

EDITORIAL

QUALITATIVE RESEARCH AS A DRIVER OF HUMANIZED CARE AND EDUCATIONAL INNOVATION IN THE HEALTH SCIENCES

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In recent decades, the health sciences have undergone profound transformations, not only in clinical practice but also in the focus and construction of scientific knowledge^{1, 2}. Contemporary healthcare models increasingly demand shifts toward more humanized, patient-centered care, prompting a departure from the traditional biomedical model^{1, 2}. Historically, the health sciences have embraced a realist ontological stance, grounded in the belief in a single, measurable, stable, and uniform reality^{3, 4}. At the same time, the epistemological frameworks traditionally employed to construct and validate knowledge in the health sciences are being re-evaluated, as growing attention is given to the limitations of interpreting patient realities solely through objective, quantifiable phenomena^{3, 4}. Quantitative data—such as mortality rates, hospital length of stay, and number of consultations—are insufficient to provide comprehensive, holistic responses to the demands of contemporary care models. The current organization and governance of healthcare systems require a more nuanced understanding of the complex realities surrounding illness and the lived experiences of patients⁴. There is now broad recognition

that knowledge is not exclusively objective, but also interpretative—constructed through personal experiences and meanings. Nonetheless, qualitative research continues to represent a relatively small proportion of publications in high-impact scientific journals within the health sciences, as well as in the academic training of future healthcare professionals⁴⁻⁶.

Qualitative methodology enables a deep understanding of the perspectives, experiences, feelings, and emotions of individuals, groups, and communities regarding the meanings of health, illness, disability, and dependency⁷. Adopting qualitative approaches to explore human experiences in healthcare represents a paradigm shift in how care is conceived, delivered, and evaluated, by placing the lived experience of patients and their families at the center, thereby reclaiming the very essence of caregiving. This approach brings research closer to the humanization of care, fostering value-based, person-centered practices that prioritize patients' dignity, active listening, and respect for their life projects⁸.

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It also carries significant implications for health sciences education, contributing to the formation of professionals equipped to deliver compassionate, person-centered care⁹. Furthermore, qualitative research requires a profound reflective process, enhancing researchers' awareness and the relational dynamics between the researcher, participants, and their socio-cultural context⁹. It promotes critical thinking and sensitizes future healthcare professionals to the familial, social, and cultural environments of those they serve¹⁰. Integrating qualitative research tools into innovative teaching strategies—such as patient narrative analysis and co-creation of learning activities with patients—can enrich curricular content and foster key competencies, including active listening and empathy⁶. The development of these capacities supports a transformative shift in health education, contributing to a redefinition of care within clinical practice.

In conclusion, for healthcare to become truly humanized, it is essential to adopt and integrate methodological approaches that reveal, interpret, and value the subjective experiences of all stakeholders in the care process, including patients, families, healthcare professionals, and system administrators. Qualitative research, therefore, should not be viewed as a secondary alternative but as a fundamental tool for advancing a more human, holistic, and genuinely person-centered clinical, educational, and scientific practice.

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