

Qualitative approaches in the *Journal Ciência & Saúde Coletiva* (1996-2020)

Romeu Gomes (<https://orcid.org/0000-0003-3100-8091>)^{1,2}
Suely Ferreira Deslandes (<http://orcid.org/0000-0002-7062-3604>)¹
Martha Cristina Nunes Moreira (<https://orcid.org/0000-0002-7199-3797>)¹

Abstract *This study aims to analyze the qualitative papers published in the 25-year existence of the Journal Ciência & Saúde Coletiva (from 1996 to March 2020), taking into account themes, theoretical-conceptual anchors, methods, and techniques. This is a bibliographic study based on the principles of categorical analysis, dialoguing with the aspects of Social Sciences. We highlight the following outcomes. The collection spans over a variety of themes, and violence is the most recurrent topic. However, themes such as race/ethnicity are absent from the collection; 53% of the publications used Social Sciences references, and Bourdieu was the most cited author. Most papers (77%) show methodological information, under a predominantly Bardin's perspective. The collection with qualitative approaches is modest, with less than 10% of publications. We conclude, however, that the collection makes a significant contribution to Public Health because: (a) it establishes connections with different clinical areas; (b) it recognizes the voice of the actors, turning them into leading figures; (c) it collaborates with the epidemiological dimension to understand health contexts; (d) it subsidizes decision-making in health policies, planning and management; and (e) it unveils the symbolic dimensions of health-disease-care processes.*

Key words *Qualitative paper, Journal, Ciência & Saúde Coletiva*

¹ Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira, Fiocruz. Av. Rui Barbosa 716, Flamengo. 22250-020 Rio de Janeiro RJ Brasil. romeugo@gmail.com

² Hospital Sírio-Libanês. São Paulo SP Brasil.

Initial considerations

Denzin and Lincoln¹ affirm that the 1920s and 1930s are qualitative research landmarks, represented by the “Chicago School” sociology works and anthropological studies, including those of Franz Boas, Margaret Mead, Evans-Pritchard, and Bronislaw Malinowski. One noteworthy conclusion about the brief history they outlined is that “class, race, gender and ethnicity influence the research process, making research a multicultural process”¹, indicating the inclusion of researchers in the social milestones that define positions in the analytical research process.

Although the so-called qualitative research approaches stem from the disciplines of social sciences, they are currently present in several disciplinary fields, with a wider range of theoretical and methodological references than internal conflicts and tensions. What gives a certain sense of identity to qualitative approaches is recognizing that they are a set of material and interpretive practices, profoundly investigating the meanings of social actions¹. Thus, the historical link of common alignment is the comprehensivist paradigm in its basic premise that the analysis occurs through the interpretation of social action from the meanings attributed by its agents (institutions, groups, individuals, social movements) within a network of cultural meanings in a given historical context^{1,2}.

However, as Strauss and Corbin³ observe, the expression “qualitative research” has acquired different appropriations and meanings for researchers. The authors argue that, for some, data from interviews and observations can be gathered and coded in order to be statistically analyzed, configuring quantified qualitative data – which leads us to question the reduction of the epistemic status of the “qualitative” in question. The authors understand that qualitative analysis has an epistemic nature of its own, anchored in the “non-mathematical process of interpretation to discover concepts and relationships in the raw data, and organize these concepts and relationships in a theoretical exploratory design”³.

Qualitative research has been used in healthcare for decades. Minayo very well presents one of the implications of its contributions to this area:

Despite undeniable, sometimes revolutionary advances, the field of medicine and health is not just a set of technologies to predict, prevent, and cure illnesses. It is also a social practice founded on culture. This is where this sector that drives science

*and moves the economy establishes its bases to give hope to people in the recovery of their health and the improvement and perfection of their body and mind*⁴.

We refer to the three dimensions of qualitative research presented by Strauss and Corbin³ to situate the scope of this work: (1) multisource data; (2) data organization and interpretation procedures and; (3) written and verbal reports, which can be presented through papers, books, and lectures. Our work is located in one of the dimensions of this third component. In other words, our subject of the discussion focuses on the textualization of qualitative research presented in the *Journal Ciência & Saúde Coletiva* (C&SC). We believe that this published collection is significant to the field of health in general, both concerning dissemination and impact. Coming to its 25 years, C&SC is indexed in 22 national and international open-access databases, and available on its website (www.cienciaesaudecoletiva.com.br), as well as on social networks (Facebook, Twitter, and Instagram). In 2019, it maintained its leadership position in Google Scholar as the most cited Brazilian Journal of all areas of knowledge in the country, and, for the first time, its impact factor in the Web of Science reached more than one point, reaching 1.008. In that same year, it received the international award “Research Excellence Awards Brazil”, granted by the Web of Science Group, of Publisher Clarivate Analytics, and was included in the category “Scielo Citation Index Award”⁵.

