How to Do a Rapid Qualitative Review (Qualitative Evidence Synthesis)

Professor Andrew Booth, Cochrane Qualitative and Implementation Methods Group (QIMG) in association with the Cochrane Rapid Reviews Methods Group

A Methodological Alliance!

Cochrane Qualitative and Implementation Methods Group (QIMG)

Cochrane Rapid Reviews Methods Group

Qualitative Evidence Synthesis (QES)

rQES

Rapid Reviews (RR)

Andrew Booth, Jane Noyes, Catherine Houghton, Fiona Campbell.
What is a rapid Qualitative Evidence Synthesis (rQES)?
Cochrane Rapid Qualitative Review/Evidence Synthesis

Definition:

‘A type of evidence synthesis that brings together and summarises information from different qualitative research studies to produce evidence for people such as the public, healthcare providers, researchers, policymakers, and funders in a systematic, resource-efficient manner. This is done by:

* speeding up the ways we plan, do and/or share the results of conventional structured (systematic) reviews, by simplifying or omitting a variety of methods that should be clearly defined by the authors.’


7. [How to do a rapid scoping review]. Fiona Campbell, Senior Lecturer in Evidence Synthesis, Newcastle University. *BMJ Evid Based Med.*

Tuesday 12 March 2024, 09:00 UTC  *Rapid Reviews webinar series*

As Authors we acknowledge that:
– There are myriad reasons why an alternative to a conventional qualitative review might be required.

We therefore use ‘rQES’ to signify
– Rapid qualitative evidence syntheses in the narrow sense but also…
– Resource-constrained qualitative evidence syntheses (e.g. limited budgets; PhD and Masters student projects; multi-component or multi-topic reviews where the resource for each component/topic is relatively little).

NB. This is in the Rapid Reviews series but…
"As editor and associate editor of journals publishing qualitative work in the health field, I have witnessed a proliferation of submissions in recent years of “quick and dirty” technical reports that position themselves as products of “qualitative metasynthesis.”"

"By conforming to a highly technical set of sorting and selecting operations, all of which are attaining increasing credibility as expectations for manuscripts claiming to be metasynthesis reports, and rendering findings that reflect only the most superficial of commonalities across the final subset of studies, they are privileging standardized technique over interpretive imagination, conceptual depth, and the insights that could be obtained from cross fertilization across diversities.” (Thorne, 2017)

"These kinds of technical reports often reveal nothing of the gorgeous and evocative depth and details reported in the original studies, and grossly misrepresent what they reported as findings by virtue of ignoring that which is not common across the full body of work. And although they may list such factors such as the year, location, and discipline of the original investigator(s) in their tabularized summaries of the key facts of the studies they summarize, they rarely take any of the chronology and temporality of the evolving body of exploration into critical consideration.” (Thorne, 2017)
ABrief History of rQES – Part 1

Initial examples largely concentrated around health technology assessment (2019)


Experience from leading health technology assessment agency (2020)

<table>
<thead>
<tr>
<th>QES Step</th>
<th>Experience</th>
<th>Perspective</th>
<th>Lesson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulating Research Questions</td>
<td>Refractive research question and search development using PICO.</td>
<td>Position ensures that the available literature is aligned with the QES research questions and also of a manageable volume with the rapid context.</td>
<td>Rotation is necessary to ensure sufficient and manageable literature to answer the research questions. It can help prevent an &quot;empty&quot; QES in situations where there has been little to no research published on a specific technology and condition, and it can also present an unmanageable number of citations for heavily-researched areas.</td>
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</table>

Identifying Relevant Research to Answer the Research Questions

The number of databases searched is dependent on and language limits, and tools design. Across databases and language limits, which may not be used at times retrieved too few or too many citations. Comprehensive database searching in QES takes time, which may not be available in QRES. QRES requires a more rapid search approach that limits literature by scope or basis. Search limits, including data limits, language limits, and study design limits, are required for QRES iterative search development and question formulation will add time to the review process overall but will help ensure a sufficient and manageable body of literature. Search limits may be more broad or narrow, depending on the quantity of research published for a particular topic.

