Question formulation and Searching for qualitative evidence

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Conflict of Interest Statement

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

Andrew Booth
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, UK

15th November, 2021

Question formulation and searching
Dr Andrew Booth, Reader in Evidence Based Information Practice, UK

13th December, 2021, 14:00 UTC

Selecting studies and assessing methodology
Jane Noyes, Professor in Health and Social Services Research and Child Health, Bangor University, UK

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.

February 2022 – Thematic synthesis
March 2022 – Meta-ethnography
April 2022 – GRADE CERQual
May 2022 – Integrating qualitative and quantitative synthesises
Key source of information

Cochrane Qualitative and Implementation Methods Group Guidance Series

Cochrane Qualitative and Implementation Methods Group guidance series—paper 2: methods for question formulation, searching, and protocol development for qualitative evidence synthesis

Janet L. Harris 1, 8, Andrew Booth 1, Margaret Cargo 1, Karin Hannes 1, Angela Harden 2, Kate Flemming 1, Ruth Garside 1, Tomas Pantoja 1, James Thomas 1, Jane Noyes 1

Show more
A quick poll – How often?
Question Formulation

Dr Andrew Booth  BA Dip Lib MSc MCLIP PhD
School of Health and Related Research (ScHARR) The
University of Sheffield
Qualitative Synthesis Questions

a. what do people think about having this condition?
b. what’s their experience of receiving the intervention?
c. what is it about this intervention that works?
d. for whom does it work?
e. under what circumstances does it work?
f. why does that matter?
g. will it work around here?
h. what’s the best way to implement it?

Others?
Three Question Approaches

1. Separate Questions, Separate Reviews (Effectiveness Review/ Acceptability Review cp. Cochrane)

2. Separate SubQuestions, Combined Review (Effectiveness and Acceptability of….. cp. CADTH)

3. Combined Questions, Combined Review (The Impact of…….; The Effects of)
# Complementarity?

<table>
<thead>
<tr>
<th>Effectiveness Question</th>
<th>Qualitative Question</th>
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</thead>
<tbody>
<tr>
<td>KQ 1: What are the comparative effectiveness and harms of Prostate Cancer therapies?</td>
<td>How do the different Prostate Cancer Therapies compare in relation to acceptability to patients?</td>
</tr>
<tr>
<td>Effectiveness question</td>
<td>Effectiveness and Qualitative question</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>For people with dementia (PWD), what are the <strong>benefits</strong> and harms of care interventions aimed at treating behavioural and psychological symptoms of dementia (BPSD) in PWD?</td>
<td>For people with dementia (PWD), what are the <strong>benefits</strong> and harms <em>(in terms of feasibility, acceptability and meaningfulness)</em> of care interventions aimed at treating behavioural and psychological symptoms of dementia (BPSD) in PWD?</td>
</tr>
</tbody>
</table>
Integrated Question

For people with dementia (PWD), what is the impact/effect of care interventions aimed at treating behavioural and psychological symptoms of dementia (BPSD) in PWD?
Evidence to Decision Framework

<table>
<thead>
<tr>
<th>Guideline considerations</th>
<th>Evidence source for addressing these considerations</th>
<th>Where to place this evidence in the evidence-to-decision framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>What outcomes are important to stakeholders?</td>
<td>Qualitative evidence synthesis or studies of utility value or choices at scoping stage of a guideline</td>
<td>How stakeholders value different outcomes*</td>
</tr>
<tr>
<td>What are the effects of an intervention?</td>
<td>Systematic review of intervention effectiveness</td>
<td>Desirable and undesirable effects of the intervention</td>
</tr>
<tr>
<td>What are the acceptability, feasibility, and equity implications of an intervention?</td>
<td>Qualitative evidence synthesis tailored to the guideline questions</td>
<td>Acceptability, feasibility and equity impacts of the intervention</td>
</tr>
<tr>
<td>What resources will an intervention use and is it cost-effective?</td>
<td>Systematic review of intervention resource use and cost-effectiveness</td>
<td>Resources required and cost-effectiveness of the intervention</td>
</tr>
</tbody>
</table>

Text in red indicates where qualitative evidence can be used

*Findings from a qualitative evidence synthesis conducted at the scoping stage of a guideline can inform all aspects of the scope of a guideline, as described in paper 1 in this series
Structures for Question Formulation

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What Does a Question Framework Look Like?