From these initial considerations, we aim to analyze the qualitative papers published in the period of existence of the *Journal C&SC* (from 1996 to March 2020), taking into account themes, theoretical-conceptual anchors, methods, and techniques. We believe that analyzing this collection allows us to build a somewhat partial characterization of the national production of qualitative research in Collective Health, and to analyze the role of this aspect in the production of *Journal Ciência & Saúde Coletiva* throughout its history.

Methods

This is a bibliographic study about the collection of the *Journal C&SC*'s publications on the object of this work. We searched for content published from 1996 to March 2020 on the Journal's website to screen for qualitative papers. The selection included debate papers, free subject papers, opinions, and literature reviews. Editorials, comments

(related to debate papers), letters to the editor, and reviews were excluded.

All works' abstracts that fit the types of publications adopted for this study were read. We considered works that included string words "qualitative paper", "qualitative research", "qualitative method", "qualitative approach", "qualitative analysis", "qualitative study", and "qualitative design" in the title, abstract or keywords for the selection of the collection to be analyzed. Papers presented as "qualitative-quantitative" works in their abstract were excluded. When defining such search keys, we ended up not capturing papers without such terms, and chose to directly describe their specific method, as in ethnographies, narrative analysis, discourse analysis, among others.

At first, the treatment given to the selected works was anchored in the general principle of categorical analysis, which "works by actions, splitting the text into units, in the categories, per the analogical regrouping"⁶. Then, the discussion was broadened, based on concepts from qualitative research and dialogue with some Social Sciences theorists.

General characterization of the consulted collection

In all, 555 papers were identified after reading the abstracts of the 5,033 works published in the Journal from 1996 to March 2020, based on the inclusion criteria. Six works were excluded after reading these texts in full since they were quantitative-qualitative papers. In the end, 429 works made up the collection of this study, representing only 8.5% of all the Journal's publications in the mentioned period. It cannot be said that exclusively qualitative texts are limited to this quantity. Possibly, many papers were not included in this study because no expressions were employed while searching in their abstracts.

The percentage curve of the qualitative papers identified in the set of publications for each year is irregular (Graph 1). The first finding is that the selected works only appear in the sixth year of *C&SC*. The 2008-2013 period shows greater participation of qualitative works in the publications of the Journal, and a sharp decline from 2017 onwards. The declining percentage could be due to the increased rigor of editorial analysis, leading to higher refusal rates, or even because articles migrated from a general definition of research design as "qualitative research" to particular Social Sciences' methods.

Themes

The papers cover a variety of topics (Table 1). Here, we highlight those in the top ten positions.

Violence was the one that stood out the most in the set of productions among the ten themes most cited in the analyzed collection, corresponding to 77.3% of all works. In this group, violence against women was prominent, and self-inflicted violence recorded the lowest number of papers and mainly addressed suicides and attempts made by older adults. Such predominance seems to indicate the fundamental importance of qualitative methods that allow listening and recognizing experiences for this set of phenomena, which are one of the leading public health problems in the country.

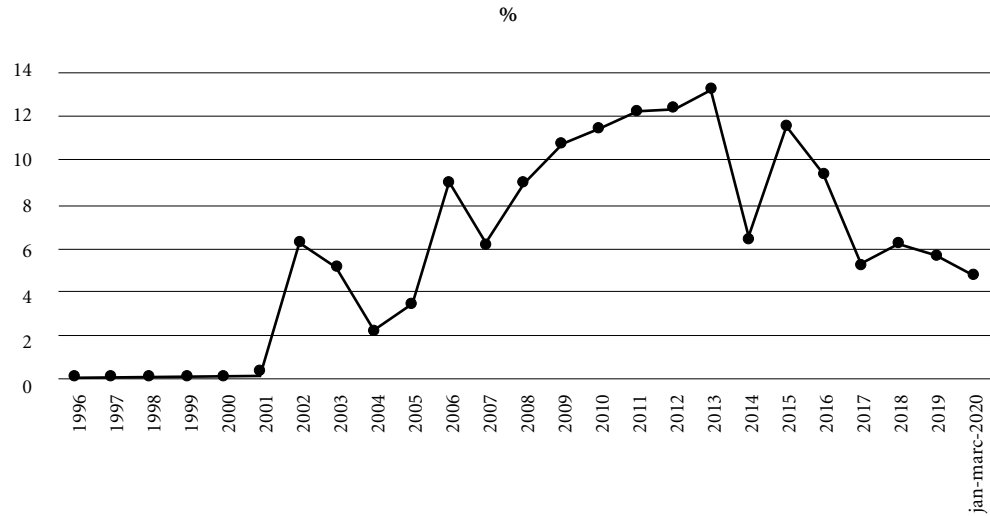
The second group includes the original designations of basic and primary care. These texts reflect especially the organization of the teams, the multidisciplinary support matrix, the intersectoral action, and the performance of community workers.

