

# Introduction to Qualitative Research and Qualitative Evidence Synthesis

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**Trusted evidence.  
Informed decisions.  
Better health.**



# Conflict of Interest Statement

We have no actual or potential conflicts of interest in relation to this presentation

Jane Noyes and Kate Flemming





**Cochrane Methods**

Qualitative and  
Implementation

# Overview of whole program

1-2 pm 28th October, 2021

## **Introduction to qualitative research and qualitative evidence synthesis**

Jane Noyes, Professor in Health and Social Services Research and Child Health, Bangor University, UK

Kate Flemming, Professor of Hospice Research, University of Liverpool, UK

February 2022 – Thematic synthesis

15th November, 2021

## **Question formulation and searching**

Dr Andrew Booth, Reader in Evidence Based Information Practice, University of Sheffield, UK

March 2022 – Meta-ethnography

April 2022 – GRADE CERQual

13th December, 2021, 14:00 UTC [[Check details](#)]

## **Selecting studies and assessing methodological quality**

Jane Noyes, Professor in Health and Social Services Research and Child Health, Bangor University, UK

May 2022 – Integrating qualitative and quantitative syntheses

20th January, 2022

## **Making Sense of Framework and Best Fit Framework Synthesis**

Dr Andrew Booth, Reader in Evidence Based Information Practice & Director of Information, University of Sheffield, UK.

# A quick poll



# What is qualitative research?

Research which is generally interpretative in nature which seeks to develop understanding of and explanation for the behaviours, experiences and interactions of individuals and the social contexts in which these occur

Uses a qualitative methodology and methods of data collection and analysis

Eg: Focus groups, interviews, observations to produce narrative

Text (quotes, author's analysis)  
Tables (classifications, summary of themes)  
Conceptual figures  
Images (photographs, artwork)

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DOI: 10.1111/jan.13576

ORIGINAL RESEARCH:  
EMPIRICAL RESEARCH—QUALITATIVE

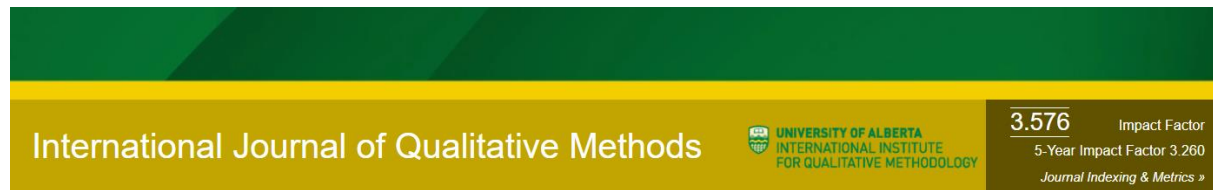
WILEY | JAN

**The experiences and preparedness of family carers for best interest decision-making of a relative living with advanced dementia: A qualitative study**

Gillian Carter<sup>1</sup> | Dorry McLaughlin<sup>1</sup> | W. George Kernohan<sup>2</sup> | Peter Hudson<sup>1,3</sup> | Mike Clarke<sup>4</sup> | Katherine Froggatt<sup>5</sup> | Peter Passmore<sup>4</sup> | Kevin Brazil<sup>1</sup>

371  
372 Bryant: She said well I have the key I have to open it up if you want or whatever, I asked if she  
373 had any more tattoos and she said yeah I have one on my back. And I said um, well can I see it,  
374 she's like well I might have to show my ass if I show it to you but she's like well maybe I'll do  
375 that anyway and I'm like okay (inaudible) you know what I mean, and she gets up to leave or  
376 whatever and um, I said do me a favor um, I might want to go swimming and um, I might have  
377 my guys go swimming cause they're under restrictive order. (Inaudible) come back (inaudible)  
378 or whatever and uh she's like all right cool, cool, cool. We were still only this close and  
379 she gets up and she gives me a kiss so I kiss her back and then you know I started caressing her  
380 or whatever and then she puts her hand on my you know my thing or whatever and it kinda goes  
381 from there.  
382  
383 Detective Winters: What do you mean it goes from there?  
384  
385 Bryant: It went from there, like, for example there was no....  
386  
387 Detective Winters: Did you ask her, did you ask her, to give, um for her to give you a hug before  
388 she was here (inaudible) earlier?  
389  
390 Bryant: ...to do what?  
391  
392 Detective Winters: That you wanted a hug from her before, after she had got done giving you  
393 the tour. Or when, when did the hugging incident come up?  
394  
395 Bryant: I don't know.  
396  
397 Detective Winters: Yeah, did she ask you to give, did you ask her to give you a hug?  
398  
399 Bryant: We stood there and you know I pretty much, (inaudible) like I don't know, I might have  
400 hugged you all, like, when you come up to me, and I'd be like, like a hug, you know what I  
401 mean.

