

Editorial

Why do We Need Qualitative Research in the Field of Health Sciences? Lessons from the 2020-2021 Pandemic

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Among the baffling situations the COVID-19 pandemic has confronted us with – of infectious nature, aggravated by social and historical conditions –, a not at all flattering issue has been to observe, on a day-to-day basis, the distrust of large sectors of the population regarding the knowledge of experts. Given this, we cannot help but wonder if this suspicion is directed at science, scientists, or at the suspicion that scientific knowledge may be used for purposes other than genuine care for people's health.

Of course, the complexity of the situation that gave rise to the appearance of this new disease, for many unexpected during a time in which epidemiology seemed to have fueled the deluded fantasy that humanity had triumphed over the infectious diseases that devastated it throughout its history [1], outlined a panorama not easy to manage. The huge gap between formulations generated by science and the explanations individuals outside the scientific field develop in daily life to understand and proceed in an unknown situation was perhaps one of the factors that contributed to this uncertain panorama. To the extent that not even an institution like the World Health Organization, which once enjoyed great legitimacy, achieved sufficient credibility so that inhabitants, in different parts of the planet, felt the peace of mind that the fate of their health and their lives, threatened by this storm, was in good hands (see, for example, [2-4]).

Health experts, and very specially those dedicated to public health, have seen ourselves confronted with the fact that numerous groups of people were dragged to answers far removed from those of science, based on multiple explanations, insults and unfounded, distorted and sometimes absurd recommendations, arising from all kinds of magnified rumors on social networks, produced by overflowing imagination – or often even due to bad faith – from whoever wanted to issue them. Scientific information, which we consider more truthful and reliable, failed to curtail this massive confusion.

The experience of these two years in which the scientific community, due to different reasons, did not have the time required by experimentation and discussion about biological, immunological and organizational aspects of services to provide credible and forceful answers, compels us to recognize that the scientific field is also a setting for disputes about the truth, legitimacy of actions, and the monopoly of scientific authority [5]. During the pandemic, it has become clearer what Delatin, Carneiro, and Sandroni stated in 2015: “[scientists] act politically and politics is part of their practices and actions as scientists” [6, p. 153]; this is how science and politics intersect. When recognizing health researchers as moral and political subjects, we can identify their participation in power struggles in which, in pre-existing contexts of marked social divisions and political conflicts, COVID-19 became another political arena to confront meanings, knowledge, and practices, with the resulting deepening of divisions among social groups and between social groups and health institutions.

The anxiety caused by the waves of this deadly disease, deficiencies in medical care that could not be conjured, despite efforts by those heading the ministries of health in different countries, and this turbulent river of chaotic and

dislocated versions left people in the orphanhood of orientation with the “pedagogical authority” [7] necessary to be recognized as legitimate while going through these difficult times. Likewise, in many countries, mandatory confinement ignored serious differences in socioeconomic order and cultural diversity – with consequences, like the violation of fundamental human rights, in addition to the widening and deepening of social inequalities and injustices. Thus, those who suffered most from the rigors of the pandemic and measures to confront it were the impoverished human groups in situations of exclusion, within the framework of edicts, attention and strategies that were often decontextualized and contradictory to practices rooted in ancestral knowledge and in their own experience, which were excluded from the scientific, political and administrative observations [8].

But, what do scientists know about it all, have we tried to understand it, do we even consider it worth our attention? The pandemic has revealed, among other things, the need for scientists – and specifically public health experts – to find the ways that allow us to effectively bring the knowledge we generate closer to those whom it is intended to benefit. But it also confronts us with more disturbing questions: will we be able to recognize what those whose health we claim to be caring know and say about themselves, about the way they understand what happens to them and try to deal with it in the real circumstances in which they live? Can we allow ourselves to listen with attention and respect to what each of them can tell us about their own experiences, their conceptions and sociocultural frameworks from which, in the situation in which they live, they guide their actions? Do we recognize that non-scientific knowledge is also knowledge and that our scientific actions are equally moral and political, as Lyotard proposes [9]? Do we recognize the scope and limitations of our scientific methodologies to account for the non-tangible aspects of life, health, illness, death, and care?

Over three decades of scientific-academic reflection, learning, search for paths and ways in which science can account for that non-tangible, but real world, which affects the structures and biological functions of the human body and the functioning of society and its organization, have allowed us to affirm, among other things, that research and understanding of health exceed the approaches from conventional disciplines for this area of knowledge, which demands a transdisciplinary view, especially with contributions by the social sciences and humanities. By delving into qualitative methodologies, we find, construct and reconstruct transdisciplinary and innovative epistemological and methodological proposals, which can account for health as a field of open knowledge in continuous restructuring.

As health researchers seeking to share concerns, questions, needs and epistemological and methodological advances, a group of Latin American academics meet biannually at the Latin American Congress of Qualitative Health Research, starting with its first edition, in 2003, in Guadalajara, Mexico. In these meetings, we reflect and debate on the value and power of this modality of approaching reality, which is qualitative research, to study health problems in our countries. Delving into the study of the epistemological advances to which these perspectives invite us has also led us to rethink transcendent questions that concern not only the field of qualitative research, but also the entire task of this valuable human enterprise that is science, its quality and its substance, from where we undertake it, for what and to where we focus it.

We celebrate that the *Journal of the National Faculty of Public Health* remains open to qualitative works, always caring for the validity, relevance, possibilities, quality, opportunity and proposals of qualitative research we need so much in our field, particularly in these times of uncertainty and emerging challenges for the health sciences.

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* In the theory of reproduction by Pierre Bourdieu, the “pedagogical authority” is a power of symbolic violence manifested which manifests itself in the form of a right of legitimate imposition [7, p. 65].

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