1. A “Static” Framework (cp. PICO – Population Intervention Comparison Outcomes for Effectiveness Reviews)

2. A Logic Model (especially for Complex Interventions)
Can current methods of question formulation handle complexity? Rapid review of 38 different frameworks for formulating questions.

A question framework should (i) recognise setting, environment or context; (ii) acknowledge different stakeholder perspectives; (iii) accommodate time/timing and place; (iv) be sensitive to qualitative data. None of the 38 frameworks satisfied all four criteria.
Why PICo?/Why not PICo?

Familiar!
Structure is based on Epidemiological model of Research Study Design
Compatible with Inclusion and Exclusion criteria and descriptive Data Extraction
Very flexible (multiple variants e.g. PICOS, PICOC, PiCo)

• Target Population not always Perspective of interest (e.g. Male Partners of Women with Breast Cancer; Families of Children with Cerebral Palsy)
• May imply (in Mixed Methods Reviews) that Quantitative and Qualitative review questions are co-terminous
<table>
<thead>
<tr>
<th>Patient/Population</th>
<th>Interest (Phenomenon of)</th>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Males</td>
<td>Implantable cardioverter defibrillator (ICD)</td>
<td>Change in Perception of Illness role</td>
</tr>
</tbody>
</table>
Why SPICE?/Why not SPICE?

- Memorable! “Tell me what you want….”
- Recognises that Qualitative research is Context-specific (Setting)
- Acknowledges the importance of Perspective
- Makes Comparison optional
- Uses “softer”, more encompassing, term of Evaluation instead of “hard” term Outcomes

- Not designed originally for qualitative review questions (Origins in Evidence Based Librarianship)
- “I” originally represented Intervention – researchers from JBI then suggested phenomenon of Interest
- People struggle with identifying a Comparison
- Evaluation is challenging to complete (requires “Themes”, “Findings”, “Experiences”, “Attitudes” etcetera).
### SPICE in Action

<table>
<thead>
<tr>
<th>Setting</th>
<th>Perspective</th>
<th>Phenomenon of Interest/Intervention</th>
<th>Comparison (optional)</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Care</td>
<td>Male Partners</td>
<td>Women of 60+ who have suffered a Stroke</td>
<td>(the Women themselves)</td>
<td>Information Needs, Anxieties etc</td>
</tr>
</tbody>
</table>

What are the anxieties and information needs of male partners who are caring in their own homes for women of 60 plus who have suffered a stroke?
Why PerSPE©TiF? / Why not PerSPE©TiF?

- Most comprehensive, current and flexible question structure
- May be particularly suited to complex interventions
- May accommodate quantitative, qualitative and mixed methods questions
- Incorporates features of other structures (e.g. optional Comparison)
- “PerSPE©TiF” label emphasises subjectivity of qualitative questions
- High profile (WHO-endorsed)

- Unfamiliar
- May not be memorable
- Overly elaborate? More elements than standard structures (7 versus 4 or 5)
- Notation overly complex? e.g. © Copyright symbol for optional Comparison
- Non-standard notation (Perspective, Timing)
PerSPE(c)TiF in Action

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Setting</th>
<th>Phenomenon of Interest</th>
<th>Environment</th>
<th>(Comparison - optional)</th>
<th>Time/Timing</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men with Prostate Cancer</td>
<td>Hospital treatment</td>
<td>Acceptability of PCTs</td>
<td>Private Healthcare</td>
<td>Hospital Provider characteristics</td>
<td>Early vs Late stage</td>
<td>Attitudes, Fears, Expectations</td>
</tr>
</tbody>
</table>