Initial and Full-text Screening Stages

Using a single reviewer for titles, abstracts, and full-text screening substantially reduced the time spent on this step. Since less time is spent on screening, more time is available for analysis and writing to ensure that the findings respond directly to the research question(s). Using a single reviewer may reduce time needed to screen but may introduce opportunities to miss articles that may be relevant to the policy problem. Reviewers should detail the screening methods, procedures, and tools used in the final QES report for transparency and accountability. Reviewers can also conduct pilot screening, or design screening decisions with a colleague.

Quality Appraisal

One reviewer appraised included studies using a brief tool, QRF. The QRF tool is advantageous in QES because it is brief and focuses on the most commonly reported methodological details of qualitative studies. This characteristic ensures that quality appraisals are aligned with how primary study authors have chosen to frame the methodology and method of their manuscript. A single reviewer with experience in qualitative research facilitated rigorous quality appraisal. Using a brief tool to guide appraisal is feasible in a rapid context, although the appraiser should have previous exposure to the principles of qualitative research design and conduct.

Extraction of Descriptive (Shahs and Patterns) and Characteristics Data

A single reviewer extracted data from included articles into a standardized data extraction form at the same time as conducting quality appraisal. Performing descriptive data extraction and quality appraisal simultaneously saves time because included articles have to be reviewed once. Conducting descriptive data extraction and quality appraisal simultaneously saves time and broadens how the quality of included studies can be represented in the final report.

Synthesizing and Writing the Findings

One theme that captures the most relevant data shared our writing of narrative summaries for remaining themes. Time did not allow for attention to and reporting of all concepts represented in the primary literature. Synthesizing and writing concurrently and iteratively allows the reviewer to stay close to the pre-specified research and policy questions. Using one theme as an anchor helped to maintain alignment between the QES results and the research questions. Reviewers must prioritize the reporting of emergent themes that are present in the primary literature. They may focus on the code, concepts or themes that are most frequently apparent in the included literature at the same time as those themes they deem most relevant to the policy questions, clearly through discussion with stakeholders.
A Brief History of rQES – Part 3

- One of a series of rapid reviews from Cochrane contributors to inform the COVID-19 pandemic.
- Began end of March 2020
- Found 36 eligible studies and sampled 20 of these
- First rapid Qualitative Evidence Synthesis to be published in the Cochrane Library
- Four weeks from registration to publication
- Relied on:
  - core team to work consistently on the review
  - team of experts to give feedback ASAP
  - supportive editorial team with “all hands on deck”
Emergency Evidence Response Service

Health care workers and infection prevention and control (IPC) for respiratory infectious diseases: Implementation considerations

Who is this summary for?
The questions below are drawn from the findings in a new Cochrane Review. These are prompts that are intended to help ministries of health, healthcare facilities and other stakeholders to plan, implement and manage IPC strategies for respiratory infectious diseases.

About the review
A Cochrane rapid review of qualitative research explored barriers and facilitators to health care workers’ compliance with infection prevention and control (IPC) recommendations for respiratory infectious diseases (Houghton 2020). The review analysed 20 qualitative studies from different countries.
Lessons Learned

A QuESt for speed: rapid qualitative evidence syntheses as a response to the COVID-19 pandemic

Linda Biesty, Pauline Meskel, Claire Glenton, Hannah Delaney, Mike Small, Andrew Booth, Xin Hui S. Chan, Declan Devane & Catherine Houghton

Methodology | Open access | Published: 04 November 2020

Abstract

Background

The COVID-19 pandemic has created a sense of urgency in the research community in their bid to contribute to the evidence required for healthcare policy decisions. With such urgency, researchers experience methodological challenges to maintain the rigour and transparency of their work. With this in mind, we offer reflections on our recent experience of undertaking a rapid Cochrane qualitative evidence synthesis (QES).

Methods

This process paper, using a reflexive approach, describes a rapid QES prepared during, and in response to, the COVID-19 pandemic.

The contribution of qualitative evidence in epidemic and pandemic research has been articulated in previous editorials of this journal (Trin et al., 2020) and attention given to the pivotal role of qualitative methods in identifying social responses to COVID-19 (Vindrola-Padros et al., 2020). In addition, we feel it is also timely to explore the concept of “team” during this period and what adaptations pandemic restrictions has brought to how teams organize themselves, interact and the benefits and challenges that this brings. In this editorial, we reflect on our experiences of being part of a team conducting qualitative research during a pandemic, which has affected every aspect of our lives. Something this significant creates an opportunity for new learning. We consider what we have learned during this time and what aspects we can use to inform and enrich us.