# Key paper for the session



*State of the Methods*

## Qualitative Evidence Synthesis: Where Are We at?

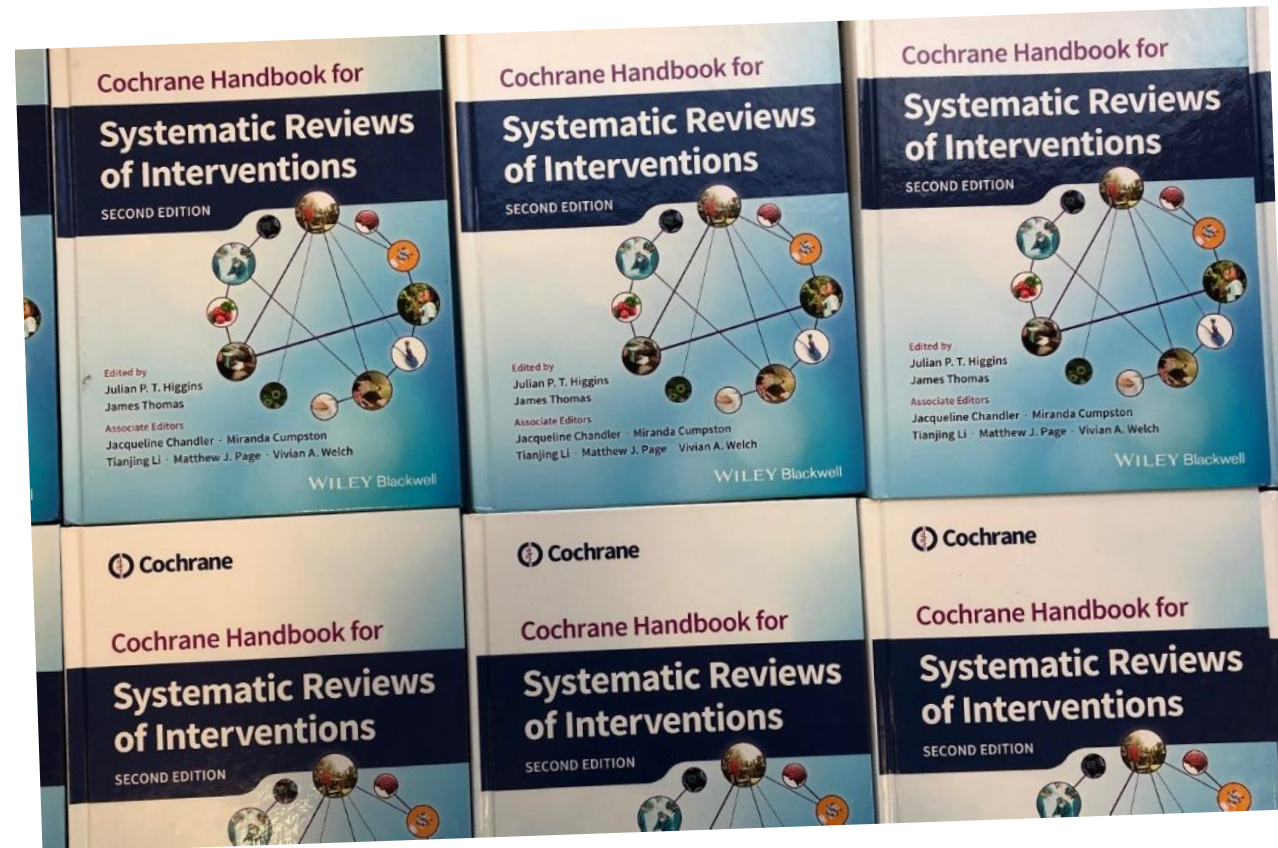
Kate Flemming<sup>1</sup>  and Jane Noyes<sup>2</sup>