The work-health relationship is a classic theme in Collective Health. It included everything from papers on working conditions and their repercussions for workers' physical and mental health, from different productive sectors, representations about work, occupational risk, teamwork, workers' mental health, and professional identity's concepts. The set of texts that address the broad theme of representations and practices around the health-disease process is varied in its objects, encompassing experiences of pain, chronic illness, popular knowledge and therapies, mourning experiences, and representations about death and palliative care. The collection encompasses experiences of illness and care rather than health, well-being, or the like.

From a qualitative standpoint, the theme of food/nutrition appears more recently in the magazine's set of publications (as of 2010). Its participation was remarkable in the collection, addressing the school feeding meanings and practices, nutritional care for pregnant women, hospitalized patients, children, and infants, as well as nutritional interventions. Few texts analyze food advertising and the issue of obesity from a qualitative viewpoint.

Oral health gathered papers addressing caries, tooth loss, perceived oral health among people of different age groups, conceptions, and expectations of patients about dental care, among others.

Mental health is another historical theme in the Collective Health production, and the use



Graph 1. Percentage distribution of qualitative articles by year.

Table 1. Absolute distribution of themes by papers, 1996-2020.

Themes	N	Rank
Violence against children, adolescents, women, the elderly and self-inflicted violence	33	1
Primary care/Basic health care Work and Health	32	2
Representations and practices about the health and disease process	29	3
Food/Nutrition	26	4
Oral health	26	4
Mental health	24	5
Disabilities	21	6
Children, adolescent, and adult care models	21	6
Health, gender, and sexuality	20	7
Qualitative research - theoretical and methodological reflections	19	8
Pregnancy-abortion-family planning	19	8
HIV and AIDS	19	8
Drugs	15	9
Aging/Elderly Health	14	10
Aging/Elderly Health	14	10

of qualitative methodologies is recurrent in this field. Professional care for people with disorders, debates on psychiatric reform, building support networks, therapeutic lines, and mental health

care experience in PHC networks were highlighted.

Disabilities have also emerged as a topic of interest to qualitative approaches in the Journal since 2006, addressing the quality of life of people with disabilities, parental care, and implications for family stress, safety networks, therapeutic itineraries, including papers on rare genetic diseases.

The theme of care models is another theme that is part of historical subjects, dear to the approaches of social sciences and humanities. In this group, papers addressing children's hospitalization, doctor-patient relationship, clinic management, and care for people living in the streets.

The perspective of the approach to masculinities prevailed in health, gender, and sexuality topics. The published papers addressed issues such as male dominance, sexual initiation, and health of men, use of health services by men, men's health, meanings attributed to the National Comprehensive Men's Health Care Policy. It also addressed youth contraception, seeking and providing health services to transvestites and transgender people, and issues of sexual identity and sadomasochism.

Reflections on qualitative approaches, their epistemological and ethical issues, use in various disciplinary fields, and the teaching of these methods were prominent themes in the collection's publications.

Pregnancy care, pregnancy experience after having perinatal deaths, abortion, conceptions about women's health care, family planning, care for pregnant teenagers, pregnant women with morbidities, were the most portrayed aspects.

Living with HIV/AIDS also holds an essential place in the analyzed collection, such as aspects of the sexuality of people living with HIV, experiences in the use of ARVs, HIV-positive children care, therapeutic itineraries and the role of NGOs. The theme of drugs was addressed through the perspectives of consumption, use prevention, care models, and social representations about use and users.

The theme of aging and elderly health addressed the issues of living with pain and loss of functionality, family and institutional care, generational dynamics, the role of religiosity in the face of losses in functional capacities, and the support network.

