MOVIMENTO
ISSN: 1982-8918

CONTROVERSIAL TOPICS

PRACTISING "SOFT SCIENCE" IN THE FIELD OF HEALTH

PRATICANDO "CIÊNCIAS MOLES" NO CAMPO DA SAÚDE

PRACTICANDO "CIENCIAS BLANDAS" EN EL CAMPO DE LA SALUD

https://doi.org/10.22456/1982-8918.142677

Denise Gastaldo* <denise.gastaldo@utoronto.ca>

Joan Eakin** <joan.eakin@utoronto.ca>

* Universidade de Toronto. Toronto, Canadá.

Abstract: While many reject the label of "soft science" that is often used derogatorily to characterize qualitative research in the health sciences, we propose we should embrace and redefine the label, asserting its methodological potency for understanding health and health care, and as an expansion of the scientific field. In this paper, we reflect on the strategies we have developed over the last 25 years, as we worked together as teachers of qualitative research at the graduate level in the health sciences. The main outcome of our collaboration was the establishment and development of the Centre for Critical Qualitative Health Research at the University of Toronto. As former directors, we reflect on how to practice and teach in a world of limited literacy in qualitative research; how to make an institutional place for critical qualitative research in the health sciences; how to understand critical qualitative research as a potent form of "soft science"; and how we positioned ourselves in a marginal scientific location, at the edges of the academic system, while celebrating our potent "soft" methodologies and methods.

Keywords: Science domains. Health sciences. Qualitative research. Teaching. Soft science. Hard science.

Received on: Sep. 15, 2024
Approved on: Oct. 21, 2024
Published in: Nov. 13, 2024

1 INTRODUCTION

Over the last 25 years, we have worked together as teachers of qualitative research at the graduate level in the health sciences (Eakin; Gastaldo, 2020). The main outcome of our collaboration was the establishment and development of the Centre for Critical Qualitative Health Research at the University of Toronto (CQ, 2024), whose aims are to promote critical, equity based, social theory grounded health research through educating a new generation of qualitative researchers, developing the methodological field, and creating a supportive community of practice (Eakin; Gastaldo, 2020; CQ, 2021).

In this article, we share some of our experiences throughout this decades-long endeavour (CQ, 2021, 2024). We do so, proposing that while many reject the label of "soft science" that is often used derogatorily to characterize qualitative research in the health sciences field, we should embrace and redefine the label, asserting its methodological potency for understanding health and health care, and as an expansion of the scientific field (Shaw *et al*., 2022). First, we describe the sometimes-hostile environment of the health sciences, where some colleagues have limited scientific literacy in qualitative research. Second, we explain some key institutional strategies we have used to advantageously position and advance critical qualitative science.

2 PRACTISING AND TEACHING IN A WORLD OF LIMITED LITERACY IN QUALITATIVE SCIENCE

Coined in the 1950s, the term "scientific literacy" refers broadly to "what the general public ought to know about science" including an appreciation of the nature of science, its objectives, and limitations (Laugksch, 2000, p. 71). Scientific literacy is frequently associated with scientific education in schools because it sets the foundation for informal and formal life-long learning and the application of information (Laugksch, 2000). Unfortunately, the approach to scientific literacy has restricted it to notions of experiments and measurement, which has produced ignorance of and prejudice against qualitative research and contributed to notions of superior "hard" science and inferior, "soft" science.

Most academics in the health sciences who conduct qualitative research share the experience of having their work negatively impacted by peers and superiors who have limited scientific literacy in qualitative research (Eakin, 2016, 2021; Conceição *et al*., 2020). They report regular encounters with academics, students, university managers, journalists, and policymakers who possess scientific literacy limited to the dominant understanding of "hard" science. Hence, when submitting projects for funding, presenting or publishing their work, qualitative researchers have the burden of explaining and justifying their qualitative designs, which is typically not required when publishing quantitative studies (Camargo Jr., 2021).

