

Editorial

Introducing the new Editorial Team

This issue marks the first undertaken by the newly refreshed Editorial Team and also the recent confirmation of the impact factor for *Health Expectations*: 2.315 for 2 years running. This together with a significant increase in submissions to the journal of more than 60% over the same period last year testify to *Health Expectations*' growing strength and rise in relevance to clinicians, consumers and researchers alike.

In part, to meet these demands and also to capitalize on *Hex*'s increasingly global reach, three international Associate Editors have been appointed to help steer the journal over the next 3 years. The Associate Editors are Carolyn Chew-Graham formerly at the University of Manchester but now at Keele University in the UK, Sarah Hawley from the University of Michigan and Ann Arbor VA Healthcare System in the USA and Rick Iedema from University of Technology Sydney in Australia (who has been working with us since October 2011). We thought it would be useful if all three introduced themselves briefly.

Carolyn is Professor in General Practice Research at Keele University and is a practising General Practitioner.

'The doctor–patient relationship in consultations under pressure is the focus of my work with a particular interest in mental health and the role of primary care. I lead a programme of practice-based research focusing on lay and professional knowledge, particularly dealing with the difficult to diagnose or manage prob-

lems within the primary care consultation. I have led nested qualitative studies within major trials and further developed literature on the importance of the clinician–patient interaction and how this influences the detection, labelling and management of distress and uncertainty by both clinicians and patients.'

Sarah is an Associate Professor in the Division of General Medicine at the University of Michigan and a Research Investigator at the Ann Arbor Veterans Administration Health Services Research and Development Center of Excellence in Clinical Care Management Research.

'As a social scientist trained in health services research focusing on evaluation of quality cancer care for newly diagnosed patients with cancer through survivors, my research specifically focuses on understanding and improving the decision-making process and how to best assess and incorporate patients' preferences into complex medical decisions. I am particularly interested in learning more about how to improve patient-centred care, defined as care that includes the values and preferences of patients but is also consistent with evidence-based guidelines where appropriate. I view achieving patient-centred care as the key to improving the quality of care delivered to patients across disease conditions as well as health systems, yet more work is needed to understand how to best deliver patient-centred care, as well as to link patient-centred care to patient-reported and clinical outcomes. I believe high-quality research in both patient and clinician populations is needed to contribute to improving patient-centred care and, ultimately, health policy.'

Rick is Professor of Communication in the Faculty of Arts and Social Sciences, Director of the Centre for Health Communication at the University of Technology Sydney and a Fellow of the Academy of Social Sciences of Australia.

‘My research explores how communication impacts on care organization, quality and safety. My most recent work focuses on clinical handover, incident disclosure and professional communication around risk and infection control. I am particularly interested in the use of video as a research method and how it can be used to reveal and intervene in taken-for-granted dimensions of care. My video-based studies have intervened in how ambulance paramedics hand over patients to emergency clinicians, how intensive care specialists conduct their ward rounds and how spinal care teams enact patient consults and infection control. My research into incident investigation and incident disclosure has revealed for me the critical nature of patients’ and relatives’ input into the care process, and particularly when care produces unexpected and undesirable outcomes.’

Together, we wish to continue to ensure the quality of the articles published in *Health Expectations*. In particular, we want to reinforce the importance of theories relating to patient and public involvement and patient-centred care as well as the importance of policy and practice locally, nationally and internationally. Similarly, we aim to showcase methodological development by encouraging studies that deploy innovative study designs – both qualitative and quantitative – to give prominence to patients’ and their families’

experiences. Complementing better-established approaches such as surveys and interviews, these approaches may include visual method investigations, as well as art-based and dramaturgical studies. The multinational nature of the journal is one of its strengths, and we would like to continue to encourage submissions from researchers from different organizational and national contexts. We are also keen to encourage more submissions from clinical researchers, political scientists and policy analysts.

We feel that focused engagement with particular issues can bring greater benefit and want to encourage submissions for ‘Themed Issues’ of *Health Expectations*. A themed issue includes four or five linked papers on a common topic introduced with an editorial. We would welcome the submissions for outlines of Themed Issues and hope to publish at least one such issue annually.

The new Editorial Team is well placed to build on the success of the journal and help to ensure it continues to showcase high-quality research extending our understanding of patient-centred care and the role of patients, service-users, relatives and the public in shaping the delivery and receipt of health care.

The Health Expectations Editorial Team

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