Finally, it is necessary to exercise the analysis of the themes that gained little or no space in this production. For example, what strikes us in this collection is the almost complete absence of the skin color/race/ethnicity theme in relationships with health. This crucial structural marker of social relationships and inequalities in the country may even have appeared in a cross-cutting way to the studies, but was not a central theme. Only eight papers addressed issues related to indigenous peoples, and no article brought the health-disease issues of the black population to the fore. Likewise, we did not see any investment in the theme of environment in its multiple relationships with peoples, governments, and societies (only one work explored environmental pollution). The reflection of a "sociology of absence", as Boaventura de Sousa Santos⁷ teaches us, makes us think of the lessons learned from the different social experiences that were not considered, pointing out an enormous waste of experience. Is the absence of the themes also a reflection, for example, of the lack of black male and female researchers in public research settings? Perhaps still invisible and precarious, subjected to the universe of inequities that they discuss in social relationships? As Boaventura reminds us in the text above, when operating as a metonymic reason, where the whole swallows the parts, modern science illuminates man (adult, white, educated, heterosexual, among others) and erases, precludes those who denounce this hegemonic order. It also leads us to think about how a topic is constructed in a scientific field, how particular objects and themes start to translate the interests

of institutional agents who gradually draw a conception of reality, and what really "matters" to be studied⁸.

Theories

Theoretical references of Social Sciences (SC) were only present in 53% of the analyzed papers. In the other 47%, there were no references to SC, and the authors and works were used only to situate the theme treated or to define a "state of the art" of the problem, its magnitude, and relevance.

It is worth discussing this proportion, where the theoretical references of SC are missing in almost 50% of the papers, in the light of Bosi's analysis⁹. The author diagnoses this scarcity as the result of an "interchangeable use between method, technique, and analysis"⁹, almost as synonyms, which reinforces the lack of clarity in the references that theoretically support the productions. In this sense, the centrality occurs in the technique used, without the necessary epistemological foundation. Deslandes and Iriart¹⁰ agree with this diagnosis when they retrieve the productions of three journals in the area of Collective Health, and identify that 124 papers (46.6%) clearly define their affiliation to a theoretical-methodological framework. The authors emphasize the wide variety of theoretical and methodological perspectives triggered by different disciplines in the field of Social and Human Sciences. In the other proportion of papers, they call for medium-range theories related to specific objects, where the analytical forays in the symbolic universes that propose to analyze supporting theories are absent.

The "classic" authors are rarely mentioned in works with a theoretical anchor in the field of SC. Karl Marx was the theoretical basis for only six papers, same as Emile Durkheim (especially cited for his categorization of social representations and his work "The Suicide"). Max Weber underpinned the theoretical framework of only one paper. Pierre Bourdieu was the most cited (17 citations) of the contemporary authors. The French sociologist was invoked, especially by the "male dominance" and "symbolic power" categories, and the concept of "habitus". Michel Foucault was the second most cited author as a theoretical basis for the qualitative works studied. Genealogy and biopower were the theoretical references triggered by the authors. The work *History of Sexuality* was cited, especially among gender studies.

Anthropology authors who worked on therapeutic models from a cross-cultural perspec-

tive, such as Arthur Kleinman, Cecil Helman, Luc Boltanski, Byron Good, were also constant. Among the classic authors, only Marcel Mauss formed the theoretical basis for six papers. Worth mentioning is that this interface between Anthropology and Health is one of the highlights of the analysis by Knauth and Leal¹¹. When analyzing the expansion of Social Sciences in Collective Health, the authors point out that a thematic and non-theoretical-methodological viewpoint prevails in Health Anthropology, where we find Arthur Kleinman, Cecil Helman, and Byron Good. In other words, the health object is central, and we would add the disease/illness contrast pole. The need to deconstruct an eminently epidemiological or biomedical look at health and disease makes researchers trigger networks of partnerships and dialogues with perspectives that allow illuminating this object and “de-medicalizing” it. However, unlike Luc Boltanski, who is a sociologist, and Byron Good, an anthropologist, Arthur Kleinman and Cecil Helman are doctors who resort to anthropology to address the problems that arise in clinical practice and the training of medical students. While quoting Knauth and Leal¹¹ again, we highlight:

*Sociology and, particularly, the Health Anthropology, have always had a somewhat marginal status within the Social Sciences because they seemingly address less sociological and, perhaps, more “natural” (such as the body and the disease) topics, but, above all, because they establish a closer dialogue with other disciplines (Medicine, Nursing, Epidemiology, Physical Education), and also have a more significant concern with the application of academic knowledge (which is often seen as a way of corrupting sociological knowledge, contrary to the classic model of Social Sciences, typically theoretical and little applied)*¹¹.

Symbolic interactionism, represented by Erving Goffman through his category of stigma, can also be listed as a significant reference. Nunes¹² highlights the importance of Goffman for the area of Health Sociology, establishing the dialogue between health, disease, and medicine, although the author has not named himself a health sociologist. Goffman’s resumption in Brazil shows a tendency to value microanalysis, especially from the end of the 1960s on, in the approach between anthropologists and the “psy” area, valuing the daily interpersonal relationships, in the socio-anthropological focus, with interdisciplinary concern.