The other problem qualitative researchers face related to the lack of qualitative scientific literacy is scientism. There are many definitions for scientism, but we refer here to the idea that the "neutral" measurement methods of the natural sciences are

the only proper way to produce knowledge and that all other scientific methodologies are of a lesser standard, including part of the health sciences, social sciences and all qualitative approaches (Webster *et al*. 2019). Since qualitative methodologies and methods do not adhere to the tenets of the scientific method for the natural and population-based sciences (e.g., bench/laboratory and epidemiological research) they are typically considered inferior within the health sciences. We have argued in our paper with Shaw and colleagues (2022, p. 2) that:

> The narrow focus on a scientific version of knowledge that neglects to consider the ways in which values and power shape the research enterprise limits the possibilities for academic research to contribute to a better world for all. The pervasiveness of scientism, and its intersection with neoliberalism poses particular challenges for critical qualitative researchers […].

The academic combination of “ignorance and prejudice (scientism)” shapes everyday interactions in academic institutions, including evaluation, promotion, and competition for research funds (Webster *et al*., 2019; Conceição *et al*., 2020). As Eakin (2016, p.107) explains:

> Qualitative health researchers share a sense of qualitative methodology as being misunderstood, misjudged, and regarded as scientifically inferior by other health researchers, and most would be familiar with the dismissal of their findings as “anecdotal” and “biased,” as inappropriate for explanatory or causal inference, and as good only for the “preliminary” exploration of variables for subsequent measurement. It is widely believed (with some empirical support) that qualitative health researchers are at funding, publication, and career disadvantage because of their methodological orientation.

In the context of neoliberalism, ignorance about qualitative research, and scientism, it is no surprise that so many of us know only too well about the marginal status and lack of authority of qualitative research in the health sciences (Eakin, 2016;

2021; Bosi, 2018; Martínez, 2018). As described by Gastaldo (2012), Eakin (2016), Martínez (2018), and Conceição *et al*. (2020), among other scholars, teaching qualitative research in the “land of the randomized controlled trial” (Eakin, 2016) is particularly challenging. The experiences described above are underscored by the dominant discourses of positivism and productivism in science that perpetuate the low prestige of “soft sciences”. In most Western countries, including Canada and Brazil, belief in the superiority of the “hard sciences” is rooted in the dominance of the positivist paradigm of science, reinforced by decades of academic productivism based on neoliberal principles (Gastaldo; Bosi, 2010; Eakin, 2016; Berg; Seeber, 2017; Bosi, 2018; Webster *et al*., 2019; Conceição *et al*., 2020; Shaw *et al*., 2022). In a positivist-productivist academic environment, our science is “soft” because we reject the existence of a single paradigm for knowledge production; “soft” because we argue that measurement is neither the only or necessarily best way to produce knowledge; and “soft” because we believe that reality — especially social reality — is highly contextual rather than reflecting a fixed, universal factual state (Camargo Jr., 2021).

Even though there has been a considerable increase in the utilization of qualitative research in the health sciences internationally (Ayres, 2021; Vanderkaay *et*

al., 2016) and leading authors have affirmed that the lack of research methodologies that critically examine social structures, hierarchical practices, and cultural understandings is a great barrier for achieving better health (e.g. Napier *et al*., 2014), the lack of understanding of the paradigmatic principles that guide qualitative research remains a challenge (Camargo Jr., 2021; Gastaldo, 2021).

Next, we focus on how to exit this loop of low status, and we explore how we have moved from individual to collective actions that embrace the periphery of power and construe "soft science" as a potent alternative that renders us not just able to survive but also to thrive (Eakin, 2016; 2021; Eakin; Gastaldo, 2020).

3 MAKING AN INSTITUTIONAL PLACE FOR CRITICAL QUALITATIVE RESEARCH IN THE HEALTH SCIENCES

Personally, we have spent the initial years of our careers limited to teaching introductions to qualitative research, varying from a single course for an entire doctoral program to a single guest lecture where we would tell graduate students "everything" about qualitative research (yes, colleagues expected us to teach "all" qualitative research in one or two hours). Sometime around 2001, we decided to take the situation in hand and offer two courses articulated across two faculties (Nursing and Public Health). Working together, we committed to cutting-edge, critical qualitative health research to do what scientists are supposed to do — advance their methodologies to produce better, transformative ways of thinking and doing. We tried hard to avoid constant teaching demands for short, quick introductions to qualitative research for those without any previous training. Most importantly, we moved to a collective, institutional response rather than individual striving, gradually putting together The Centre for Critical Qualitative Health Research (also known as CQ) to collectivize our effort, first operating informally as a network and by 2009 officially becoming a Centre within the School of Public Health (Eakin; Gastaldo, 2020).

