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## QUALITATIVE RESEARCH IN HEALTH CARE. CURRENT AND FUTURE CHALLENGES

For many years now one notes the growing and generalized acceptance of Qualitative Research in Health Care (QRHC) among the majority of Latin American countries, especially in its largest country, Brazil. Proof of this are the publications to be found under this theme in Text&Context Nursing Journal (*Revista Texto & Contexto Enfermagem*). But, parallel to the aforementioned acceptance is a series of critiques which have been made concerning some of the problems and challenges faced within this same knowledge production. Based on a recently published literature review, <sup>1</sup>I reference three subjects which are found at the heart of the debate concerning the contributions and challenges that qualitative Latin American Health Care Research faces. They are: its theoretical perspective, the impact of the production generated, and its proposals.

Its theoretical foundation - the radical adoption and dependence upon pragmatic and empirical postures, especially the Grounded Theory – seems to be a constant within regionally produced QRHC. This predominance is found in various forms: as it is the most employed reference, its respective authors the most cited (Strauss, Glasser, Corbin, etc.), as well as its designs and strategies the most utilized, beyond the reoccuring use of computational programs sustained within the same methodology as Atlas-ti or Nud+ist. The subject should not be the subject of any criticism at all, at first glance. However, the manner in which it is being used within the región has resulted not only in production that has little concern for theory, but also a lack of knowledge and incorrect knowledge on behalf of other amply used perspectives utilized in latin american countries, such as those inserted in critical and instigating, not to mention interpretative, paradigms. In a region characterized by persistence and social inequality, growing social exclusion processes such as the voices of large social sectors whose exclusion in the field of health care rights occurs for economic, political, and social motives, the use of the Grounded Theory and other pragmatic postures seems to constitute in yet another limitation rather than advance, due to the historical disinterest in the conditions and circumstances which surround the lives of the population under study, among many other things.

The impact of the production generated - until the present moment one cannot find a single study within the region concerning the impact of qualitative investigation on its health care systems, organization, or practices. However, some evidence is available about such impact in academics, especially through the number of times in which studies have been cited by other researchers. Based on the findings of the aforementioned literature review, it is an unequal and periphery impact. It is periphery in the sense that regionally produced qualitative research in health care is not cited much. It is unequal because the most cited studies are those published in high impact journals in English, collaborating with authors from developed nations. There is the need for further literature review which may discover if this situation occurs across countries or merely in the highly productive centers of the region; without a doubt, diverse measurements seem to support the same results. In fact, a topic which seems to strengthen this tendency is regional scientific policy, above all that from Brazil, Colombia, and Mexico, as they tend to promote this type of production, especially high impact production published in English and in Anglo-Saxon journals.<sup>2</sup> Many profound problems arise given a situation of this nature; it is enough to mention two of them. On the one hand is found the fact the the majority of the QRHS in the region is published in Spanish or Portuguese and in journals with little or no impact, as well as in book format. On the other hand, many studies carried out in the region are not of interest to such Anglo-Saxon journals, not only because they deal with local topics, but also because there is no theoretical contribution whatsoever, as highlighted in the previous paragraphs.

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To what degree is there an original contribution from qualitative research in health care? The theme has not been much debated: but available evidence indicates that the reported contribution does not occur in terms of proposals which emanate from published studies. According to the journal mentioned, qualitative studies in general conclude with common sense proposals, the likes of which are: utilize the results found; educate health care professionals and the population; or continue to investigate the theme at hand. Such proposals do not differ in any way from those derived from studies sustained by other methodologies. However, they seem to lose the potential that historically has characterized ethnographic, phenomenological, or ethno-methodological studies, to mention merely three. The subject is coated in importance not only for academic reasons. In a region which is characterized by sparking sanitary reforms of a transformational nature, qualitative research could offer new elements not only to support them, but also to amplify and strengthen their consolidation.<sup>3</sup>

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