No picture is complete without looking at the losses as well as the gains, so we will also reflect on what we have had to surrender in our online world, during this time. This reflection will assist us in identifying what we believe needs to be recaptured when this pandemic is over and what we need to consign to the pandemic vaults of history. In true qualitative spirit we have themed our reflections: accessibility, intimacy, and networking.
Booth A, Sommer I, Noyes J, Houghton C, Campbell F. Rapid reviews methods series: guidance on rapid qualitative evidence synthesis. *BMJ Evidence-Based Medicine* Published Online First: 14 February 2024. doi: 10.1136/bmjebm-2023-112620
What it is

- **20 recommendations** made, based on our collective and published experience and on our interpretation of the generic Cochrane Rapid Review guidance.
- Cover **whole review process** and seek to stop short of endorsing a specific approach or single method.
- Supported by **Supplementary Appendix** with evidence cited where available
- **Informed by current work** in progress on the *Cochrane and Campbell Handbook of Qualitative Evidence Synthesis*
- **A starting point** for an empirical methodological agenda
The Recommendations

- **Follow** the stages of a conventional Qualitative Evidence Synthesis as outlined in the recently released Cochrane Interactive Learning Module 12: Introduction to qualitative evidence synthesis.

- **Mirror** the Chapters in the Forthcoming Cochrane-Campbell Handbook of Qualitative Evidence Synthesis.

- **Complement** the other articles in the Cochrane Rapid Reviews Methods Series in *BMJ Evidence Based Medicine*.
Recommendations for Resource-Constrained Qualitative Evidence Syntheses (rQES)

<table>
<thead>
<tr>
<th>Recommendation number</th>
<th>Item</th>
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<tbody>
<tr>
<td><strong>Setting the review question and topic refinement</strong></td>
<td></td>
</tr>
<tr>
<td>R1</td>
<td>Ensure involvement of knowledge users, even when the QES is abbreviated or accelerated; especially when setting the review question and refining the topic, to ensure key perspectives are included</td>
</tr>
<tr>
<td>R2</td>
<td>Use templates to fast-track writing of a protocol. The protocol should always be publicly available and should be registered if the rQES timescales permit</td>
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<tr>
<td><strong>Setting eligibility criteria</strong></td>
<td></td>
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<tr>
<td>R3</td>
<td>Together with knowledge users</td>
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<tr>
<td>R4</td>
<td>Clearly define the included perspectives. A rapid QES (rQES) may need to limit the number of perspectives, with a focus on those most important for decision-making</td>
</tr>
<tr>
<td>R5</td>
<td>Define if indirect evidence is to be used in the absence of direct evidence. An rQES may focus on direct evidence, except when only indirect evidence is available</td>
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<tr>
<td>R6</td>
<td>Consider privileging rich qualitative studies; consider a stepwise approach to inclusion of qualitative data and explore the possibility of sampling</td>
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<tr>
<td>R7</td>
<td>Consider including multiple QES within a mega-synthesis</td>
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<tr>
<td><strong>Searching</strong></td>
<td></td>
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<tr>
<td>R8</td>
<td>Involve an information specialist (eg, librarian) in prioritising sources and search methods</td>
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<tr>
<td>R9</td>
<td>Consider limiting database searching to two or three multidisciplinary databases and, if resources allow, searches of one or two specialised (subject or regional) databases</td>
</tr>
<tr>
<td>R10</td>
<td>Even when resources are limited, consider factoring in time for peer review of at least one search strategy</td>
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<tr>
<td>R11</td>
<td>Selectively target appropriate types of grey literature and supplemental searches, including citation chaining, especially for diffuse topics</td>
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<tr>
<td><strong>Study selection</strong></td>
<td></td>
</tr>
<tr>
<td>R12</td>
<td>Title and abstract screening/full-text screening</td>
</tr>
<tr>
<td>R13</td>
<td>Use pre-prepared, pretested templates to limit the scale of piloting, calibration and testing</td>
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<td>R14</td>
<td>Target and prioritise identified risks of either over-analysed inclusion or over-exclusion specific to each rQES</td>
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<tr>
<td><strong>Data extraction</strong></td>
<td></td>
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<tr>
<td>R15</td>
<td>Use a single reviewer to extract data using a piloted template, with a second reviewer for checking, or code data directly from full-text articles, again with checking. Limit data extraction to minimal essential items. Consider re-using data extracted from primary studies included in previous QESs</td>
</tr>
<tr>
<td><strong>Assessment of methodological limitations</strong></td>
<td></td>
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<tr>
<td>R16</td>
<td>In the absence of validated risk of bias tools for qualitative studies, choose a tool according to CQIN guidance together with expediency</td>
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<td>Use a single reviewer to assess methodological limitations, with verification of judgements (and support statements) by a second reviewer</td>
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<td><strong>Synthesis</strong></td>
<td></td>
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<td>R18</td>
<td>Favour descriptive thematic synthesis or framework synthesis, except when theory generation (meta-ethnography or analytical thematic synthesis) is a priority</td>
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<td>Consider whether a conceptual model, theory or framework offers a rapid way to organise/code/interpret/present findings</td>
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<td>R20</td>
<td>Target GRADE-CERQual assessments at findings most critical to decision-making. Additional reviewers could verify all, or a sample of, assessments. Consider reusing GRADE-CERQual assessments if findings are relevant and of demonstrable high quality</td>
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<td><strong>Additional considerations</strong></td>
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<tr>
<td>R21</td>
<td>Use review management software or qualitative analysis management software to streamline the process</td>
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(CQIN, Cochrane Qualitative and Implementation Methods Group; GRADE-CERQual, Grading of Recommendations Assessment, Development and Evaluation approach for assessing the Confidence of Evidence from Reviews of Qualitative research; QES, qualitative evidence synthesis.)
Recommendations for rQES