Three key features characterize the work we undertook over the last two decades: we refused to abandon the notion of qualitative research as a scientific form of knowledge production; we vehemently stated our roots in the social sciences and our commitment towards critical qualitative health research; and, we worked as a group to support each other and flourish in the health sciences. These three tenets of our work were operationalized in the following ways:

a) **Doing Science Differently**: CQ's motto asserts that we are doing science but that we "do" it differently. While some qualitative researchers in other disciplines have preferred to distance their forms of inquiry from science, we, being situated in the health sciences, do not (Gastaldo, 2021). We do science "differently" by utilizing qualitative methodologies with an explicit connection to social theories situated within the critical-social and constructivist research paradigms (Gastaldo, 2011). Such study designs aim to increase understanding of social phenomena that take place within health care settings or social groups (e.g. poststructuralist critique of the medicalization of dying — Mohammed *et al*., 2020 — or postcolonial

critique of non-status migrants’ limited access to health care – Gastaldo; Carrasco; Magalhães, 2012).

b) **Conducting *Critical* Qualitative Health Research**: As Eakin and Mykhalovskiy (2005, item 10) explain “[t]he centrality and role of the social science theory in all aspects of QR [qualitative research] (…) is not widely understood within the health sciences.” Almost 20 years later, this reality remains unchanged because most health professionals are not educated to think about the socio-economic and political consequences of health practices. In this context, our specific contribution has been to produce knowledge that helps people to think, talk and/or act differently because we conceptualize health issues through notions of power and social privilege. Over a decade ago, we developed this definition of critical presented on CQ’s website:

> The term ‘critical’ refers to the capacity to inquire ‘against the grain’: to question the conceptual and theoretical bases of knowledge and method, to ask questions that go beyond prevailing assumptions and understandings, and to acknowledge the role of power and social position in health-related phenomena. The notion includes self-critique, a critical posture vis a vis qualitative inquiry itself. (CQ, 2021).

c) **Not only survive but thrive**: To address our own research challenges (such as getting funded, published, and promoted), over the years we built and maintained a collective of like-minded researchers who were originally scattered in the health sciences at the University of Toronto and in affiliated research institutes. We have supported the development of an academic fellows’ program (that has had an average of 20 members over the last 15 years) and a variety of outreach and advocacy projects aimed at promoting the careers of critical qualitative researchers. We published position papers about key issues for qualitative researchers’ careers, such as the evaluation of qualitative research for academic promotion (Webster *et al*., 2019) and the impact of critical qualitative inquiry (Shaw *et al*., 2022). Academic fellows also took editorships in several public health, social work, and nursing journals. Once we had created and consolidated an interdisciplinary curriculum across the health sciences, we shared all course syllabus and educational videos we had created for others to use, including a series of master’s level videos translated to Portuguese.[1]

With this introduction to critical qualitative research inside the health sciences and to CQ’s organized response to the challenges of going against the grain, we will explain specifically how we have built an institutional place for us in this field — a place that has, we believe, enabled critical qualitative researchers to participate more successfully in the health sciences, and to produce socially relevant knowledge.

To create a viable space for ourselves in the health sciences research arena, we have positioned critical qualitative research in two strategic ways: First, we positioned it as a form of *potent “soft science”*, and secondly, we positioned critical qualitative research *at the edge* rather than at the centre of the field.

1 REDE QUALI BRASIL-CANADÁ. Aprendendo métodos qualitativos. Vídeos Disponível em: (http://www.redequali.unb.br/index.php/pt/recursos/videos). Acesso em: 2 set, 2024.

