BECOMING AN EDITOR

[This article is a reprint from Jan Morse's Sage Landing page:
https://journals.sagepub.com/qhr/qhr-founding-editor-tribute-morse?pbEditor=true]

I am honored to be invited to prepare this website/directory for Sage open-source *Morse* publications and thank Sage for the invitation. Accompanying this, I have been asked to write "something" that places the journals I have initiated and other Sage writings in context. So here it is. . . I will write on my development as a researcher over projects and time, and the serendipitous learning that occurred along the way.

A Research Trajectory

My master's thesis, conducted through the College of Nursing at The Pennsylvania State University in 1978, was a quantitative project (Morse, 1979) – one that should have been a mixed-method project. I was fascinated by Hans Selye's theory of stress and illness (Selye, 1951), and convinced that the illnesses that occurred during the transitions of culture shock were the results of stress, not "exposure to new viruses" which was the belief of causation at that time. Of course, this was conducted as a quantitative project, for I knew nothing of qualitative inquiry, and mixed-methods designs were not yet conceived (see, Greene, et. al., 1989). But I did learn an enormous amount about doing research, collecting data, and managing one's committee. And, afraid of the advertised high academic standards of the PhD nursing program at The University of Utah, I took additional statistics courses at Penn State over the summer before dashing across country during the term break. At The University of Utah, I learned qualitative inquiry *by instruction* from Madeleine Leininger, (who had an anthropological background[1]) and from the compendium of qualitative methods courses offered through the anthropological department. Bored with the level PhD statistics in nursing, I signed up for a Masters degree in Anthropology, and that program extended to a second doctorate, conducted concurrently, complete with two course loads, two committees and two dissertations. The first dissertation, in nursing, was to compare the parturition pain responses in the Fijian and the Fiji Indian cultures (Morse, 1981a, 1989). This was an ethnographic study which I would now describe as a "qualitatively-driven mixed-method" study[2]. The second dissertation in anthropology was also ethnography, designed to compare the infant feeding patterns and health of the neonates in both the Fijian and the Fiji Indian cultures. This longitudinal quantitatively-driven mixed-methods study that compared breast- and bottle-feeding for the first six weeks of the infants' lives (1981b, 1984). I used hospital chart data from birth and data from the six-week neonatal clinic and conducted a path analysis. This analysis was supplemented with semi-structured interview data, and observational data from the post-natal clinic.

This fieldwork experience was "trial by fire", as I was working alone from Fiji, before email contact was invented and when telephone consultation was too expensive. Although I mailed reports every week or two to my committees, I was not lucky enough to receive a reply, giving reassurance and confirmation that the changes in my research proposal were "okay". Because the proposal guidelines for conducting qualitative research are necessarily loose, vague, and nonprescriptive, I learned that, as one member of my anthropology committee said during my defense: "In anthropological fieldwork, something—everything—always changes."

> ***What did I learn?*** *This fieldwork experience taught me that qualitative researchers must have an acute self-awareness, recognize self- responsibility, and be able to logically describe and defend decisions made when isolated during data collection and analysis. At the same time when even separated from library sources, researchers must be acutely aware of all the theories and literature and be cognitive of how their emerging results differ from, add to, or replicate the work already conducted in the areas—both substantive and geographical. At the end of the project, researcher's efforts must be insightful, convincing, original, useful, have credence for both the participants and the culture. They must be compared with emerging knowledge in the library, relevant literature, and build on what our professors and colleagues already know and believe. It is tricky to climb upon the giants' "shoulders" on which you must stand when you have been isolated in the field.*

I graduated in 1981, at a time when positions for assistant professors in the United States were very scarce—even in nursing. Our family's decision to move to Canada, to the University of Alberta was fortuitous, with positions for myself and my husband at the University of Alberta. I was appointed as an associate professor to teach one class a year, with 50% time as the second clinical nurse researcher in Canada,[3] to conduct clinical research in the medical center. This position provided me with time to write, and to establish (at the request of the hospital) a research program addressing patient falls. The course I was requested to teach was "Introduction to qualitative research", for which a few graduate students enrolled and almost all of the nursing faculty (who were at that time, also enrolled in doctoral programs). This was a terrifying experience for a new faculty person.