Setting the review question and topic refinement

• R1 Ensure involvement of knowledge users, even when the QES is abbreviated or accelerated; especially when setting the review question and refining the topic, to ensure key perspectives are included

• R2 Use templates to fast-track writing of a protocol. The protocol should always be publicly available and should be registered if the rQES timescales permit

• Involvement of knowledge users remains important – can help with priorities and focus

• Also see: Rapid Reviews Methods Series: Involving patient and public partners, healthcare providers and policymakers as knowledge users. BMJ Evidence-Based Medicine 2024-02-01, DOI: 10.1136/bmjebm-2022-112070. C Garrity, AC Tricco, M Smith, D Pollock, C Kamel, VJ King

• NB. Cochrane QES Protocol and Review Template https://zenodo.org/records/10050961

• “Most recently, the template helped support authors of a rapid qualitative evidence synthesis prepared as part of Cochrane’s response to the COVID-19 pandemic by providing standardised text that could be adapted rapidly (Houghton et al, 2020). The success of the template lies partly in striking a balance between instruction and flexibility, so that qualitative evidence synthesis authors can be guided, but not constricted in the development of their reviews…”
Recommendations for rQES

Setting eligibility criteria #1

Together with knowledge users

• R3 Clearly define included perspectives. A rapid QES (rQES) may need to limit the number of perspectives, with a focus on those most important for decision-making

• R4 Define if ‘indirect evidence’ is to be used in the absence of direct evidence. An rQES may focus on direct evidence, except when only indirect evidence is available

• SPICE or PerSPECTiF will prompt to identify the relevant perspectives

• But you may have to limit to Primary Perspectives (e.g. Patients; Public) for your specific question

• “Covid” (Direct) rQES included SARS, Middle East respiratory syndrome (MERS), tuberculosis (TB), influenza-like illness/respiratory infections (Indirect)

• Infant feeding for Zika virus (Direct) included other conditions with swallowing difficulties e.g. Cerebral Palsy (Indirect)
Recommendations for rQES

Setting eligibility criteria #2

• R5 Consider privileging rich qualitative studies; consider a stepwise approach to inclusion of qualitative data and explore the possibility of sampling

• R6 Consider including multiple QES within a mega-synthesis

• Two ‘burning’ issues from Cochrane and Campbell Handbook of QES: Sampling and Richness.
  - Manuscript under submission by Ames et al on richness scale.
  - Qualitative research 📄 Qualitative data 📄 Data from Surveys

• Manuscript under submission by Booth et al on Overviews of QES (Mega-syntheses)

• Also chapter in Cochrane/Campbell Handbook of QES
Recommendations for rQES

Searching #1

- R7 Involve an information specialist (e.g., librarian) in prioritising sources and search methods