4 CRITICAL QUALITATIVE RESEARCH AS A POTENT FORM OF SOFT SCIENCE

A common epistemological assumption held by many, including some qualitative health researchers, is that qualitative inquiry is an approach to knowledge production of "soft sciences" because it is limited to description. We not only refuse to cede the notion of science, but we also engage with the full potential of the scientific endeavour: investigation of causes, critique of exclusionary perspectives, reconceptualization of issues, identification of alternatives, and transformation of science itself (Shaw *et al*., 2022). Like other scientific practices, qualitative research seeks to understand and explain the social world using theoretically and empirically grounded processes of systematic observation and interpretation. Further, we do not use the notion of "soft" in its derogatory sense but subvert its meaning to signal strength rather than weakness. We position critical qualitative research as a *potent* "soft science" — science that is capable of illuminating elements of health that are not accessible to "hard science".

We argue that "hard science", because of its positivist and quantxification-centred mode of inquiry, is less effective in illuminating the elements of health that are about *quality* of norms or interactions, such as social and political forces in health, socio-biological and human-environmental interaction, the processes and functioning of therapeutic practices, and the everyday practices of health care organizations. The social dimensions of health implicate complex, invisible, and dynamic processes and causal mechanisms, such as discourse, power, institutional relations, among others, which are not *meaningfully* measurable, and that cannot be optimally captured or investigated through a numerical and experimental model of research.

We put forward a notion of qualitative health research as a science that is equipped to study topics positivist models of science cannot explore well — non-quantifiable, language-based, socially mediated phenomena — the "soft" qualities of health. *Critical* qualitative research is a scientific approach that goes further and invites questioning of what is known, the development of new kinds of knowledge, and the creation of novel openings for change. Thus, subverting the negative notion of "soft" and positioning qualitative research as producer of potent "soft science" is the first strategy we have been using to claim institutional space for our kind of research in the health field. The second strategy is to position critical qualitative research at the *edges* of the qualitative research field rather than at the centre.

5 CRITICAL QUALITATIVE RESEARCH AS THE CUTTING EDGE

Imagine a research river winding along with the water's main depth and force in the middle of the flow, while the water at the edges travels irregularly along the riverside, flowing into eddies and side rivulets, sometimes eroding the boundaries of the river, changing its course.

This is a metaphor for where we have placed critical qualitative research in the academy and in the qualitative field: at the cutting edge of the river, not in the mainstream. In the terms of qualitative research, this has meant focusing on the more transgressive, methodologically self-challenging edges of the field rather than on its

generic, more frequently utilized forms, which are better understood and accepted in the health sciences (e.g. the study of patients’ or caregivers’ experiences without any connection to the structural conditions that shape such experiences).

Our positioning at the edges has been articulated in four foci, which reflect the three main features of our work mentioned above (doing science differently, doing *critical* qualitative health research, and not only surviving, but thriving while doing so).

5.1 FOCUS ON METHODOLOGY

The Centre for Critical Qualitative Health Research focuses on research methodology. There are several reasons behind this positioning — most centrally, at least initially, it was because methodology provided a shared platform and language for bringing together those who understand that knowledge production requires an articulation between theory, values and methods; those who acknowledge the epistemological, axiological, and methodological dimensions of knowledge production as interconnected. Conversely, the dominant form of science is conceived foremost as a method, and most health scientists of a positivist persuasion, if they know of qualitative research at all, see it as not having a *methodology* (an epistemological, axiological, and theoretical perspective on the production of knowledge) but as just having different *methods* (techniques for collecting and analyzing data) (Facey; Gladstone; Gastaldo, 2018).

Constructing qualitative research in methodological terms granted us some attention and credibility in the health sciences. And at the same time, a focus on methodology has been very important to the field of qualitative research because generally, and especially in the health field, it has been insufficiently theorized methodologically. However, this strategy does come with some risks — for example, we note the rise of interest in mixed methods and what we consider to be the inappropriate methodological appropriation — even colonization — by positivist health researchers of techniques of qualitative inquiry without their methodological tethers.