To what extent do male patient attitudes towards the acceptability of PCTs differ according to the staging of their cancer and the characteristics of their hospital/provider?
A quick poll - Question formats
**Cochrane QES – Labour Companionship**

Bohren et al, 2019

**Components of labour companionship implementation**

- Train providers and women on benefits of companionship (1,2)
- Enact formal policies allowing companionship in health facilities (3)
- Structure labour ward to allow for companions and ensure that privacy can be maintained for all women (5)
- Training for providers on how to integrate companions into care team (9,10,11,14,39)
- Integrate information and training for companions into antenatal care, including on how to provide informational, emotional, practical, and advocacy support for women (8,13,15,16,17,18)
- Specify clear roles and expectations for the companion to empower them, and prevent role encroachment with providers (12)
- Consistent and reliable training programmes for doulas (where applicable)

**Intermediate/process outcomes**

- Positive moderators
  - Mitigate potential areas of resistance to implementation among providers (6,7); providers are prepared for implementation and integration of companions (39); adequate physical space for women, companions and providers (5)
  - Companions encourage women to communicate with providers throughout labour (16); companions are motivated to support women (34); companions understand techniques to support the woman (15,20)
  - Role conflict between companions and providers (12); unclear pathway to integrate companions into care (9,10); companions perceived to be an additional burden to providers (11,14)
  - Better non-pharmacological pain management for women throughout labour and birth (15)
- Negative moderators
  - Benefits of companionship not recognised by providers, women or partners (1); companionship viewed as non-essential service (2); perception that companionship may increase risk of infection (6)
- Women allowed to have a companion of their choice support them throughout labour and childbirth (26)
- Companions are able to effectively support women to the best of their abilities
  - Companions act as advocates and help facilitate communication between the woman and provider (19,21,22)
  - Better non-pharmacological pain management for women throughout labour and birth (15)
- Women have better access to continuous support from companions (25)
- Women have culturally-competent support from someone from their community (29)

**Legend**

($) = corresponding review finding from qualitative evidence synthesis; * = outcome from the intervention review
NB. Pink shows qualitative questions
Take home message:

• Question formulation is not only important in its own right but also facilitates (i) eligibility criteria, (ii) searching (iii) data extraction

• All question formats possess their own advantages and disadvantages

• The choice of question format is probably less critical than going through the process of question formulation
Pause for questions
Searching for Qualitative Evidence

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The Context (21.7)

Procedures for retrieval of qualitative research relatively under-developed.

Particular challenges (Booth, 2016):

• non-informative titles and abstracts
• diffuse terminology
• poor indexing and
• overwhelming prevalence of quantitative studies within data sources

When planning search, consider 7S framework (Structured questions, Sampling, Sources, Search procedures, Strategies and filters, Supplementary strategies, Standards for reporting) (Booth, 2016)
Things to consider when searching for qualitative research

- Is the review intended to be **aggregative or interpretive**?
- Is **theory** expected to play an important part in the review?
- Are **differences in context** important to understanding the phenomenon?

(Sutton et al 2019)
### Similar or different?

<table>
<thead>
<tr>
<th>7S Components</th>
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<tbody>
<tr>
<td>Structured questions</td>
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<td>Sources</td>
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<td>Standards for Reporting</td>
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SUREInfo: https://sites.google.com/york.ac.uk/sureinfo/home/qualitative-research

The process of identifying qualitative research is less clear than for identifying studies reporting randomised controlled trials. Poor reporting of qualitative research in studies (3, 6, 7), limited indexing of studies (3, 8, 9), apparent confusion in the reporting of methods of data collection (interviews, focus groups) and synthesis (e.g. thematic synthesis, meta-ethnography) in studies (10, 11), and a need to search beyond primary biomedical databases (12, 13), are some of the reasons that qualitative research is more challenging to identify (2). Moreover, methodological guidance on 'how to' literature search for qualitative research is limited where it does exist (c.f. (3, 14)) (2).