- R8 Consider limiting database searching to two or three multidisciplinary databases and, if resources allow, searches of one or two specialised (subject or regional) databases

- Minimum – Peer Review of Strategy; Advice on Strategy and Sources
- Preferred – Conducting the Searches and Documentation

- A very good Scopus search plus judicious databases
- Scopus includes records from the MEDLINE and EMBASE databases, among other included sources. Scopus has more than double number of records in PubMed (54M+ records in Scopus compared to PubMed’s 24M+ records).
- But, as a federated search engine, Scopus loses PubMed functionality!
Recommendations for rQES

Searching #2

- **R9** Even when resources are limited, consider factoring in time for peer review of at least one search strategy

- **R10** Selectively target appropriate types of grey literature and supplemental searches, including citation chaining, especially for diffuse topics


  - [Grey Matters (CADTH HTA agency)](https://greymatters.cadth.ca/)

  - [Citation Chaser](https://www.eshackathon.org/software/citationchaser.html)
Recommendations for rQES

Study selection: Title and abstract screening/full-text screening

- **R11** Use pre-prepared, pretested templates to limit the scale of piloting, calibration and testing
- **R12** Target and prioritise identified risks of either over-zealous inclusion or over-exclusion specific to each rQES
- **R13** Focus quality control procedures on specific threats (e.g., use additional reviewers and report percentages for double screening)

- Guidance typically targets random 20% for overlap
- Test set should be completed early to benefit from shared reviewer learning
- Are threats from false positives (inclusions)? Or false negatives (exclusions)? Or Both?
- 20% of inclusions? 20% of exclusions? 20% of blinded random sample?
Recommendations for rQES

Data extraction

- **R14**  Use a single reviewer to extract data using a piloted template, with a second reviewer for checking, or code data directly from full-text articles, again with checking.

- Limit data extraction to minimal essential items. Consider re-using data extracted from primary studies included in previous QESs.

Recommendations for rQES

Assessment of methodological limitations

• **R15** In the absence of validated risk of bias tools for qualitative studies, choose a tool according to CQIMG guidance together with expediency.

• **R16** Use a single reviewer to assess methodological limitations, with verification of judgements (and support statements) by a second reviewer.

• **See:** forthcoming CAMELOT paper from Munthe-Kaas et al.

• **See:** Chapter 7 – Assessing Methodological Strengths and Limitations - of forthcoming Cochrane-Campbell Handbook of QES.
Recommendations for rQES

Synthesis

- **R17** Favour descriptive thematic synthesis or framework synthesis, except when theory generation (meta-ethnography or analytical thematic synthesis) is a priority

- **R18** Consider whether a conceptual model, theory or framework offers a rapid way to organise/code/interpret/present findings

  - “The RETREAT framework considers thematic synthesis to be appropriate for relatively rapid approaches which can be sustained by researchers with primary qualitative experience, unlike approaches such as meta-ethnography in which a researcher with specific familiarity with the method is needed….” (Crooks et al, 2023)

  - “Newer reports suggest a widening applicability for framework synthesis in conducting rapid reviews (Langlois et al, 2019)….particularly noting the value of framework synthesis when considering complex interventions” (Brunton et al, 2020).


What types of QES are there?

We identified seven considerations determining choice of methods from the methodological literature, encapsulated within the mnemonic:

**R**eview question–**E**pistemology–**T**ime/Timescale–**R**esources–**E**xpertise–**A**udience and purpose–**T**ype of data (RETREAT)

We mapped 15 different published QES methods against these seven criteria. The final framework focuses on stand-alone QES methods but may also hold potential when integrating quantitative and qualitative data.

35 qualitative synthesis methods!