The authors who represent the references of the Social Representation Theories (Serge Mos-

covici, Denise Jodelet, and Claudine Herzlich) are another block of the most constant references. Concerning this aspect, Deslandes and Iriart¹⁰ refer to the imprecision that the use of this “social representations” category ends up reflecting a diversified use of different epistemological and methodological definitions and perspectives. One can reflect on how this imprecision announces a paradox: resorting to them as a symbolic currency, a factor to assign recognition to papers superficially and inaccurately, in the face of the SC tradition. This paradox can reveal the search for assigning value to works in the qualitative field, as a “seal” in the dialogue with the social sciences in public health. Knauth and Leal¹¹ reaffirm that a strategy to strengthen the dialogue with Sociology and Anthropology resides in the use of social science categories, especially that of social representations and gender, albeit superficially elaborated in the collection that they analyze.

Methods and text techniques

Most of the 429 papers analyzed provide us with information on methodological references, making a set of 331 (77%) texts. Based on Bourdieu et al.¹³, such a high percentage presenting their methodological principles is positive – transcending the visualization of a sum of techniques or concepts displaced from their use in the production of their findings. Also based on these authors, the method explained shows to the reader the principles of epistemological surveillance followed for the production of knowledge.

The methodological aspects of the papers were considered not only from the principles or paths adopted in the research that originated the texts but also from the theoretical and methodological bases employed for the analytical treatment of the information. A broad methodological spectrum is observed from this perspective, which is not limited to the established methods of qualitative research, such as case study, ethnography, and research-action (Table 2), representing 6.6%, 2.4%, and 0.6% of the collection, respectively.

Two methodological options stand out. The first is, by far, Content Analysis, representing 44.7% of this group. Some of the works qualify it with the expression “thematic”, while others do not, forgetting that this analytical strategy is understood as a set of techniques, as observed by Bardin⁶, reference author for the subject at hand. In other words, several types of content analysis are not used. Only one work mentions that

it used enunciation content analysis. The author mentioned above is mentioned in the works, however, in general, this procedure appears with manual research references, mainly that of Minayo¹⁴. Concerning this analytical strategy, it is interesting to note that its origin in the second decade of the last century was initially influenced by Behaviorism in order to give a quantitative treatment to news from the North American press. It has had other theoretical and methodological influences over the years and has been used or adapted independently of the object of research and the theoretical anchor adopted, and became a “polymorphic and polyfunctional instrument”⁶. Thus, it remains for almost a century – mainly in its thematic modality – as data analysis strategy within qualitative research in various disciplinary fields. This survival has been observed in *C&SC* works for more than two decades.

In a dialogue with Deslandes and Iriart¹⁰, it is worth mentioning in the authors’ analysis that papers referring to the “analysis procedures” predominantly based on content analysis and with a thematic aspect do not inform how data was interpreted. According to the authors, effective use of data production techniques can be recognized as “atheistic empiricism”. The thematic content analysis predominates in the collection analyzed by the authors, without clarifying and mobilizing the categories used to approach the symbolic universe. The authors identify analyses where the statements of respondents are not discussed, debated in the light of the practices and sociocultural contexts from which they speak. In this analysis, they trigger Bourdieusian criticism of knowledge produced from an “illusion of transparency”.

The second most frequent methodological strategy, representing 9.9% of the analyzed collection, consists of a set of approaches anchored in the hermeneutic conception (mainly that of Ricoeur), the dialectic (with emphasis on Habermas) and the debate established between Gadamer (hermeneutic) and Habermas (in their dialectical ideas), presented in Habermas’ work, under the name “Dialectic and Hermeneutics”¹⁵. Inspired by this work, Minayo^{14,16} methodologically translated the combination of these two perspectives, under the name of “hermeneutics-dialectic”. Besides being based on Minayo’s hermeneutic-dialectical methodological principles, the Method of Interpretation of Meanings^{17,18} seeks other aspects of hermeneutics and dialectics, also using the anthropology-based

Table 2. Absolute distribution and percentage of methods by publications.

