EDITORIAL

Dear readers

The first issue of the International journal of qualitative studies on health and well-being – QHW arrived safely in March 2006 and was very well received. As Editor-in-Chief I am happy to say that the editorial office has so far received manuscripts for consideration from all over the world and at an increasing rate: USA, Japan, India, Canada, Great Britain and from the five Scandinavian countries Norway, Finland, Denmark, Iceland and Sweden. The rejection rate is slightly more than 20% at the present.

The daily co-operation between myself as the Editor-in-chief and Karin Dahlberg, the Co-editor, is generating creative and lively discussions on the – for us new and challenging editorial work. We are assisted by the editorial board which at present comprises fifteen distinguished researchers from six countries. They are all doing a valuable work in supporting the journal, giving advice and information and at times also reviewing articles. In addition the QHW also has a large international group of very competent and active researchers who are acting as referees in a careful and dedicated way.

In order to offer the readers an international scientific journal well worth reading, it is of course of the utmost importance to get interesting manuscripts of high quality from international researchers. We hope you will all consider the QHW for your own qualitative manuscripts and also encourage your colleagues and doctoral students to submit their papers to our journal. We want still more authors from varying professions and disciplines to secure a high quality of the journal’s content.

In the present issue of the QHW D. Polkinghorne, USA, has written a philosophical paper on a suggested agenda for the second generation of qualitative studies in the next three decades. According to Polkinghorne, the first generation of qualitative research has successfully established space in the social sciences for studies disclosing and deepening the understanding of the personal and social realms that make up the experiential life of human beings. Polkinghorne stresses that researchers themselves serve as the data gathering and analytic instruments. One of the reasons why qualitative studies are difficult to carry out is that their processes are centered on the skills and character of the individual conducting the study. Therefore Polkinghorne recommends attention to the development of researcher cognitive and connotative skills and researcher virtues in the second generation of qualitative studies.

In an empirical paper G. Castro-Vázques & M. Tarui, Japan, describe the methodological difficulties they encountered in their ethnographic investigation on health and quality of life with a group of HIV-positive Latin American men living in Japan. The authors found that issues related to citizenship and legality resulted in unfavourable perceptions of health related research, structural barriers in the provision of medical care, and detrimental effects in the quality of life in these men. Their quality of life closely related to a regime of “normality” and “unhealthy life” prior to seroconversion and, according to the authors, needs to be understood in relation to the global consumer culture.

Based on a phenomenological understanding of humans as situated and intentional beings H. Sunvisson, Sweden, explored the embodied experiences of late-stage Parkinson’s disease in data assessed during a five-year period from a Swedish woman, aged 72 years, who was diagnosed with Parkinson’s disease 15 years before the study began. The results revealed how the disease is manifested as a sense of lost control over daily life and as a life with unpredictable bodily reactions. The lived experience was found to be a striving for involvement while experiencing changes in habitual skilfulness and a changing horizon.

In a reflective lifeworld perspective A. Johansson & M. Ekebergh, Sweden, in their study explore women’s experiences of the care and health process following a myocardial infarction. The results show how the women lose the autonomy over their own health and well-being. Their lives becomes characterized by an existential insecurity with no control over their own situation and their own bodies. This insecurity is difficult to deal with and the lifeworld of the women with myocardial infarction seems to be dominated by the search for a new autonomy and a balance in their new lives.

L.R-M. Hallberg & M. Strandmark, Sweden, explored in their grounded theory study perceived health consequences of workplace bullying in the public service sector. Participants in the study were twenty bully victims and two persons working with bullying prevention. The core category of the generated conceptual model was labelled “remaining marked for life”, meaning that adult bullying was perceived as a severe psychological trauma or a traumatic life event. Bullying included the spreading
of rumours and repeated insults aimed at changing the image of the bullied person negatively, resulting in feelings of guilt, shame and diminishing self-esteem for the bullied person. Physical and psychosomatic symptoms gradually emerged and medical treatment and sick leave often followed. The longer the bullying continued the more limited was the possibility for change. Returning to a “normal” life might be possible but presupposed the process of working through the course of events related to bullying as well as obtaining redress. Despite this, bullying left an internal scar, which was perceived as never entirely healing. Thereby, the bullied person “remained marked for life”.

In a phenomenographic study, authored by GL. Karlberg and KC. Ringsberg, informants from Iran and Iraq living in Sweden were interviewed in order to capture their perceptions of dental care in their native countries and in Sweden and to describe their views of the way good oral health can be achieved. Various traditions of dental self-care and ambivalent attitudes towards regular dental check-ups were revealed. Experiences of dental pain and fear of dental treatment appeared to affect dental care behaviour later in life. The informants’ ambivalent attitudes towards the dentists in their new home country was related to limitations in communication and language barriers. The study showed the need for improved communication between dental professionals and the immigrant patients and the importance of using interpreters at the dental clinic.

Success of a scientific journal does not only depend on good individual manuscripts but also on a balanced content of well-written and interesting papers. We are confident that the five empirical papers forming the content of the second issue of the QHW will fulfil this criterion of a balanced content. Different qualitative methods are described in the five papers: reflective lifeworld research/phenomenology, ethnography, phenomenography and grounded theory methodology, all of which are useful for researchers in the area of health and well-being.

The recently launched International journal of qualitative studies on health and well-being – QHW is on the right track. We will do our very best to foster its development in this desired direction.

Lillemor Hallberg
Editor-in-Chief