Table 1. Qualitative Synthesis Methods (listed alphabetically)

<table>
<thead>
<tr>
<th>Method Type</th>
<th>Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregated analysis</td>
<td>Compare and aggregation themes to generate new overarching theories e.g., Thoburn &amp; et al. (1999)</td>
</tr>
<tr>
<td>Content analysis</td>
<td>Combining and integrating ideas to determine category frequency e.g., Evans &amp; Puglisi (2002)</td>
</tr>
<tr>
<td>Critical interpretive analysis</td>
<td>Similar to meta-ethnography, but with more focus on critical analysis and theory generation, e.g., Thrush et al. (2004)</td>
</tr>
<tr>
<td>Ecological triangulation</td>
<td>Uses multiple data sources, methods, researchers, and theorized approaches to determine the relationships between behavior, person and environment, e.g., Fleming (2009)</td>
</tr>
<tr>
<td>Framework synthesis</td>
<td>Large amounts of text are managed via an expert platform that allows data mining e.g., Britton et al. (2006), Claims et al. (2006)</td>
</tr>
<tr>
<td>Interpretive phenomenological analysis</td>
<td>A flexible hermeneutic approach to multiple primary sources, e.g., Smith et al. (1997)</td>
</tr>
<tr>
<td>Interpretive reconstruction</td>
<td>Hermeneutically-dialectic phase to generate a new interpretive explanation of a phenomenon, e.g., Thompson &amp; Alvarez (1999)</td>
</tr>
<tr>
<td>Literature review</td>
<td>An evaluative, exploratory literature synthesis of primary sources, e.g., Levy &amp; Ellis (2006)</td>
</tr>
<tr>
<td>Meta-aggregative</td>
<td>Meta-aggregative methodology grounded in praxis and transcendental phenomenology is not a mere synthesis of primary sources, e.g., Van den Bogert (2004)</td>
</tr>
<tr>
<td>Meta-data analysis</td>
<td>Component(s) of meta-data analysis that makes the underlying assumptions of meta-data procedures and compares different data forms, prior to synthesis of primary data related to the same phenomenon, e.g., Zincon (1991), Platon (2000), Dierdorff et al. (2001)</td>
</tr>
<tr>
<td>Meta-ethnography</td>
<td>Interpretations of textual data across multiple sources into consensus, e.g., Sahav &amp; Stene (1990)</td>
</tr>
<tr>
<td>Metanalysis</td>
<td>A continuous amalgamation of qualitative methodologies that are related from most interpretive to most descriptive, e.g., Rawson (2005)</td>
</tr>
<tr>
<td>Meta-interpretation</td>
<td>Involves imaginative, interpretive, and critical analysis of primary studies employing components of meta-ethnography and grounded (formal) theory, e.g., Wast (2003)</td>
</tr>
<tr>
<td>Metastudy</td>
<td>Component of meta-study that contains the primary methodological approach used to gather transcribed data to develop findings emerging from primary studies, e.g., Zhou (2001), Peterson et al. (2003)</td>
</tr>
<tr>
<td>Metastudies</td>
<td>May refer to meta-data analysis, metaethnography, and metathnography before synthesizing ideas from different sources, e.g., Peterson et al. (2003)</td>
</tr>
<tr>
<td>Meta-summary</td>
<td>A positive form of scientific systematic review that creates thematic summaries of primary research data, e.g., Sandell &amp; Barnard (2007)</td>
</tr>
<tr>
<td>Metareviews</td>
<td>Multiple definitions (see Appendix A)—e.g., Sandell &amp; Barnard (2007), Wash et al. (2007)</td>
</tr>
<tr>
<td>Meta-synthesis</td>
<td>A component of meta-studies and includes the following perspectives: pre-study synthesis before ethnography, e.g., Zincon (1991), Lewis &amp; Griffin (1997), Barrett et al. (2001), Bowes et al. (2009)</td>
</tr>
<tr>
<td>Metatheory</td>
<td>A composite part of meta-studies and includes the directional theoretical framework given to primary synthesis before ethnography, e.g., Zincon (1991), Lewis &amp; Griffin (1997), Barrett et al. (2001), Bowes et al. (2009)</td>
</tr>
<tr>
<td>Metatraduction</td>
<td>A systematic approach that emphasizes the relationship between primary study data and the information drawn from data protocols on the influence of selected paradigms, e.g., Lewis &amp; Griffin (1997), Barrett et al. (2001)</td>
</tr>
<tr>
<td>Narrative summary</td>
<td>Presents a general description of the narrative content, major categories, and other primary studies, e.g., Evans &amp; Kowalski (2007), Sandel (2005)</td>
</tr>
</tbody>
</table>

A second criticism argues that theses syntheses are restricted to what is already available in the literature and that the primary research site and setting (Staples-Baden & Majer). Moreover, if the primary research is

Navigating the Maze!