Methods	N	%
	148	44,7
Content analysis	148	44.7
Hermeneutic Analysis/ Hermeneutics-Dialectic/ Interpretation of Meanings	33	9.9
Discourse Analysis	28	8.4
Case study	22	6.6
Data-based Theory	20	6
Bibliographic Study/Literature Review	19	5.7
Collective Subject Discourse	16	5
Ethnography	8	2.4
Evaluative Research	7	2.1
Narrative Study	6	2
Life History/Oral History	5	1.5
Methodology of Signs, Meanings and Action (Bibeau)	3	0.9
Essay	3	0.9
Research-Action	2	0.6
Social Network Analysis	1	0.3
Institutional Analysis	1	0.3
Psychological Autopsy	1	0.3
Cartography (Deleuze and Guatarri)	1	0.3
Cultural Circle (Paulo Freire)	1	0.3
Affective Maps	1	0.3
Risk Map	1	0.3
Netnography	1	0.3
Intervention Research	1	0.3
Central Core Theory (Abric)	1	0.3
Triangulation	1	0.3
Total	331	100

theoretical-conceptual framework of interpretation. The operational side of this method is inspired by the thematic content analysis proposed by author Bardin mentioned above. Another observation about this broad category of analysis is that Ricoeur’s hermeneutics is also present – as one of the theoretical landmarks – in some papers that adopted the Narrative Study.

Some critical observations should be made besides these two most frequent methodological options in the studied collection, as follows: (a) the significant participation of theoretical aspects of sociology and anthropology in the foun-

dation of various methods; (b) the presence of psychology in general as a basis for the analysis of research; and (c) the emergence of posts and virtual material in general as sources of analysis methods in the latest C&SC issues.

Of the 429 papers, 98 (23%) did not show the method used. We should note that expressions that qualified qualitative research as “descriptive”, “analytical” and “cross-sectional” were not considered as a method, and it was chiefly because there was no explanation of principles, guidelines, and paths covered to qualify such expressions. One possible explanation for the lack of method explanations for these cases is that such expressions are classical in the designs of the epidemiological method or scientific methodology manuals as if they were enshrined knowledge among health professionals.

Among the 98 papers already mentioned, 13 (13%) were not expected to be presented with a method since they were opinion papers, debate articles, or theoretical-methodological discussions.

There may be at least two possible interpretations regarding the non-explanation of methods. The first refers to the idea of understanding the qualitative approach as a standardized research model. Rebutting this concept, we can observe that such an approach has no theory or paradigm, method, or practice and techniques that can be claimed as exclusive to itself¹.

Another explanation refers to the fact that the method may be reduced to techniques. In this sense, in the methods section, it is common to prominently announce the techniques used in the study after stating that it is qualitative research. This procedure would amount to an incomplete methodological explanation. A methodology that presents methods and techniques not only exhibits the investigative process but also explains the rationale used to arrive at the production of results. In this sense, the techniques appear only in the stage of collecting information and transforming it into data related to the research problem¹⁹, even if they link to methods as they connect to theories.

However, reducing methods to techniques does not predominate in the collection as a whole, as we have seen that 77% of the papers explain their methods. Furthermore, if we consider the last years of C&SC publications, this reduction is an exception. This is sustained, since of the 139 works published from January 2015 to March 2020, 91% show their methods, without reducing them to techniques.

Of the 429 articles reviewed, excluding 54 (13%) discussions/opinions, 375 (87%) articles evidenced a wide variety of research techniques in the methods sections (Table 3). The semi-structured interview prevails in the set of techniques. If the various modalities of this technique are added, it is present in more than half of the works read, representing 57% of this set. Some papers (5%) do not specify the modality of this technique. Moreover, it appears as accessory along with other techniques in 22.8% of the papers. Considering its leading and supporting role, 79.8% of the 412 papers analyzed used the interview as a data collection technique.

The centrality of the interview in the set of qualitative works can be seen as an essential technique because, among other aspects, questions or roadmaps can both serve as guides for the search for information for the research object and a script for the analysis of the data retrieved. The more structured it is, the more the respondents will develop their report using the interviewer's intentionality as a guide. On the other hand, the more open it is, the more likely the interviewer can grasp implicit or explicit styles, roadmaps, or structuring ideas from the respondents' answers, as in the in-depth interview and the narrative interview. It seems that most papers opted to reach a middle ground between these poles since semi-structured interviews predominate.

In general, regardless of the chosen modality, papers that employ interviews include excerpts from the respondents' answers or reports. This text format can serve both to better clarify the authors' discussions and inferences and to support their interpretations with evidence. This strategy can raise the credibility of qualitative studies in the area of Collective Health, where discussions based on biostatistics or epidemiology predominate. Perhaps in journals in another area, such as those in Anthropology, the focus would be more on observation, in its different modalities, than on the interview. In this reflection on the interview as an observation-associated technique, the activation of reflexivity that focuses on the place and the relationship of the researcher and the research subjects gains strength in Anthropology, relocating the researcher's authorship and biography in the text.

Again concerning the techniques, it is essential to note that the combination of two or more techniques appears in 51 papers (14%). Such a combination can be seen as an attempt to achieve a method triangulation, either to reduce the threats to validity, both internal and external to

Table 3. Absolute and proportional distribution of techniques by publications.

