

EDITORIAL

## **Vulnerability, Risk, and Qualitative Methodologies**

A few months ago, the Editor-in-Chief, Sean Clarke, invited me to join *CJNR* as Editor, Qualitative Research. I was quick to accept, and this is my first editorial in that capacity.

*CJNR* has a 44-year history as a forum for issues central to research in nursing, health, and health services in Canada. Moreover, the qualitative scholar Joan Anderson (2013) recently noted that this journal consistently publishes articles across methodologies, which facilitates efforts to track the “state of the art” in Canadian qualitative research in particular. Indeed, well over half the submissions to *CJNR* are qualitative manuscripts.

Various qualitative methodologies are used in Canadian nursing research, and with multiple goals (Anderson, 2013). Within evidence-based environments, qualitative methods can provide detailed evidence on how health-care providers or target populations engage in health interventions (Leeman & Sandelowski, 2012). Qualitative inquiry can tease out the complex causal mechanisms that contribute to the uptake and outcomes of interventions, as well as unplanned adaptations of them, unanticipated effects, and relevant contextual factors for understanding their implementation and impacts (Leeman & Sandelowski, 2012). The growing popularity of mixed methodologies attests to the benefits of “thinking qualitatively.” As Hoff (2011) observes, “many of our deepest understandings about how health care works derive in meaningful part from qualitative research studies” (p. 54).

Beyond its contributions to research in health services, however, “thinking qualitatively” infuses knowledge development in the health-care community with a critical approach — one that is sensitive to how historical context and intersections of social relations organize disparities in health, illness, suffering, and healing (Anderson, 2013). That stream of scholarship is reflected in a number of articles in this issue of *CJNR* that focus on the health of populations typically described as vulnerable.

The use of the word “vulnerability” as an identifier directs attention to individuals or groups whose characteristics place them “at risk” for ill health or for poor access to health services (Mechanic & Tanner, 2007). While policies frequently are focused on individual-level modification of the behavioural- or lifestyle-related characteristics that are purported to

generate risk (Mechanic & Tanner, 2007), the biological and social dimensions of human existence are intertwined, contributing to various health and illness outcomes (Wainwright & Forbes, 2000). As Anderson (2013) reminds us, illness and social suffering are generated within complex social worlds where access to the determinants of health and health care is inequitable. While epidemiologic methods identify those who may be at risk because of their risk-factor exposures or lifestyles, qualitative inquiry contributes much to our understanding of what it is like to be vulnerable or to live with risk (Spiers, 2000). Qualitative inquiry can also take a transformative approach that moves analysis beyond the level of the individual and towards the circumstances that organize suffering and vulnerability, such as dominant social discourses or power relations in the delivery of health-care programs (Bourdieu, 1996). Such inquiries frequently draw on community-based, participatory methods so that multiple worldviews are part of the process.

The articles in this issue of the Journal deal with many of the above themes. Miriam Stewart and colleagues explore the health and health-care inequities described by Aboriginal children with asthma and allergies, as well as the concerns of their parents. Their work sheds light on the shortcomings of health services and insurance for these children and they suggest directions for culturally appropriate support and education. Julia Temple Newhook and colleagues seek to understand the social context that shapes the knowledge, experiences, and decision-making of low-income women with respect to infant feeding, revealing the situated logics behind decisions against exclusive or long-term breastfeeding. After discussing feminist postcolonial and Indigenous theoretical frameworks, Janet Kelly describes her application of a decolonizing approach to sexual health nursing with Maori women, using the Aboriginal principles of *Ganma* (two-way sharing of Aboriginal and non-Aboriginal knowledge without losing the integrity of either) and *Dadirri* (deep, respectful listening to each other). Her examples illustrate the tensions that can ensue when not all members of the team understand or follow these principles. Kelly also describes the steps taken by Maori Elder women to help resolve the sources of tension. Wally Joseph Bartfay and colleagues use mixed methods to explore the personal impact of the global economic crisis on the health of unemployed autoworkers. In conducting multi-method research projects as part of a program of study exploring health promotion and health literacy among women who are incarcerated, Sarah Benbow and her team encountered particular challenges and ethical dilemmas at each phase of data collection; the authors share these experiences and the valuable lessons they learned throughout the research process.

The scholars who contribute to this collection of articles explore the worlds of those who could be termed vulnerable or at risk, but they do not stop at examining individual behaviour. They move beyond the individual level to identify the contextualizing influences on health disparities and the relational tensions between the worldviews of health-service providers and the recipients of care. Some question the neutrality of health services by teasing out the silencing of everyday knowledge by powerful discourses that are disseminated in the process of care provision. Others expose relations of discrimination between providers and recipients of health services. All reveal the potential vibrant contribution of critical qualitative thinking to nursing research in Canada and I look forward with enthusiasm to participating in this trend!

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