5.2 FOCUS ON DEMONSTRATING TRANSFORMATIVE CRITICAL QUALITATIVE RESEARCH

A second element of our positioning strategy has been to place our feet where our mouths are: to actually *produce* (not just teach or advocate for) critical, transformative research (Farias *et al*., 2017). As a collective, we try to *demonstrate* the form and value of this type of science rather than just claim it or teach it. By transformative, we mean capable of changing how we think about health-related issues, and capable of bringing about new, meaningful ways of doing. We have emphasized being able to *articulate and demonstrate explicitly* how *critical* qualitative research is of relevance to health care users, policymakers, practitioners in the health field, and researchers. This is challenging to do convincingly; it requires an ability to elaborate on the applied value of qualitative research, especially of social science concepts and theory to produce critical inquiry. In our collective journey, transformative

research was mainly organized under three forms of work: methodological innovation, conceptual innovation, and knowledge mobilization.[2]

5.3 FOCUS ON ADVANCED LEVEL EDUCATION

A third key positioning has been our focus on educating for advanced research capability (that is for critical, theoretically grounded, social science informed, creative, added-value research) the next generation of qualitative researchers (Eakin; Gladstone, 2020; 2021; for example, PhD theses that received an award for their quality).[3] We concentrate on advanced level methodological education for doctoral students so that graduates reach other health science environments and share the kind of research insights we believe is needed for advancing the transformative potential that qualitative research can promote.[4]

But this focus too comes with some risks. We have been accused of being elitist and of excluding mainstream qualitative health researchers who use a positivist understanding of science or reduce qualitative research to methods, as mentioned above. Also, by concentrating our limited resources on advanced level graduate education, we have had to resist the pressure to take on more comprehensive teaching agenda at introductory and less theory-centred levels, in part because it would consume all our energies and not lead to the production of the next generation of highly prepared researchers who will become teachers and supervisors.

Even though the demand for education in qualitative research in the health sciences is increasing and we would like to prepare students earlier for critical qualitative research, we have been careful not to overcommit; once again, we prioritize quality over quantity. We believe this strategy has been successful, given the number of former students employed in academic positions who now produce transformative research and teach critical qualitative health research.

5.4 FOCUS ON BALANCE BETWEEN INTEGRATION AND MARGINALITY

A final positioning of critical qualitative research we have undertaken was to reconcile the relationship between integration and marginality in the dominant scientific health research community — the political understanding of our marginal space given our "soft science" status. Despite the efforts that we have directed to gaining recognition and acceptance from the dominant forms of scientific research, *critical* qualitative research remains a marginalized research practice within the dominant positivist paradigm. This position results from structural forces within the health sciences and academia, but also from our deliberate balancing of integration with marginality. We have not sought to be integrated as much as to be recognized and respected. We have eschewed joining the mainstream in favour of retaining our role and status at

2 CQ. *Research Innovation,* Sept. 28, 2021. Available at: https://ccqhr.utoronto.ca/research-innovation/. Accessed on: Sept. 2, 2024.

3 CQ. *Past Recipients,* April 4, 2024. Available at: https://ccqhr.utoronto.ca/education/dissertation-award/recipients/. Accessed on: Sept. 2, 2024.

4 CQ. Course Series, Sept. 28, 2021. Available at: https://ccqhr.utoronto.ca/education/about-course-series/. Accessed on: Sept. 2, 2024

the edges of the flowing river of science. Thus, we have resisted the colonizing efforts of mixed methods research, semi-positivist models of qualitative research, and the lure of quick and light qualitative analysis to increase productivity. We believe that too-deep integration into current health science practices would require sacrificing too much of what we believe is at the heart of our creative scientific potential. Although marginal status in the health research enterprise may be ungratifying and irritating, we believe it simultaneously feeds our vitality, creativity, and critical insight, and keeps us aligned with the marginalized groups we partner with in research. We believe that too much comfort and acceptance can blunt our critical edge.

Recognition of this paradox has emerged as a macro-strategy for balancing the urge to belong and have authority within the dominant research culture with resistance to incorporation into the mainstream, where we might lose our unique capacities. We aim for enough acceptance to survive institutionally but not enough to undermine our independence, epistemological and axiological differences, and vitality.

6 CONCLUDING REMARKS

We have shared our personal and collective trajectories as former directors of the Centre for Critical Qualitative Health Research to challenge and defy the recurrent, international notion of inferiority of qualitative research in the health sciences. Our defining characteristics and strategic positioning moved us from personal to collective action, including embracing the label of “soft science”. While we have emphasized that qualitative research is a scientific practice, we position ourselves in a marginal scientific location, at the edges, celebrating our potent “soft” methodologies and methods.

