Editor's introduction: Applied qualitative research

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The works in this issue, whether directly or indirectly, speak to the invaluable role of qualitative inquiry in offering viable solutions or alternative affordances for the practices that are studied. In their research on assembling teams of providers, as diverse as MDs, pharmacists, psychologists and dieticians in medical homes devoted to treating patients for chronic inflammatory bowel disease, Ksenia Gorbenko, Eliezer Mendelev, Marla Dubinsky, and Laurie Keefer work alongside providers to understand how the holistic approach of medical homes can become a model for treating chronic illnesses that cannot be addressed in the fragmentated way that is all too common in medical practice.[1] Each of the five research studies demonstrates how applied knowledge is accountable knowledge, in two important meanings of the term *account-able*. The first is that it takes experiential accounts seriously. When providers, patients or clients speak or act in qualitative in the presence of accountable qualitative researchers, their words and actions are situated in the complexity of what often are multiple and overlapping contexts: the interview, the life story, the health experience, the social experience, institutional constraints, what is and what is possible. Interviewees' voices are enmeshed and in constant dialogue and tension with those of other speakers; the researchers' work is that of carefully teasing them out and showing the implications of how different the healthcare experience might be if speakers could hear each other and were heard across multiple contexts. This publication is itself a context where accounts are taken seriously and accountable voices traverse contexts.

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The second meaning of accountable knowledge, of which the article "Using an Adapted Case Study Approach to Understand Rural Veteran Experiences in Patient Engagement and Patient-Centered Care Research" by Kara A. Zamora, Traci H. Abraham, Christopher J. Koenig, Coleen C. Hill, Jeffrey M. Pyne and Karen H. Seal provides a particularly good example, attends to the researchers" reflexivity and transparency.[2] Research constitutes a particular universe by way of interpretation of data. Being reflexive and transparent means taking responsibility for the interpretations advanced of the accounts of those we study, and of the universes we bring forth in our research, because it is the same universe we should wish to inhabit ourselves. Zamora and her colleagues offer a methodologically lucid explication of how the research team arrived at the coding categories that make up their analysis, and the steps that were required of them to feel confident that they offered the most valid and compelling interpretation. The awareness that other's accounts are not a representation of something out there, but require interpretation, and that this should be accounted for carefully, so that we can judge for ourselves about its validity and usefulness, is accountable knowledge. The researchers' voices should not be obscured by third person passive formulations, but heard as active interpreters of the version of how things are and how they could be. Zamora and her co-researchers do exactly that; the study complicates the institutional definition of Veterans' engagement by listening to veterans' accounts, and analyzing them with great care.

In both "Drinking as routine practice among re-integrating National Guard and Reservists from Arkansas"[3] and "Trauma, violence and recovery in the life stories of people who have injected drugs"[4] the researchers adopt a life history approach, weaving informants' accounts about the sensitive subject matter under investigation into multiple unfolding contexts of their lives. Life history interviews, which originated to preserve the memories of Native Americans, are, as Jesse argues "particularly beneficial for revealing *the tangle of relations* and symbiotic interactions that exist between an individual's memories and those memories that circulate in the broader cultural circuit in which individuals are embedded – referred to most commonly as *collective memory*" (2018, p. 2).[5] They are thus occasions for the interviewees' reflection, consideration, and realization of coherence of their own se-

quential accounts in terms of *life* at the time of the interview for the purpose of telling the story, and therefore making sense, of their drinking and their drug use in the historical and social context of the questioning. Researcher and interviewee work together to create a version of life for the research project that will be able to make a difference, not just for the parties involved in the questioning dynamic, but for the larger discourses elicited and indexed by the research question at hand; in this case, reshaping the meanings of drinking and drug use. In their life-history study of drinking as routine practice among reintegrating military, Traci H. Abraham, Ann M. Cheney, Geoffrey M. Curran, and Karen L. Drummond do just that. By understanding drinking as habitual practice: an acceptable and ratified way for active military to cope with the demands and incredible stress placed on them, the researchers trace the trajectory of how part of a soldier's social capital, a "learned behavior that is rewarded and valorized during military service"[3] turns into addiction and isolation in the context of the new story needed for life as civilians. This leads the researchers to recommend that the practice of drinking be addressed during active service much with much greater attention; in other words, that the life histories of the men they interview be the impetus for a new social history.

Similarly, the study by Richard Hammersley, Marie Reid, Phil Dalgarno, Jason Wallace, and Dave Liddell decenters the master narrative of drug use from the psychological version of individual failing (or predisposition) to the stories of users' lives.[4] In these stories, we hear how drug use, just like drinking is for men in military service, a coherent and meaningful act in the midst of systemic violence, which drugs may both help alleviate for the user and, tragically, add to the users' precarious lives. Reconstructing addiction in this way points to very different social interventions than those that have to do with users' mental fallibility.

The closing article, "A focused ethnography of endoscopy practitioners utilisation of capnography in sedated patients" by Deemah Aldossary and Sherran Milton takes us to the practice of anesthesia in endoscopy and the accounts of practitioners and nurses about the technology of capnography.[6] Capnography, which is the monitoring of the patient's respiratory status during sedation means quite different things for medical staff and nurses who are engaged in its practice, albeit as part of different healthcare cultures. While to the first group *capnography* means attention to the data and its monitoring, to nurses it means following the physicians' orders while keeping their attention focused on the patient. I found this fascinating, not just for this particular case and what it means for integrating the practice of capnography, but for what qualitative research can do to understand practices by simply asking those who engage in them routinely to account for their own meanings. And how methodological reflexiveness and transparency can make sure that our approaches to understanding what is important about healthcare practices can put forth significant applications for more productive, efficient, sensitive, destigmatizing, inclusive ways of practicing healthcare.

References

1. Gorbenko K, Mendelev E, Dubinsky M, Keefer L. Establishing a medical home for patients with inflammatory bowel diseases: a qualitative study. Qual Res Med Healthcare 2020;4:75-82.
2. Zamora KA, Abraham TH, Koenig CJ, Hill CC, Pyne JM, Seal KH. Using an Adapted Case Study Approach to Understand Rural Veteran Experiences in Patient Engagement and Patient-Centered Care Research. Qual Res Med Healthcare 2020;4:54-64.
3. Abraham TH, Cheney AM, Curran GM, & Drummond KL. Drinking as routine practice among re-integrating National Guard and Reservists from Arkansas. Qual Res Med Healthcare 2020;4:43-53.
4. Hammersley R, Reid M, Dalgarno P, Wallace J, Liddell D. Trauma, violence and recovery in the life stories of people who have injected drugs. Qual Res Med Healthcare 2020;4:65-74.
5. Jessee E. The Life History Interview. In: Liamputtong P. (ed.). Handbook of Research Methods in Health Social Sciences. Springer, Singapore; 2018. Pp. 1-17. doi:10.1007/978-981-10-2779-6_80-1
6. Aldossary DN & Milton S. A focused ethnography of how endoscopy practitioners utilize capnography in sedated patients. Qual Res Med Healthcare 2020;4:83-93.