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Editorial. Opening the doors of perception – QHC as a fee- free open access journal

Sarah White

Maria R. Dahm

If the doors of perception were cleansed every thing would appear to man as it is, Infinite. William Blake "The Marriage of Heave and Hell" 1793

For the longest time, academic research has been published exclusively in scientific journals. Access to scientific journals can be restricted for many people within and outside of research, leaving them standing outside opaque locked doors. Fee-free open access to academic publication can help to make transparent and open these locked doors, providing access to new knowledge for all.

Why is QHC fee free and open access?

QHC is driven by the editorial team's core commitment to offer an outlet for critical qualitative health communication research from a diversity of disciplines and methods to a broad audience including researchers, health professionals and policy makers as well as patients and healthcare consumers and advocates. Open access is linked to two of our guiding values: equity and consumer-centred practices. Qualitative Health Communication (QHC) is a fee-free, open access journal. When establishing this journal, the editorial team chose an equitable fee-free open access model to ensure that the important work published in QHC can be accessed by both authors and readers with financial or institutional restraints.

Much of the work that goes into writing and reviewing research articles as well as managing journal submissions and providing editorial oversight is conducted by researchers and academics within their normal roles or on a voluntary basis. That is, there is no additional payment for this work. Once published, there is often payment required to access research through individual article costs or journal subscriptions, which ostensibly covers publisher costs. While many journals offer open access options or are completely open access, the majority of these incur fees for the authors submitting their articles to offset the reduction in income that is usually generated through costs to the reader or their institution. However, many of these fees are prohibitively expensive, particularly for those whose work does not attract significant funding and for those working in Low- and Middle-Income Countries (LMIC).

The field of healthcare communication research is dominated by work in Higher Income Countries (HIC). Those working in larger research groups, particularly those involving other aspects of (clinical) healthcare research such as randomised control trials or care pathways, are more likely to receive funding that covers open access publication costs. Those who work with lower funding requirements or opportunities, such as independent and early-career researchers, commonly have less or no funds at their disposal to cover open access publication. This is exacerbated for researchers in LMIC, where there is less research funding available (Harle & Warne, 2020).

Opening doors for free open access publications to LMICs across the globe provide greater opportunity for all to engage with and learning from the diversity of human experience, and for improved care through evidence-based solutions that are developed from context-specific research in local communities. Given the multicultural communities across the world and particularly in HIC, such research may be particularly impactful for improving health communication outside of a system's majority populations.

Publishing for equitable access and engagement

The intended audience for QHC is broad and includes not only qualitative researchers but also healthcare practitioners, policymakers and health consumers.

Most researchers publish and access QHC to disseminate their work and to keep up with developments in the field. Generally, many researchers can access scientific journal publications through institutional subscriptions and academic networks. Articles that are published open access have increased scientific citation rates (Piwowar et al., 2018; Tennant et al., 2016). This further increases the disparity between those in HIC and LMIC, with those unable to afford to publish in fee-based open access journals more likely to have lower citation rates. Flow on effects from low citations impact the ability to attract research funding, which often relies on citation-based metric to gauge the impact of researcher's program of work.

Healthcare practitioners, policymakers and decision makers are all involved in how care is delivered, with their practices and policies impacting the quality of health communication. As such, they might benefit the most from reading such work, but are less likely to have easy and financially viable options to access the academic literature.

While there is a broad range of research in health communication, there appears to be lower rates of open access to qualitative work. Qualitative research affords insight into the how, what and why aspects of health communication, offering depth to questions that might otherwise go unanswered (Britten, 2011). An open access approach thus supports greater access to work that supports more comprehensive approaches to evidence-based quality improvement in healthcare communication.

Health consumers, or depending on individual preference *patient advocates*, are "patients and potential patients, carers, and people who use healthcare services"(National Health and Medical Research Council & Consumers Health Forum of Australia, 2016). Depending on preference, people who attend or might attend healthcare in the future or those who care for patients currently receiving care, have been referred to as healthcare consumer or patient advocates. Healthcare consumers have been increasingly involved in research, shifting from research subjects to participants to co-investigators. Globally, the benefits of consumer engagement and the coproduction of healthcare services and research are widely acknowledged (Elwyn et al., 2020). Consumers' crucial contributions in research conceptualisation and conduct can inform current evidence-based findings, facilitate patient-driven change in healthcare delivery and improve patient outcomes (Elwyn et al., 2020).

In contrast to service planning, consumer engagement in health communication research is still in its infancy. A crucial step forward in increasing consumer-centred practices in both care and research, which can directly impact the quality of health communication, is to offer them equitable access opportunities to research outputs. It has been our experience, for example, that researchers tweet new publication findings relevant to patients and their care, but these findings remain frustratingly inaccessible for health consumers. By opening the doors to patients and patient advocates, QHC endeavors to ensure that patients can access and thus engage in a conversation about health communication issues that affect them.

Issue 2(1) contributions

Issue 2(1) features six articles. **Perreault & Richards** investigate women's mask making practices and advocacy during the COVID-19 pandemic using the Crisis and Emergency Risk Communication model. They conduct an interview and observational study of 15 Appalachian women making masks during the pandemic and analyze 9 of their social media accounts. Their study provides insight into the role of grassroots health advocacy and the role of user-generated social media messaging in pandemic risk reduction. The COVID-19 pandemic has also led to increased use of telehealth for healthcare visits, which is the focus of **Skelly et al.** They apply thematic analysis of qualitative comments in a survey to explore telehealth teaching practices. Their study shows that precepting telehealth visits can effectively offer clinical teachers an opportunity for observation and provide feedback to learners on their communication skills. **Trasmundi et al.** draw on Cognitive Event Analysis, which is an ecological method for investigating video recordings of interactions, to investigate how ethical dilemmas are managed in real-time interactional data from a psychotherapeutic practice. The study demonstrates the importance of an embodied, bottom-up approach to applied ethics

to ensure the visibility of ethical aspects in real-life healthcare practices. **Sillence & McKellar** investigate how vloggers on YouTube communicate about their menstrual cup use. They perform a content analysis of the 100 most popular menstrual cup videos on YouTube followed by a qualitative thematic analysis of 50 videos containing personal experiences. Vloggers communicated knowledge and embodied experiences of personal cup use, and authors argue how this represents a step towards destigmatizing menstruation and menstruants' bodies. **Paulus et al.** identify patterns and variation in the language choices made to assess for suicidal ideation in standardized patients exhibiting symptoms of depression. They analyse 121 video-recorded final exams from a communication skills course for first-year health professional students. They find that 66 of the 121 (55%) interviews included a suicide assessment. They investigate when the assessments took place (while exploring depressive symptoms or as a topic shift), how they were prefaced and how the question itself was structured. **Williams et al.** explore Twitter posts in the U.S. that favour COVID-19 treatment over prevention through vaccination. The authors find a strong presence of individualism and distrust in science in the posts and suggest the value of unmasking anti-vaccine techniques and communicating in ways that appeal to people across a wide political spectrum.

Enjoy Issue 2(1), and please submit your work for our future issues!

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