> ***What did I learn?*** *Some confidence, but the faculty, all enthusiastic about qualitative research, became a wonderful cohort of collegial collaborators in subsequent years.*

The patient fall research created a series of projects conducted in the medical center, a rehabilitation hospital, and a nursing home. Primarily quantitative, this program resulted in a method to identify the fall-prone patient, understanding the contribution of environmental risks to falls, including bed height, and, working with bioengineering, the development of a patent for the

first bed alarm and low-low bed. The program resulted in the development of the *Morse Fall Scale*, and developed the clinical feasibility of removing patient restraints (Morse, 1986; Morse, Prowse, et al, 1985, Morse, Tylko, et al 1985; Morse et al , 1987; Morse, Black, et al 1989, Morse, J.M., Morse, R.M, et al 1989;). Sage published the Morse Fall Risk Scale manual in 1997 (Morse, 1997), and the 2nd edition was published by Springer in 2009 (Morse, 2009).

> ***What did I learn*** *from this "falls project"? Supported with several small grants, working stepwise from question to question in a multiple method research program, significant results can be obtained. Don't lose sight of the goal.*

Meanwhile, I acquired a cohort of brilliant, enthusiastic, perfect-in-every-way Masters students, with traineeships to work on their degrees full time, and some later moved on to doctoral research once the PhD programs opened. I negotiated laboratory space so that all of these students occupied shared space within my office area—a model commonly used in the hard sciences. Students became intimately involved in each other's projects, learning a broad spectrum of qualitative inquiry. We had daily informal discussions at lunch, and "seminars" in which a students presented their ongoing data, and through questions, using a white board and chocolate chip cookies to entice brilliance, their data were conceptualized. Over time the students who were closer to completion were able to assist the more junior ones. Most importantly, I was very accessible and tightly involved with all projects. Many were grounded theory projects; some were ethnology or ethnography; all were published. Six projects were published in a book (Morse & Johnson, 1991) with the first meta-analysis nursing presented in the last chapter. The meta-analysis developed from a group of grounded theories, formed a theory of called *The illness constellation model*, and was used as a baccalaureate framework for a nursing program in Amsterdam and by physical therapists in the Midwest. At this time, I also published *Qualitative Health Research* (Morse, 1992), a book of five qualitative methods, showing the ways that different methods provide different perspectives and different types of results.

> ***What did I learn?*** *You can learn from your students. If you are intimately involved in their study, and they are willing to collaborate, important work emerges. And new approaches to data may result in the development of new methods.*

With Joan Bottorff, I received a grant to study "breast feeding in mothers who were planning to return to work". This was a huge semi-structured interview study—60 mothers who hoped to return to work were interviewed prenatally, and every month until they returned to work or for 1 year, which ever came first. This enabled us to explore the duration and patterns of breastfeeding, public perceptions of breastfeeding, and the maintenance of lactation for working mothers (Morse & Bottorff, 1989a,b; Morse, Bottorff, & Boman, 1989). We had a huge data set, and a computer program that enabled us to organize (no, not to analyze), these data.

What I learned *was that projects may appear to spin out of control. If this threatens to become a problem, get help, and keep your focus on your goal.*

A second research program, involving qualitative and quantitative multiple methods, explored adolescent response to menarche. First, we administered a qualitative semi-structured interview (Morse & Doan, 19874), then used these data to develop a Likert scale, which was administered to 860 pre and 1,013 post menarcheal girls from randomly selected schools (Morse, Kieren & Bottorff, 1993; Morse & Kieren, 1993). The study revealed normative attitudes towards menarche, including symptom-experience (Kieren & Morse, 1992a, b, 1995).