*International Journal of Qualitative Methods*  
Volume 20: 1–13

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DOI: 10.1177/1609406921993276  
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<https://journals.sagepub.com/doi/pdf/10.1177/1609406921993276>



## Chapter 21 Qualitative Evidence Synthesis

# What is qualitative evidence synthesis?

A qualitative evidence synthesis, or QES, is a type of systematic review that brings together the findings from primary qualitative research in a systematic way

The aim is to arrive at new or enhanced understandings about the phenomenon under study/review

Methods for conducting QES have developed against a backdrop of increasing demand from decision makers for evidence that goes beyond ‘what works’, drawing on data from qualitative research





## Some background

Cochrane Reviews have predominantly concentrated on the synthesis of RCTs, observational studies etc

Essential for answering questions of effectiveness

BUT – health care provision commonly involves complex, multi-factorial decisions which may require more than this ‘rationalist’ model of synthesis can provide

## What might this have to offer?

- Can identify outcomes that are not seen as important in a single qualitative study
- Bring together multiple perspectives, including contradictory viewpoints not represented in a single study alone
- More ‘powerful’ explanation than is possible in a single qualitative study
- Can identify gaps in the evidence and reveal future research priorities
- Complement findings of effectiveness reviews
- Help inform the development and implementation of complex interventions

## What purpose does it have?

To better understand intervention heterogeneity, acceptability, feasibility, dose, reach, implementation etc.

To better understand implementation of complex health system level interventions (such as public health interventions) eg feedback loops, health system adaptivity in response to interventions.

May also be undertaken to formulate patient-centred questions or to better understand patient outcomes of interest when designing an intervention review.

# What type of questions can a QES answer?

## **Stand alone review project**

How do people experience illness or challenging life circumstances?

What are the barriers and facilitators to accessing healthcare?

What impact do specific barriers and facilitators have on people, their experiences and behaviors?

## **Linked to a review assessing the effects of interventions**

Why does an intervention work (or not), for whom and in what circumstances?

How is an intervention experienced by all of those involved in developing, delivering or receiving it?

What aspects of the intervention they value, or not; and why this is so?

Which factors facilitate or hinder successful implementation of a program, service or treatment?

How does a particular intervention needs to be adapted for large-scale roll-out (Roen 2006)?

# Exploring diversity and equity

- QES can provide an opportunity for the views of diverse groups of people in differing contexts, with varying access to care and resources to be heard.
- QES can aid understanding on the acceptability of an intervention, its implementation in a particular context and how to maximise benefit and achieve equitable outcomes.
- Diversity of views can also determine if interventions are harmful or have unintended consequences for people in specific contexts.
- QES can also help establish how health systems with varying resources respond and adapt when an intervention is implemented.

# Understanding complexity using QES

QES can be useful in guideline development by helping to explain the complexity that can occur in relation to interventions

- ▶ Develop a theory of why and how an intervention (complex or simple) works.
- ▶ Explore the experiences of recipients or providers of healthcare.
- ▶ Explore the experiences of living with a condition, which can impact on the feasibility and acceptability of an intervention.
- ▶ Examine the factors affecting implementation, including context.
- ▶ Determine how components of complex interventions work to produce effects.
- ▶ Establish how and why the implementation of interventions varies across contexts.
- ▶ Examine how a system changes when a complex intervention is introduced.
- ▶ What explains changes in the system over time.