• Cochrane has settled for three main types of synthesis (thematic synthesis, framework synthesis, meta-ethnography)

  [Campbell has settled for four main types of synthesis (meta-aggregation, thematic synthesis, framework synthesis, meta-ethnography)]

• These types largely represent equivalent primary research methods
QES Synthesis Methods

Qualitative Evidence Synthesis
https://training.cochrane.org/learning-events/learning-live/methods/qualitative-evidence-synthesis includes:

• **Meta-ethnography** [March 2022] *QES webinar series*. Kate Flemming, University of York, UK. [click here]

• **Thematic Synthesis** [February 2022] *QES webinar series*. Angela Harden, City University London and James Thomas, UCL Institute of Education, London, UK. [click here]

• **Making Sense of Framework and Best Fit Framework Synthesis** [January 2022] *QES webinar series*. Professor Andrew Booth, SCHARR, University of Sheffield, UK. [click here]
Recommendations for rQES

Synthesis

• R19 Target GRADE-CERQual assessments at findings most critical to decision-making.

• Additional reviewers could verify all, or a sample of, assessments.

• Consider reusing GRADE-CERQual assessments (from previous QESs) if findings are relevant and of demonstrable high quality.

• **Use:** iSoQ tool to systematise GRADE-CERQual Assessments

• **See:** Chapter 13 - Assessing confidence in the evidence using the GRADE-CERQual approach – in Cochrane-Campbell Handbook for QES.
Recommendations for rQES:
Additional considerations

- **R20** Use review management software or qualitative analysis management software to streamline the process

- "We strongly encourage the use of supportive software throughout RR production. Specifically, we recommend (1) using collaborative online platforms that enable working in parallel, allow for real-time project management and centralise review details; (2) using automation software to support, but not entirely replace a human reviewer and human judgement and (3) being transparent in reporting the methodology and potential risk for bias due to the use of supportive software”. (Affengrueber et al, 2024)


- **See Also:** Affengruber L, Nussbaumer-Streit B, Hamel C, Van der Maten M, Thomas J, Mavergames C, et al. Rapid review methods series: Guidance on the use of supportive software. BMJ Evidence-Based Medicine. 2024 Jan 19;bmjebm-2023-112530. Available from: [http://dx.doi.org/10.1136/bmjebm-2023-112530](http://dx.doi.org/10.1136/bmjebm-2023-112530)
What an rQES is not!

• A qualitative evidence synthesis done **badly**!

  OR

• Or a qualitative evidence synthesis done **cheaply**!
What needs to be in place?

- Experienced review team (Hartling et al. 2017, Biesty et al. 2021)
- Ongoing communication and engagement between user and producer (Hartling et al. 2017, Moons et al. 2021, King et al. 2022)
- Well described methods including deviations from conventional evidence syntheses (Moons et al. 2021)
- Core team – frequent and often online communication. Humour, support and good will (Biesty et al. 2020)
- Co-ordination of methods so discussions happen in real time: “Throwing everything at it” (Biesty et al. 2020)
Take Home Messages

Take home messages

• Balance between **rigour and speed** - Integrity is key
• **Constant communication** within review team but also **evidence users**
• A **well-targeted study identification strategy** facilitates subsequent synthesis and analysis
• **Choice of synthesis methods** is a critical decision
• **Sampling** (purposively and judiciously) offers additional flexibility
• Tailoring may require **extending** to indirect evidence (not always pruning down the review!)
An rQES should **describe limitations and their implications** for confidence in the evidence **even more thoroughly than a regular QES**; detailing the consequences of fast-tracking, streamlining or of omitting processes all together.

Time spent **documenting reflexivity is similarly important**.

If QES methodology is to remain credible, rapid approaches must be **applied with insight and documented with circumspection**.
And Don’t Forget!

- Cochrane Interactive Learning Module 12: Introduction to qualitative evidence synthesis
- Written and compiled by:
  Andrew Booth, Professor in Evidence Synthesis in the Sheffield Centre for Health and Related Research (SCHARR) at the University of Sheffield UK and adjunct Professor at the University of Limerick, Eire.
  Jane Noyes, Professor in Health and Social Services Research and Child Health, Bangor University, UK.
  Dario Sambunjak and Ruth Turley, Cochrane Central Executive Team.
References