Working on qualitative methods: By this time, I clearly saw the limitations of the qualitative methods literature, and having acquired a fine collection of reject slips from nursing journals, realized the limitations of review of qualitative inquiry extended to reviewers, editors, and grant review committees—even at the national level. I recognized the necessity and importance of disseminating qualitative methods through several channels: Texts and articles, solidifying the collection of qualitative health articles in a specialist journal, and the building of a collective body of researchers for qualitative inquiry through conferences, and an institute to support focused work on the development of qualitative methods.

In 1990. a contingent from Sage Publications arrived at the University of Alberta, seeking an editor for *Qualitative Health Research (QHR)*. Starting a new journal, in a new area, is hard. Finding manuscripts to fill the first few issues, requires authors to take a risk: how do they know the journal will "fly"? I am indebted to the strong researchers who accepted the challenge and submitted their work for the first few issues. At this time, the majority of qualitative research in health sciences was coming from nurse researchers.

What did I learn? *Over the years, QHR has expanded my appreciation for qualitative health research. Editing QHR gave me the opportunity to see research at its best—and worst. I could grasp areas where authors were struggling, or excelling, which topics were "hot" and which areas were generally ignored. QHR provided a place for editorials and methods articles that shaped QHR as a specialty and the clinical articles that shaped practice, bringing all relevant disciplines together*

In 1991, The Alberta Foundation for Medical Research sponsored the QHR conference to launch the journal, and I saw firsthand the advantages, excitement, and the "explosions" that occur when groups of experts and students collide. With the initiation of these conferences, qualitative inquiry was no longer an activity performed in isolation, and over the years has become an increasingly stronger voice.

Qualitative Health Research has since developed in length and number of issues over the years. By the last issue I edited (February, 2022), we had 32 years of QHR, and, according to Mitch Allen, firmly established the discipline of qualitative health research. In 2012, I published a text outlining the domain of the new discipline.

I was approached by Churchill Livingston to write a basic text with Peggy Ann Field on qualitative methods, which was completed in 1995 (Field & Morse, 1985; 2nd ed, Morse & Field, 1995). At this time, I published a series of four edited texts for Sage (Morse, 1989, 1994, 1997, Morse et al, 2001). These texts were topically organized. I approached the best qualitative nurse researchers, discussed with them the content of each text, and then persuaded each to volunteer to write a chapter. Next, I organized a seminar—all chapters were circulated prior to the seminar to all participant-authors. We then met for 1 to 2 days and, rather than "presenting their chapter" each person was allotted 30 minutes to discuss problems and conundrums involved in addressing their topic. Authors then revised their chapters accordingly, so that each chapter involved the thinking of the group. I recorded the meeting discussions and then placed these dialogues between each chapter. These texts are foundational and still available.

> ***I learned*** *that writing was the most important part of my academic role. If I did not publish, all was for naught. Teaching influences students, class by class, but writing reaches and influences students internationally.*

When I began in the 1990s, to study suffering as a behavioral state, of nurse's role in identifying suffering states, and the means to alleviate suffering, clinical studies and methods were strongly integrated. A substantial foreign award from NIH made such a difference in the speed that the research was conducted, and I recognized the value of not having to stop a research program to write and process numerous small grants. I began by defining the concepts (and revising concept analysis methods in the process [Morse, 1995]), then, once I understood the nature of the concepts I was studying (Morse, Anderson, et al, 1992, Morse, Bottorff, Neander et al, 1991; Morse, Miles, et al., 1994; Morse, Solberg, et al, 1990) conducting clinical studies. The lure of NIH funding drew me back to The Pennsylvania State University and began an intensive 8-year period of the most difficult—emotionally and technically—research that revealed the value of interpretive inquiry. I was exploring states of extreme distress and enduring, and modes of comforting used by nurses to assist trauma patients to remain in control when analgesics are delayed or ineffective (Morse & Proctor, 1998). The videotaping and verbal analysis was technically difficult, and the observation/data collection caused much researcher distress. Consents had to be obtained from myriads of staff, relatives and patients—everyone who entered the trauma room (Morse & Mitcham, 1998; Morse & Pooler, 2002; Proctor, Morse, & Khonsari, 1996). But the work was worthwhile. We developed behavioral descriptions of enduring and suffering so that nurses could identify and learn how to interact with patients and relatives in different states, to assist patients to maintain control during extreme pain (Proctor, Morse, & Khonsari, 1996), to assist relatives