# What kind of questions have been addressed?



Systematic Review |  Open Access |  

Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis



REVIEW PAPER |  Full Access

Mental health patients' experiences of softer coercion and its effects on their interactions with practitioners: A qualitative evidence synthesis

Open access | 

**BMJ Open** Help-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis

Open Access | 

**BMJ Open** Improving care for heart failure patients in primary care, GPs' perceptions: a qualitative evidence synthesis

Review Article

Patient and carer involvement in palliative care research: An integrative qualitative evidence synthesis review



*Palliative Medicine*  
2019, Vol. 33(8) 969–984  
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DOI: 10.1177/0269216319858247  
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Cochrane Database of Systematic Reviews

Barriers and facilitators to the implementation of doctor-nurse substitution strategies in primary care: a qualitative evidence synthesis (Review)

# Pause for questions





# The procedure

1. A clearly stated set of objectives with pre-defined eligibility criteria for studies (**not necessarily fixed** throughout the review process).
2. An explicit, transparent methodology (**not necessarily linear** in nature).
3. A well defined, systematic search that attempts to identifies studies that meet the eligibility criteria (**not necessarily exhaustive** in nature).
4. An assessment of the methodological quality of the findings of the included studies, or at least a statement on why such a quality assessment has not been conducted or how the author deals with quality issues (**not necessarily with a focus on risk of bias**).
5. A systematic extraction, **synthesis**, and presentation of the characteristics and findings of the included studies.

# Methodologies for Qualitative Synthesis

## *Umbrella terms*

Qualitative Systematic Reviews

Qualitative Evidence Synthesis

Qualitative Meta-Synthesis

Qualitative Research Synthesis



Booth, Noyes, Flemming et al (2016) p16

## ***(Some) Specific methodologies (there are more!)***

Meta-Ethnography (1988)

Thematic synthesis (2008)

Framework synthesis (2008)

Qualitative Interpretive Meta-Synthesis (2013)

For more detail see: Booth, Noyes, Flemming et al (2016) p16







**Cochrane Methods**  
Qualitative and  
Implementation

# Guidance on choosing a method for qualitative evidence synthesis published in 2016

Booth A, Noyes J, Flemming K, et al (2016) Guidance on choosing qualitative evidence synthesis methods for use in health technology assessments of complex interventions

**Available from: <http://www.integrate-hta.eu/downloads/>**

Guidance on choosing qualitative evidence synthesis methods for use in health technology assessments of complex interventions

7

*AUTHORS: Andrew Booth, Jane Noyes, Kate Flemming, Ansgar Gerhardus, Philip Wahlster, Gert Jan van der Wilt, Kati Mozygamba, Pietro Refolo, Dario Sacchini, Marcia Tummers, Eva Rehfues*





ELSEVIER



Journal of Clinical Epidemiology 99 (2018) 41–52

**Journal of  
Clinical  
Epidemiology**

## REVIEW

Structured methodology review identified seven (RETREAT) criteria for selecting qualitative evidence synthesis approaches

Andrew Booth<sup>a,\*</sup>, Jane Noyes<sup>b</sup>, Kate Flemming<sup>c</sup>, Ansgar Gerhardus<sup>d</sup>, Philip Wahlster<sup>e,f</sup>,  
Gert Jan van der Wilt<sup>g</sup>, Kati Mozygemba<sup>d</sup>, Pietro Refolo<sup>h</sup>, Dario Sacchini<sup>h</sup>, Marcia Tummers<sup>g</sup>,  
Eva Rehfuess<sup>i</sup>

# Which method should I use?

<b>R</b>	Review question
<b>E</b>	Epistemology
<b>T</b>	Time/time frame
<b>R</b>	Resources
<b>E</b>	Expertise
<b>A</b>	Audience and purpose
<b>T</b>	Type of data



# How do you decide which Review type to use?

Research Question	Epistemology	Time	Resources	Expertise	Audience & Purpose	Type of Data
What question is the review trying to answer?	What type of knowledge is the review trying to access?	How long has Team got?	How much money/people are available?	What skills are required?	Who are audience and how will they use it?	What types of data will it include?
To Describe	Research Knowledge	< 3 months	None	Searching	Policy Makers	Number
To Analyse	User Knowledge	3-6 months	000s	Appraising	Clinicians	Text
To Explore		6-9 months	0,000s	Quantitative Synthesis		For Research
To Prove etc	Practitioner Knowledge	9-12 months	Think about personnel/funding/effort	Qualitative Synthesis	For Practice	Quant
Is it fixed or emerging?	Is it seeking to generate or test theory?	12+ months		Topic area		Developers of interventions



