QRMH) in the following year: we will be adding members with national and international profiles to our Editorial Board, I will work with the university librarian at The University of South Florida to get the journal ranked on Scopus, and, I am sure, the number of submissions will no doubt increase. The standard of published work will no doubt keep getting higher (and so I will have to reject more).

In this respect, I have modified the Instructions for Authors. I will no longer accept manuscripts written in the passive voice or third person. I ask that authors be accountable for the knowledge they produce. I ask for methodological explication and close analyses of data: no glosses and no assumptions of what is taken for granted. Before you submit, take a look at what the journal publishes.

And to know what methodological and analytical excellence looks like, take a look at the five studies in this outstanding issue, for they truly do the journal justice, fully capturing where QRMH is now, as well as the promise of the work that is yet to come.

Each of these five works accomplishes three very important things. First, they collectively speak to a methodologically innovative, interdisciplinary, and accountable program for qualitative research in healthcare. Second, they open up a dialogic, reflexive space for researchers and informants to inhabit, underscoring how research is a generative process, where outcomes and findings can only be part of an ongoing hermeneutic circle that is never fully closed, and always contingent and open to further conversation. Finally, the articles in this issue demonstrate that empirical work is always ontologically and practically consequential. By this I mean to say that our forays into epistemology matter, for they materialize medicine and healthcare in our everyday experiences and praxis, for all of those involved. Scholarly discourse is not separate from the everyday lives of patients and practitioners; because discourse is action, academic research creates, authorizes and entitles experience. It is a powerful voice in a conversation and it rarely speaks in the first person; instead, speaking in the name of data and findings, scholarly discourse is part of its institutionalization or taken for granted. If, in constructing dialogic studies we instead allow informants speak as fully realized agents, then we can actually listen to what they say instead of argue that we *give them voice* as a popular gloss likes to claim. For our job is not to speak for others or give them power, as they are not deficient or less than, and all our research need do is acknowledge this. This may of course complicate things, put our theories at risk, our own knowledge in question, and even our own power to declare who is powerless.

Accordingly, *Constructing responsibility in social interaction: an analysis of responsibility talk in hospital administrative groups*, a study of communicative dynamics conducted in a Finnish hospital by Eveliina Pennanen and Leena Mikkola shows how responsibility is not in people, but in the multiply embedded relations of accountability between them. As such, institutions are not structures inhabited by agents, but living social interactions that should "not be taken for granted as stable and fixed constructions" (p.163).

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In *Waging a professional turf war: an examination of professionalization as a strategic communication practice used by registered dietitians,* Sarah N. Heiss, Kristin K. Smith, and Heather J. Carmack examine the constitutive power of language in use. Arguing that the terms used in the professional dietitian community are much more than semantic designations, but rather index access to epistemic claims, professional branding, and embattled dynamics of what consumers end up knowing about nutrition as a whole, the authors connect communicative identities to institutional legitimacy. Again, epistemology and ontological consequences are inextricable, especially considering the spread of *knowledge* by public discourses and social media.

The last three studies, situated in Norway, the U.S. and Denmark, respectively, offer examples of how participatory engagement opens up the research process as a site for creating rather than producing findings. In *Meeting complexity with collaboration: a proposed conceptual framework for participatory community-based music therapy research in end of life-care*, Schmid takes a constructivist paradigm to consider the multiple possibilities and actualizations of diverse realities between healthcare workers and patients and how researchers, as themselves participants, may act to bring them about. In his reflection about dialogic research in creating a bridge between patients and healthcare practitioners, Schmid writes that issues emerging in the process are always explicit part of the process itself "to be dealt as process. The emergent nature of social relationships with communities means that ongoing evaluation and researcher self-reflection are crucial (p. 152). Like Ryan Logan, Schmid's participatory method practices dialogue as generative of research-making, creating outcomes that account for the roles of participants alike.

In his inspiring *Not a duty but an opportunity: exploring the lived experiences of community health workers in Indiana through photovoice*, anthropologist Ryan Logan discusses the potential of photovoice as a participatory methodology that not only captures but, reflexively, creates a community of poorly represented healthcare workers who take their own photographs. By being involved in the production, selection, interpretation, and analysis of the photographs, Logan's study participants envision the every community work that they are engaged in, thus (as I see it) enacting it and materializing it in their practices.

Finally, Jannie Uhre's *The dialogic construction of patient involvement in patient-centered neurorehabiltation*, closes this beautifully accomplished issue by examining subject matter that is very dear to me, namely, how institutions are nominalizations: that is, are none other than a trick of language. As noun-verbs, they have the appearance of being static structures occupied by communication processes, but are in fact ongoingly produced, negotiated, and lived in by and through social interaction. They are, if a researcher takes a social interaction approach, what Wittgenstein would call forms of life. And by looking closely, as Uhre does by way of a dialogic methodology, discursive configurations where the very categories of patient and practitioner are themselves contingent on the work of communication.

I am writing fast to get this issue out in time for all of you to read and take in the work of our authors, so, once again, I urge you to read the work in order to fully grasp what is at issue, and the caliber of work that QRMH is publishing and, with your continued support (and submissions!) will publish.