Research supporting the process of searching for qualitative research was reviewed and summarised in a methodological review by Booth (2016) (2). This review forms the basis for the original version of this chapter.

At the outset of this chapter, we thoroughly recommend contacting an information professional or researcher with experience in literature searching for qualitative research.

Sources to search

Bibliographic

A consensus has not been reached on the number of databases, or which databases, to be searched when conducting a literature search for qualitative research. Wright et al. (2014), in a retrospective case-study to consider the contribution of CINAHL when identifying qualitative research, indicated review teams searched between 3 and 20 databases to identify qualitative research (15).

The CRD handbook (3) currently recommends that searches should include the following databases for reviews and primary studies:

- MEDLINE
- Embase
## 7S Components - Sampling

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Sampling (21.7)

Key decision:

• comprehensive, exhaustive approaches (characterize quantitative searches) or

• purposive sampling (more sensitive to qualitative paradigm) (Suri 2011).

Purposive sampling used to generate an interpretative understanding, (e.g. generating theory – meta-ethnography or realist synthesis), draws upon theoretical sampling, maximum variation sampling and intensity sampling.
### 7S Components - Sources

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Sources (21.7)

More likely to include

- book chapters,
- theses and
- grey literature reports

Search strategy should place extra emphasis on these sources.

Maximum **core database recall** approx. 90% (2 databases = 89.1%; 3 databases = 92%; 4 databases = 93.1%). 6.9% = 1.3% across five databases + 5.6% not indexed in any of nine databases) (Frandsen et al, 2019)
Databases

Core health databases: CINAHL, Embase, MEDLINE, PsycINFO

Generic Subject Databases: Scopus, Web of Science

Subject specific databases: ERIC, Social Services Abstracts, International Bibliography of the Social Sciences, Sociological Abstracts.

Local databases particularly valuable given criticality of Context (Stansfield et al 2012; Booth et al, 2019a).

Take Home Point: Sample for Diversity NOT homogeneity
Dissertations and Books

ProQuest Dissertations & Theses Global database
Specialist Library Collections
NLM Catalog
Library of Congress
National, Academic and Specialist library catalogues
University Repositories
Grey literature/“Fugitive” literature

Evidence unlikely to be found from bibliographic databases…defined as “materials not published commercially or indexed by major databases.” (Giustini, 2011).

Grey Matters: a practical tool for searching health-related grey literature [https://www.cadth.ca/resources/finding-evidence/grey-matters](https://www.cadth.ca/resources/finding-evidence/grey-matters)

Topic related websites e.g. National Obesity Observatory, Campbell Collaboration, EPPI Centre

Google Scholar, Publish or Perish [https://harzing.com/resources/publish-or-perish](https://harzing.com/resources/publish-or-perish)

List *types of evidence* you hope to find, and sites where you might expect to find them.
### 7S Components - Search procedures

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Search Procedures (21.7)

**CLUSTER** method for tracking down associated or sibling reports (Booth et al 2013):

- Citations,
- Lead authors
- Unpublished materials
- [Google] Scholar
- Theories
- Early examples (Ancestry searching)
- Related projects

**BeHEMoTh** approach for identifying explicit use of theory (Booth and Carroll 2015) [Model* OR Theor* OR Concept* OR Framework*].
## 7S Components - Strategies and filters

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</table>
A hedge or filter is a “standardised search strategy that is designed to be used in conjunction with a subject search to retrieve eligible studies” (uses study designs/publication types OR index terms/free text).

Search filters for qualitative studies lack specificity of quantitative counterparts.