present during a trauma (Morse & Pooler, 2002), and developed mid-range theories, including the Praxis Theory of Suffering (Morse 2001, 2011, 2017)[5], and the Praxis Theory of Comforting (Morse, 2017).

> ***What did I learn?*** *Unfortunately, all the easy research topics have been done; only difficult areas remained. Yet often these challenging areas were the most rewarding; most essential.*

In 1997, I returned to the University of Alberta to establish the *International Institute for Qualitative Methodology (IIQM)*[6]. This became my busiest decade, disseminating qualitative methods globally. Together, with strong qualitative faculty from the Education Department (Max van Manen, and Jean Clandinin), the formation of the *IIQM,* led qualitative research and qualitative methodological development internationally.

I kept writing basic books and articles (see Morse & Richards, 2002; Richards & Morse, 2007, 2012); travelling internationally approximately twice monthly, and hosting students and visiting faculty. With University of Alberta *IIQM* faculty, Maria Mayan, Jude Spiers and Karin Olson, we organized a postdoctoral program and a 6-year grant funded by CIHR for an international training program, *EQUIPP (Enhancing qualitative Inquiry for Illness Process and Prevention).* The *IIQM* supported an international conference (usually at Banff[7] or West Edmonton Mall) and supported a foreign *IIQM* site to hold an annual International Conference. In addition, every summer a basic weeklong workshop was held, *Thinking Qualitatively*. The IIQM published a monograph series, and, recognizing the need for an online qualitative methods journal, published the *IJQM, International Journal for Qualitative Methods.*[8] I edited the IJQM for 4 years and it was supported by the *IIQM* as an open-source journal until Volume 16 (in 2017), when it was published by acquired by Sage. As an emerging discipline, I pulled together a book describing the major concepts used in qualitative health research (Morse, 2012a).

In 2012, the IIQM changed focus of its dissemination conferences, offering annual conferences internationally in Australia and Great Britain. To meet the needs of other internationally, I created the Global Congress for Qualitative Health Research, *GCQHR* (Morse, 2012b), with conferences in Seoul, Korea (2011 and 2018), Milan, Italy (2012), and Merida, Mexico (2015).

Meanwhile QHR was developing in size and number of issues per year. I was very aware that this was a multi-disciplinary journal, but it was a number of years before other disciplines contributed, and indeed some disciplines are still in their qualitative infancy[9]. As nursing continued to lead the way, it became clear that nursing was ready for their own qualitative journal to support qualitative clinical research. In 2014, *Sage Publications* launched an open- source online journal, *Global Qualitative Nursing Research (GQNR),* which I edited for four years and in 2017, Joan Bottorff assumed the role of Editor-in-Chief. *QHR* continues to publish nursing articles, but the disciplinary content is now more balanced. Since that time, several disciplines have developed their own

journals to publish qualitative inquiry, and other journals (*Qualitative Inquiry, Qualitative Research*) have been developed and reflect the growing maturity of qualitative research.