Technique	N	%
Semi-structured interview	138	34
Interviews and Observations	46	11
Focus Group/Group Discussions	36	9
Open/in-depth interviews/narrative/oral history	32	8
Interview	21	5
Focus Group/Group Interviews and Discussion	14	3
Interviews and Document Compilation	13	3
Observation/Field Observation/Participant Observation	12	3
Interviews, Observations and Document compilation	11	3
Questionnaire / Semi-structured questionnaire	9	2
Interview, Observation and Focus Group	4	1
Interview and Questionnaire	3	0.7
Compilation on internet posts	3	0.7
Hermeneutic-dialectic circle	2	0.5
Compilation of videos	2	0.5
Interview, Video recording, and Document compilation	2	0.5
Interview, Observation, Document compilation, and Focus Group	2	0.5
Interview and Scale	2	0.5
Experience report	2	0.5
Setting and acculturation experience	1	0.2
Observation and Culture Circle	1	0.2
Observation and Filming	1	0.2
Focus Group and Document Compilation	1	0.2
Focus Group, Observation and Document Compilation	1	0.2
Focus Group and Scale	1	0.2
Hermeneutic Circle and Observation	1	0.2
Compilation of documents and cartographic diary	1	0.2
Compilation to images	1	0.2
Workshop	1	0.2
Interview and psychological assessment	1	0.2
Interview and essays	1	0.2
Interview, Focus Group, and Document compilation	1	0.2
Interview, Observation, Document compilation, and Social network mapping	1	0.2
Interview, Analog Scale and Meeting	1	0.5
Interview, Meeting and Genogram Construction	1	0.2
Interviews, Compilation of documents and websites	1	0.2
Affective Map	1	0.2
Therapeutic toy session	1	0.2
Free evocation technique	1	0.2
Written report	1	0.2
Total	375	90.9

research²⁰, or bring more nuances and complexity to the way of analyzing the phenomena.

Of the 375 publications that used one or more techniques, only 21 (6%) used software to

extract information for the production of data. The sets of software used, in their different versions, were Alceste, Atlas, Excell, Evoc, In Vivo, MaxQDA, NVivo, Qualiquantisoft, QSR, and Ira-

muteq. This practice has been developing since the mid-1980s and is controversial. Flick²¹ warns, both for those who are for and against those who use this technology, that software used in qualitative research does not generate analyses alone or automatically as statistical programs do. The author comments that software such as QDA (qualitative data analysis) “is more like a word processor, which does not write the text, but, somehow, facilitates the writing of the text...”¹⁹. However, it is worth considering that new versions of these software packages have improved many of their functions, allowing the encoding of extensive collections, such as audiovisuals, cross-referencing, and a quick search of categories and codes.

Final considerations

Noteworthy is the constant presence of qualitative approaches throughout the production of such an emblematic Public Health journal, representing the various disciplines. It reveals the incorporation and institutionalization of an epistemic approach that establishes a rich counterpoint to the biomedical, epidemiological, and natural sciences readings on illness, caring, and staying healthy. Regardless of their theoretical-methodological affiliation matrix, qualitative studies contribute to scrutinize the cultural logics and intentionalities that make sense and even influence the action of the subjects. They allow us to glimpse the dynamic intertwinings of life in biography and the social structures in their multiple networks of determination, autonomy, and influence.

The finding that only half of the papers provide theoretical references from Social Sciences to support their analysis has been pointed out by several authors for over a decade. However, such state of the art remains a concern. On the one hand, it could be argued that the references of the so-called qualitative approaches are present in several disciplinary areas, including applied ones, such as in public administration, planning, and

education and, therefore, they would not need to contribute theories other than those of their scope. However, on the other hand, it is indefensible that there is no theoretical anchor there, at least on the modes of symbolic production, sociocultural connection of meanings, and social action, given that they are the essential references of qualitative interpretation. Such points corroborate the need for consolidation and expansion of training in social theory, within undergraduate programs or postgraduate programs, training health researchers with the necessary expertise.

The several methodologies employed indicates the richness and dynamics of social research in health, even with the historical predominance of content analysis and the diversity of techniques used for data production. We also note that there seems to have been maturation in the use of methods over the studied period, distinguishing them from the use of a collection of techniques.

The list of themes listed in the period requires a critical and vigilant analysis of Collective Health, enquiring about the themes that remain “absent” despite their relevance. It is worth considering whether this “absence” in Collective Health does not reveal other needs, such as strengthening lines of support for these thematic fields.