# Processes

Many of the processes associated with the linear process of ‘conventional’ systematic reviewing e.g. question formulation, searching, quality appraisal, and the methods of synthesising data have been developed more recently than for those involved in effectiveness reviewing

We are beginning to develop consensus as to what form these should take

# Processes

Formulating the review question

Searching the literature

Inclusion and exclusion criteria

Quality Appraisal

Data extraction

**Covered in other sessions in the  
webinar series**



# Reporting Guidance for Qualitative Evidence Syntheses

- ENTREQ



BMC  
Medical Research Methodology

**CORRESPONDENCE** **Open Access**

Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ

Allison Tong<sup>1,2†</sup>, Kate Flemming<sup>3†</sup>, Elizabeth McInnes<sup>4†</sup>, Sandy Oliver<sup>5</sup> and Jonathan Craig<sup>1,2</sup>

- eMERGe



**eMERGe**  
Meta-ethnography  
Reporting Guidelines

The eMERGe Project - Developing meta-ethnography reporting guidelines & standards

We want to ensure that the best use is made of research evidence for the benefit of people who use health and social care services; that is why we are carrying out the eMERGe project.

The NHS needs high quality research evidence to help it design health services and make decisions affecting



# A quick poll





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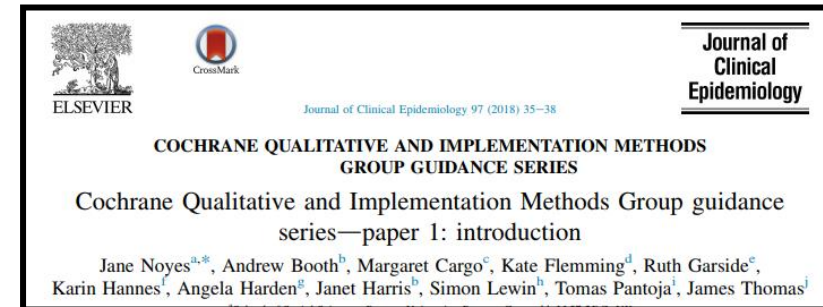
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20th January, 2022

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Series of 7 papers outlining guidance published in the Journal of Clinical Epidemiology [https://www.jclinepi.com/article/S0895-4356\(17\)31353-7/fulltext](https://www.jclinepi.com/article/S0895-4356(17)31353-7/fulltext)



WHO series in BMJ Global Health on systematic review methods for complex interventions implemented in complex health systems [https://gh.bmj.com/content/4/Suppl\\_1/e000963](https://gh.bmj.com/content/4/Suppl_1/e000963)



## Some Resources

Flemming K, Noyes J. Qualitative Evidence Synthesis: Where Are We at?. *International Journal of Qualitative Methods*. 2021 Feb 19;20:1609406921993276.

France EF, et al Improving reporting of meta-ethnography: The eMERGe reporting guidance. *J Adv Nurs*. 2019 May;75(5):1126-1139. doi: 10.1111/jan.13809

Hong, Q.N., Pluye, P., Bujold, M. *et al*. Convergent and sequential synthesis designs: implications for conducting and reporting systematic reviews of qualitative and quantitative evidence. *Syst Rev* **6**, 61 (2017).  
<https://doi.org/10.1186/s13643-017-0454-2>

Noyes J, Booth A, Moore G, Flemming K et al. Synthesising quantitative and qualitative evidence to inform guidelines on complex interventions: clarifying the purposes, designs and outlining some methods. *BMJ Global Health* 2019;4:e000893.

Tong, A., Flemming, K., McInnes, E. *et al*. Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ. *BMC Med Res Methodol* **12**, 181 (2012). <https://doi.org/10.1186/1471-2288-12-181>

**PLUS Cochrane Handbook Chapter 21 and Cochrane QIMG Supplementary Guidance** [https://www.jclinepi.com/issue/S0895-4356\(18\)X0003-1](https://www.jclinepi.com/issue/S0895-4356(18)X0003-1)