> ***I learned*** *that dissemination was critical for the development of qualitive inquiry, for the development of both methods and research. Publishers are willing to take the risk for authors to support these publications—but editing is hard work. But the platform it did provide was writing editorials. These provided a pithy outlet to comment about the state of qualitative methods, and I hope provided slight corrections—or at least raised consciousness—by "roughing feathers". Over the years, 230 have appeared in QHR, all open source, accessed through this website.*

My own methodological contribution at this time was primarily to mixed-methods. Note the hyphen: I consider a mixed-method design to be a single project, consisting of one complete method and a *strategy* from another method. Using two separate complete methods, from my perspective, is a multiple-method design, in which each complete method is publishable alone, as well as in combination with the other (Morse, 2003, 2007). My approach to mixed-methods greatly expedites a research program without compromise to quality, and is often used in ethnography (see, Pelto, 2017). In addition, during this period I developed many strategies for conducting mixed-methods: diagramming, theoretical *drive*, point of interface for methodological integration, and the fact that the principles of mixed-method integration may be used for same "paradigm" methods —QUAL-*qual* and QUAN-*quan* (Morse, 2004, 2007, 2017b, Morse & Neihaus, 2009).

In 2007, I made a final move, back to the University of Utah. About this time, my writing changed from basic methods articles and textbooks, to longer (and hopefully more profound) chapters in handbooks. I tackled rigor (Morse 2006, 2015, 2017c,), and made the case for qualitatively-driven mixed-methods designs (Cheek & Morse, 2022; Morse, 2003, 2017b; Morse et al., 2018), and more recently noted the paradoxical harm of using checklists intended to ensure the quality of interpretive inquiry, backfire (Morse, 2012a, 2021; 2022). I focused on AHRQ funded research, working with engineering and physical therapy, having gone a full circle from my research into preventing patient falls, but moving from patient characteristics to the effects of the beds and the route from the bed to the bathroom (Chrisman et al, 2015; Hang, et al. 2021; Morse et al. 2015; Taylor et al, 2019).

Now, in retirement, I suppose I will keep writing, for that is what I *do.*

Do I Have a "Philosophy" of Doing Research"?

I believe that one cannot do excellent qualitative research without having first "done" some qualitative inquiry. I am not speaking of working as a research assistant, for that provides one with the opportunity of learning procedures and how to begin thinking qualitatively, but that is only a part of the story. Too much teaching is offered—and even textbooks written—by those who

parrot the texts of others. It is only by doing research, by thinking through the procedures (and any alternative procedures) in light of what you know, of data, of the research goal and context, that you become a 'good' qualitative researcher. Such research is never straight forward—expect conundrums to occur when addressing a research question in the complexities of reality, and in the confusion, contradictions, and puzzles in the perceptions of others. Only by learning to anticipate the ramifications of decisions made in the process of inquiry, recognizing the influence of choices and the methodological strategies used, and by appreciating the utility of a methodological toolbox, is it possible to reach one's goal. And the great irony is that the goal, once reached, may differ—or even be quite changed from—the results that were envisioned when setting up the initial research question. But keep researching until you are certain that you are <<right>>.

Think on these things.

Janice Morse, December 2021

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Endnotes

[1] Madeleine Leininger was, at that time, Dean, College of Nursing, the University of Utah.
[2] See Morse 1991, for the enlightenment about the ethnographic design. Unaware of the term "mixed methods", I have referred to the design as "triangulation", but this I now know is incorrect.
[3] The first was the late June Kikuchi, RN, PhD, appointed in 1980.
[4] This was also published as a self-help for girls entering menarche (Doan, H., & Morse, J. M. 1985).
[5] Recently I developed a method to link these studies and produce a "theory of theories" called *Theoretical Cohesion* (Morse 2018)—a type of meta analysis to increase the robustness of a theory.
[6] Funded by the Alberta Foundation for Medical Research, and the University of Alberta.
[7] A major 1-day workshop from a Banff conference presented by the second generation of grounded theorists (Barbara Bowers, Kathy Charmaz, Adele Clark, Juliet Corbin, Caroline Porr, representing the late Phyllis Stern) (Morse et al., 2009; 2nd ed., 2021).
[8] Acquired by Sage in 2017.
[9] I am thinking mainly of pharmacy and dentistry.