In summary, we observe that the collection with a qualitative approach – even if it does not reach 10% of all publications – contributes to Collective Health because its dissemination: (a) establishes linkages with different areas of the clinic with this field, giving new meaning to their objects from sociocultural lenses; (b) recognizes the voice of individual and social actors so that they can be leading figures in the scenario of this field; (c) collaborates with the epidemiological dimension so that the understanding of the contexts surrounding health needs and demands can be complexified; (d) subsidizes decision-making in the areas of health policies, planning and management; and (e) unveils the symbolic dimensions of health-disease-care processes.

Collaborations

R Gomes, SF Deslandes and MCN Moreira participated actively in the design, the discussion of results, the review and approval of the final version of the study.

References

1. Denzin NK, Lincoln YS. Introdução: a disciplina e a prática da pesquisa qualitativa. In: Denzin NK, Lincoln YS, organizadores. *O planejamento da pesquisa qualitativa: teorias e abordagens*. Porto Alegre: Artmed; 2006. p. 15-47.
2. Deslandes SF. Notas sobre a contribuição da sociologia compreensiva aos métodos qualitativos de avaliação. In: Campos RO, Furtado JP, Passos E, Benevides B, organizadores. *Pesquisa avaliativa em Saúde Mental: Desenho Participativo e efeitos da narratividade*. São Paulo: Hucitec; 2008. p. 68-77.
3. Strauss A, Corbin J. *Pesquisa qualitativa: técnicas e procedimentos para o desenvolvimento de teoria fundamentada*. Porto Alegre: Artmed; 2008.
4. Minayo MCS. Apresentação. In: Gomes R. *Pesquisa qualitativa em saúde*. São Paulo: Instituto Sírio-Libanês de Ensino e Pesquisa; 2014.
5. Minayo MCS, Gomes R, Silva AAM. 25 anos de ciência para construção do SUS – Editorial. *Cien Saude Colet* 2020; 25(3):780.
6. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2009.
7. Santos BS. Para uma sociologia das ausências e uma sociologia das emergências. *Revista Crítica de Ciências Sociais* [online] 2002; 63 [acessado 2020 Maio 26]. Disponível em: <http://journals.openedition.org/rccs/1285>
8. Bourdieu P. *Os usos sociais da ciência: por uma sociologia clínica do campo científico*. São Paulo: Editora Unesp; 2004.
9. Bosi MLM. Pesquisa qualitativa em saúde coletiva: panorama e desafios. *Cien Saude Colet* 2012; 17(3):575-586.
10. Deslandes SF, Iriart JAB. Usos teórico-metodológicos das pesquisas na área de Ciências Sociais e Humanas em Saúde. *Cad Saude Publica* 2012; 28(12):2380-2386.
11. Knauth DR, Leal AF. A expansão das Ciências Sociais na Saúde Coletiva: usos e abusos da pesquisa qualitativa. *Interface (Botucatu)* 2014; 18(50):457-467.
12. Nunes ED. Goffman: contribuições para a Sociologia da Saúde. *Physis* 2009; 19(1):173-187.
13. Bourdieu P, Chamboredon JC, Passeron JC. *A profissão de sociólogos: preliminares epistemológicos*. Petrópolis: RJ: Vozes; 1999.
14. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. São Paulo: Hucitec; 2006.
15. Habermas J. *Dialética e hermenêutica*. Porto Alegre: LP&M; 1987.
16. Minayo MCS. Hermenêutica-dialética como caminho do pensamento social. In: Minayo MCS, Deslandes S, organizadores. *Caminho do pensamento: epistemologia e método*. Rio de Janeiro: Fiocruz; 2002. p. 83-107.
17. Gomes R. Análise e interpretação de dados de pesquisa qualitativa. In: Minayo MCS, organizador. *Pesquisa Social: teoria, método e criatividade*. Petrópolis: Vozes; 2007. p. 79-108.
18. Gomes R, Souza ER, Minayo MCS, Malaquias JV, Silva CFR. Organização, processamento, análise e interpretação de dados: o desafio da triangulação. In: Minayo MCS, Assis SG, Souza ER, editores. *Avaliação por Triangulação de Métodos: abordagem de programas sociais*. Rio de Janeiro: Fiocruz; 2005. p. 185-221.

19. Bruyne P, Herman J, Schoutheete M. *Dinâmica da pesquisa em ciências sociais*. Rio de Janeiro: Francisco Alves; 1991.
20. Denzin NK. *The research act*. Chicago: Aldine Publishing Company; 1973
21. Flick U. *Uma introdução a pesquisa qualitativa*. São Paulo: Bookman; 2004.

Article submitted 02/06/2020
Approved 02/06/2020
Final version submitted 04/06/2020