We conclude with this remark: it is hard to be soft. A critical qualitative approach to health research is not for the faint of heart. But we have suggested here and in our writing that there are effective ways to circumnavigate the challenges we have depicted and which many others have experienced. We believe many more qualitative researchers will find their own ways to practice and teach their science in contexts and times.

REFERENCES

AYRES, José Ricardo de C. M. Ciência, razão prática e os fundamentos da pesquisa qualitativa em saúde (prefácio). *In* : BOSI, Maria Lucia M.; GASTALDO, Denise. **Tópicos avançados em pesquisa qualitativa em saúde:** fundamentos teórico-metodológicos. Petrópolis: Vozes, 2021. Páginas 11-21

BERG, Maggie; SEEBER, Barbara. **The slow professor**: challenging the culture of speed in the academy. Toronto: University of Toronto Press, 2017.

BOSI, Maria Lúcia M. Formar pesquisadores qualitativos em saúde sob regime produtivista: compartilhando inquietações. *In*: CHAPELA, Maria Consuelo (ed.). **Formación en investigación cualitativa crítica en el campo de la salud**: abriendo caminos en Latinoamérica. Xochimilco, México: Universidad Autónoma Metropolitana, 2018. p. 161-179. Serie Académicos 135.

CAMARGO Jr, Kenneth Rochel. Pesquisa qualitativa em saúde: ciência e objetividade. *In* : BOSI, Maria Lucia M.; GASTALDO, Denise. **Tópicos avançados em pesquisa qualitativa em saúde:** fundamentos teórico-metodológicos. Petrópolis: Vozes, 2021. Páginas 37-47

CONCEIÇÃO, Maria Inês Gandolfo *et al.* Educando pesquisadores qualitativos em saúde no Brasil: perspectivas discentes e docentes. **Physis**, v. 30, n. 4, e300412, 2020. DOI: https://doi.org/10.1590/s0103-73312020300412

CQ - CENTRE FOR CRITICAL QUALITATIVE HEALTH RESEARCH. **Our History.** May 13, 2024. Available at: https://ccqhr.utoronto.ca/about-cq/. Accessed on: Sept. 9, 2024

CQ - CENTRE FOR CRITICAL QUALITATIVE HEALTH RESEARCH. **What is 'Critical'?** Sept. 28, 2021. Available at: https://ccqhr.utoronto.ca/about-cq/what-is-critical/. Accessed on: Sept. 9, 2024

EAKIN, Joan. M. Educating critical qualitative health researchers in the land of the randomized controlled trial. **Qualitative Inquiry**, v. 22, n. 2, p. 107-118, 2016. DOI: https://doi.org/10.1177/1077800415617207

EAKIN, Joan M. Formando pesquisadores qualitativos críticos em saúde na terra dos ensaios clínicos randomizados. *In* : BOSI, Maria Lucia M.; GASTALDO, Denise. **Tópicos avançados em pesquisa qualitativa em saúde:** fundamentos teórico-metodológicos. Petrópolis: Vozes, 2021. Páginas 282-313

EAKIN, Joan M.; GASTALDO, Denise. CQ as Critical Microbiome **CQ@10 Symposium**, Toronto, Ontario, Canada, Nov. 20, 2020. Available at: https://drive.google.com/file/d/1kQzpuI73ZedIocZTT23GJyTHtMEsfgwn/view. Accessed on: Sept. 9, 2024. [conference transcription]..

EAKIN, Joan; GLADSTONE, Brenda. Na caixa-preta da análise qualitativa: dar sentido aos dados com uma abordagem que "agrega valor". *In* : BOSI, Maria Lucia M.; GASTALDO, Denise. **Tópicos avançados em pesquisa qualitativa em saúde:** fundamentos teórico-metodológicos. Petrópolis: Vozes, 2021. Páginas 202-236

EAKIN, Joan M.; GLADSTONE, Brenda. "Value-adding" analysis: doing more with qualitative data. **International Journal of Qualitative Methods**, v. 19, 2020. DOI: https://doi.org/10.1177/1609406920949333

