

## Qualitative research and the transformation of public health

The increase of qualitative and mixed studies in health has blurred over the quantitative/qualitative dichotomy, enabling the diversification of methods and techniques. As opposed to traditionalist concepts of research, based on the biomedical model and the post-positivist paradigm, qualitative research translates a meaning and interpretation to the findings that ensure enhanced development of citizens, inserted in their social space, and conceptualizes the real world with a greater susceptibility for transformation.

A multidimensional assessment contributes to the development of empirical, aesthetic, personal, ethical and biomechanical knowledge, among others. A more constructivist paradigm has progressively increased the perspective of complementarity and even transdisciplinarity in relation to health phenomena.

Science and the diversification of knowledge are crucial for the promotion of individual and public health. The relationship of the human being with health and with health professionals is complex, as it involves a multiplicity of factors that are not always easy to identify and control, which is influenced by and influences the multiple relations, and cannot be dissociated from the individual experience.

Ribeiro et al.<sup>1</sup> illustrate this complexity aptly by affirming that the inseparability of the phenomena from their context underlies qualitative research, since it is impossible to discern opinions, perceptions and meanings of individuals by taking them out of context.

Furthermore, this qualitative transformation of research results in a better understanding of transitions and adaptation processes in terms of health/illness, promoting the quality of care, literacy and co-responsibility in health management.

This transformation encourages the creativity of researchers to respond to the challenges of “transferring” knowledge to the end users (professionals) and to the beneficiaries (recipients of care), ensuring that research is grounded on practical needs.

Also at this level, qualitative research can be at the forefront in the dissemination of results, making it possible to reduce the conceptual and pragmatic gap between what is produced and what is used to benefit health. This is done by creating networks of communication and collaboration between researchers, professionals and citizens that enables study and reflection on the best way to place the findings of qualitative research at the service of public health, both from the standpoint of the process (transference) and the content (knowledge).

This challenge is compounded by the promotion of qualitative clinical decision-making using the results of qualitative research with information on client preferences, experience, clinical context and resources for decision-making.

This issue of RC&SC features articles presented at the 6th Ibero-American Congress on Qualitative Research ([www.ciaiq.org](http://www.ciaiq.org)), duly subjected to reformulation and peer review. The contribution of the authors and the intention of the editors is to contribute to the dissemination of knowledge that allows for a broader understanding of the different transitions in life and their impact on public health, while respecting the individuality and uniqueness of each person.

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## References

1. Ribeiro J, Souza DN, Costa AP. Investigação qualitativa na área da saúde: por quê?. *Cien Saude Colet* [Internet]. 2016 Ago [citado 2018 Fev 07]; 21(8):2324-2324. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1413-81232016000802324&lng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232016000802324&lng=pt)