

Aspects of qualitative research in times of pandemic

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INTRODUCTION

The SARS-CoV-2 pandemic has posed complex challenges for researchers, not only because of the emergence of a new disease, with an atypical epidemiological behavior, but also because of the implicit challenge to train the population for prevention and mitigation measures.

It is worth mentioning that some aspects related to research have also been noticed in this pandemic period, mainly in epidemiological and experimental studies, which have proved to be fruitful. In the same way, it happens with research on people's experience, in their different life contexts, which leads, in addition to transformations in areas such as (tele) work, online education, social isolation, among others.

In this sense, we note as a positive point the growing appreciation of qualitative studies that allow researchers, with a more focused praxis, an understanding of a person's experience and the uniqueness of their needs⁽¹⁻²⁾. This change was possible because the researchers were able to adapt their qualitative research, from the study design to the introduction of the results in the clinic⁽²⁾, to this 'new reality'.

On the other hand, we indicate as less positive the transfer of knowledge that was largely influenced by the virtual world. Although the ease of access to websites, almost always analyzed superficially, online information, sharing experiences and 'knowledge' on social networks are a great achievement of today's society, these, however, reflect on the content, access to these features and information by a population with low literacy. It is noticed that health professionals, in general, and researchers, in particular, need to look at this new reality as a challenge for new ways of doing and disseminating research, with science communication strategies focused on the target audience, controlling the so-called 'fake news' with the use of innovation and creativity, to promote communication between academia and practice, streamlining the safe transfer of knowledge to citizens.

At the level of clinical contexts, our experience reveals some adversities in transferring knowledge to health professionals, by opting for using linear models, as clinical guidelines and guidelines for transferring knowledge to the clinic rather than more collaborative models. Even international experiences with more interactive work methods become conditioned to multidisciplinary and inter-institutional work, with researchers moving away from clinical practice environments. In this sense, we cannot fail to note that, if the option had been different, i.e., to combine efforts in order to respond to the emerging needs of the clinic, professionals, people in health-disease processes, families and the community, perhaps the information would have reached its acquirers faster and more securely.

Nevertheless, we agree that these times have introduced limitations to studies that use techniques that use the word, the look and empathy⁽³⁾, launching a challenge to the reflection and creativity of researchers to respond to new challenges⁽²⁾, looking at new technologies as an instrument and a resource for research, both from the point of view of process (transfer) and content (knowledge)⁽⁴⁾.

In this reflection, we highlight as positive a whole new world – the virtual – as a field, strategy and resource for qualitative research. We also raise new and old questions about what to do with knowledge and how to allow evidence, especially qualitative

evidence, can reach the contexts and produce better health results and contribute to the development of a more equitable, fair and valuing society of individual difference, even in times of pandemic.

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