EAKIN, Joan M.; MYKHALOVSKIY, Eric. Conference Report: Teaching against the grain: the challenges of teaching qualitative research in the Health Sciences. A national workshop on teaching qualitative research in the Health Sciences. **Forum Qualitative Sozialforschung/ Forum: Qualitative Social Research**, v. 6, n. 2, 2005. DOI: https://doi.org/10.17169/fqs-6.2.494

FACEY, Marcia; GLADSTONE, Brenda; GASTALDO, Denise. Qualitative health research: an introduction. *In*: CENTRE FOR CRITICAL QUALITATIVE HEALTH RESEARCH. **Learning and teaching qualitative health research in Ontario**: a resource guide. Toronto, Canada: E-CampusOntario, 2018. Available at: http://qualitativeresearchontario.openetext.utoronto.ca/part/127-2. Accessed on: Sept. 9, 2024.

FARIAS, Lisette *et al.* Reclaiming the potential of transformative scholarship to enable social justice. **International Journal of Qualitative Methods**, v. 16, n. 1, p.1-10, 2017. DOI: https://doi.org/10.1177/1609406917714161

GASTALDO, Denise. Congruência epistemológica como critério fundamental de rigor na pesquisa qualitativa em saúde. *In*: BOSI, Maria Lucia M.; GASTALDO, Denise. **Tópicos avançados em pesquisa qualitativa em saúde:** fundamentos teórico-metodológicos. Petrópolis: Vozes, 2021. Páginas 77-105

GASTALDO, Denise. Ensinando pesquisa qualitativa em saúde no Canadá: alguns avanços e novos desafios. **Ciência & Saúde Coletiva**, v. 17, n. 3, p. 591–593, 2012. Available at: http://cienciaesaudecoletiva.com.br/artigos/ensinando-pesquisa-qualitativa-em-saude-no-canada-alguns-avancos-e-novos-desafios/9249. Accessed on: Sept. 9, 2024.

GASTALDO, Denise. **Research Paradigms**. NUR1024 Foundations of Qualitative Inquiry. 2011. Available at: https://ccqhr.utoronto.ca/wp-content/uploads/2018/09/Research-Paradigms_2011_DG.pdf. Accessed on: Sept. 9, 2024.

GASTALDO, Denise; BOSI, María Lucía. ¿Qué significa tener impacto? Los efectos de las políticas de productividad científica en el área de la salud. **Enfermería Clínica**, v. 20, n. 3, p. 145–146, 2010. DOI: https://doi.org/10.1016/j.enfcli.2010.03.008

GASTALDO, Denise; CARRASCO, Christine; MAGALHÃES, Lilian. **Entangled in a web of exploitation and solidarity**: Latin American undocumented workers in the Greater Toronto Area. Toronto: CSSP/CAIS, 2012. E-book. Available at: http://www.migrationhealth.ca/undocumented-workers-ontario/summary-findings. Accessed on Sept. 9, 2024.

LAUGKSCH, Rudiger C. Scientific literacy: a conceptual overview. **Science Education,** v. 84, n. 1, p. 71-94, 2000. DOI: https://doi.org/10.1002/(SICI)1098-237X(200001)84:1<71::AID-SCE6>3.0.CO;2-C

MARTÍNEZ, C. Hacia la construcción de lugares más propicios para la formación de investigadores cualitativos críticos. *In*: CHAPELA , Maria Consuelo (ed.). **Formación en investigación cualitativa crítica en el campo de la salud**: abriendo caminos en Latinoamérica. Xochimilco, México: Universidad Autónoma Metropolitana, 2018. Serie Académicos 135. Paginas 21-50

MOHAMMED, Shan *et al.* The medicalisation of the dying self: the search for life extension in advanced cancer. **Nursing Inquiry**, v. 27, n. 1, p. e12316, 2020. DOI: https://doi.org/10.1111/nin.12316

NAPIER, A. David et al. Culture and health. **The Lancet**, v. 384, n. 9954, p. 1607-1639, 2014. DOI: https://doi.org/10.1016/S0140-6736(14)61603-2

SHAW, James *et al.* Advancing the impact of critical qualitative research on policy, practice, and science. **International Journal of Qualitative Methods**, v. 21, 2022. DOI: https://doi.org/10.1177/16094069221076929

VANDERKAAY, Sandra *et al.* Qualitative research in rehabilitation science: opportunities, challenges, and future directions. **Disability and Rehabilitation**, v. 40, n. 6, p. 705–713, 2016. DOI: https://doi.org/10.1080/09638288.2016.1261414

WEBSTER, Fiona *et al.* Doing science differently: a framework for assessing the careers of qualitative scholars in the Health Sciences. **International Journal of Qualitative Methods**, v. 18, p. 1-7, 2019. DOI: https://doi.org/10.1177/1609406919838676

Resumo: Enquanto muitos rejeitam o rótulo de “ciência mole”, frequentemente usado de forma pejorativa para caracterizar a pesquisa qualitativa nas ciências da saúde, propomos que devemos adotar e redefinir esse rótulo, afirmando sua potência metodológica para entender a saúde e o sistema de saúde e ainda como uma expansão do campo científico. Neste artigo, refletimos sobre as estratégias que desenvolvemos ao longo dos últimos 25 anos, enquanto trabalhávamos juntas como professoras de pesquisa qualitativa em nível de pós-graduação nas ciências da saúde. O principal resultado de nossa colaboração foi o estabelecimento e desenvolvimento do Centre for Critical Qualitative Health Research da Universidade de Toronto. Como ex-diretoras, refletimos sobre como praticar e ensinar em um mundo com limitado letramento em pesquisa qualitativa; como criar um espaço institucional para a pesquisa qualitativa crítica nas ciências da saúde; como entender a pesquisa qualitativa crítica como uma forma potente de “ciência mole”; e como nos posicionamos em uma localização científica marginal, nas bordas do sistema acadêmico, enquanto celebramos nossas metodologias e métodos “moles” e potentes.

Palavras-chave: Domínios da ciência. Ciências da saúde. Pesquisa qualitativa; Ensino. Ciência mole. Ciência dura.

Resumen: Mientras muchos rechazan la etiqueta de "ciencia blanda", que a menudo se utiliza de forma peyorativa para caracterizar la investigación cualitativa en las ciencias de la salud, proponemos que debemos adoptar y redefinir esta etiqueta, afirmando su potencia metodológica para entender la salud y el sistema sanitario, así como hacer una expansión del campo científico. En este artículo, reflexionamos sobre las estrategias que hemos desarrollado a lo largo de los últimos 25 años, mientras trabajábamos juntas como profesoras de investigación cualitativa en el nivel de posgrado en las ciencias de la salud. El principal resultado de nuestra colaboración fue el establecimiento y desarrollo del Centre for Critical Qualitative Health Research de la Universidad de Toronto. Como exdirectoras, reflexionamos sobre cómo practicar y enseñar en un mundo con una limitada alfabetización en investigación cualitativa; cómo crear un espacio institucional para la investigación cualitativa crítica en las ciencias de la salud; cómo entender la investigación cualitativa crítica como una forma potente de “ciencia blanda”; y cómo nos posicionamos en una ubicación científica marginal, en los márgenes del sistema académico, mientras celebramos nuestras metodologías y métodos “blandos” y potentes.

Palabras clave: Dominios de la ciencia. Ciencias de la salud. Investigación cualitativa. Enseñanza. Ciencia blanda. Ciencia dura.

CONFLICT OF INTERESTS

The authors declare that this work involves no conflict of interest.

AUTHOR CONTRIBUTIONS

Denise Gastaldo: writing of drafts and final version.

Joan Eakin: writing of drafts and final version.

FUNDING

This study was not supported by funding sources.

HOW TO CITE

GASTALDO, Denise; EAKIN, Joan. Practising soft science in the field of health. **Movimento**, v. 30, p. e30061, Jan./Dec. 2024. DOI: https://doi.org/10.22456/1982-8918.142677

EDITORIAL RESPONSIBILITY

Alex Branco Fraga*, Elisandro Schultz Wittizorecki*, Mauro Myskiw*, Raquel da Silveira*

*Universidade Federal do Rio Grande do Sul, Escola de Educação Física, Fisioterapia e Dança, Porto Alegre, RS, Brazil.