Filters may facilitate efficient retrieval by study type (e.g. qualitative (Rogers et al 2018) or mixed methods (El Sherif et al 2016) or by perspective (e.g. patient preferences (Selva et al 2017))

Particularly useful when quantitative literature is overwhelmingly large and increases Number Needed to Retrieve.
Identifying Qualitative Research – Terminology – ESCAPADE

Generic terms: e.g. “qualitative” plus

Exploratory Methods: Focus group, Grounded theory, Action Research, Content analysis, Thematic analysis

Software: Nudist or NVivo

Citations: Glaser & Strauss

Application: Ethnology, Psychology

Phenomenon: Perceptions, Attitudes, User Views, Standpoint, Viewpoint

Approaches: Ethnographic

Data: Stories, Narratives, Descriptions, Themes, Findings

Experiences: Encounters, Experiences
Example Methodological filters

1. qualitative$
2. findings
3. interview$
4. interviews.DE.
5. 1 OR 2 OR 3 OR 4

Each Question requires a different solution...

• Findings showed that a simple search strategy (broad-based terms - 3 search terms) was as effective as a complex one (free text - 48 search terms) in locating qualitative research on patients’ experiences of living with a leg ulcer.

• Replication of findings with other nursing topics is required.

Filters to Identify Qualitative Research

Inclusion of a search filter on this site is not an endorsement of its validity or a recommendation for its use by the editors of this site, by the InterTASC Information Specialists SubGroup or by the (UK) National Institute for Health and Care Excellence (NICE). For suggestions on the appraisal of filters see the ISSG Search Filter Appraisal Checklist.

This page shows publications that have reviewed search filter performance and individual search filters.

Publications that review search filter performance


https://sites.google.com/a/york.ac.uk/issg-search-filters-resource/filters-to-identify-qualitative-research
# 7S Components - Supplementary strategies

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Supplementary Strategies (21.7)

Poor indexing of qualitative studies makes Citation Searching (forward and backward) and Related Articles features particularly useful (Cooper et al 2017).

Supplementary strategies uniquely identified 5 qualitative studies: 3 studies of good quality, one moderate quality, and one excluded from synthesis due to poor quality.

All 4 included qualitative studies made significant contributions to synthesis (Cooper et al, 2018).
Process Evaluations (Cochrane Qualitative and Implementation Methods Group) (21.7.1)

Four potential approaches to identify process evaluations.

**Identify studies at point of study selection** (sensitive topic search without any study design filter – for a review question with multiple publication types (e.g. RCT, qualitative research and economic evaluations).

**Restrict process evaluations to those conducted within RCTs** (using standard search filters - see Chapter 4, Section 4.4.7).

**Use unevaluated filter terms** (e.g. ‘process evaluation’, ‘program(me) evaluation’, ‘feasibility study’, ‘implementation’, ‘proof of concept’ etc) [Experimental]. Need to develop and test such filters. Filters derived from study type (process evaluation), data type (process data) or application (implementation) (Robbins et al 2011).

**Rely on citations-based approaches** to identify linked reports, published or unpublished (Booth et al 2013 - CLUSTER) with implementation or process data (Bonell et al 2013).

When can I stop searching?

Consider: is it worthwhile continuing my search further?

- “theoretical saturation” (when you are confident you will only find more of the same interpretations) – but sample for dissonance and diversity
- “bibliographic sufficiency” (when the same references keep coming up) – but sample for dissonance and diversity
- when you have no more questions to answer
## 7S Components - Standards for Reporting

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</table>
Some authors focus on reporting individual aspects of synthesis (e.g. searching). Many QES “offered no defense of their lack of explicitness in describing their techniques of searching; nearly 40% did not describe how studies were identified at all” (Dixon-Woods et al, 2007).

Fulfillment, or otherwise!, of search criteria documented. Developed mnemonic STARLITE (Standards for Reporting Literature Searches (Sampling strategy, Type of study, Approaches, Range of years, Limits, Inclusion and exclusions, Terms used, Electronic sources)).

STARLITE, being unfunded, did not use consensual methods now recognised as good practice when developing reporting standards.

STARLITE continues to be cited to support transparency of reporting and recommended for use with qualitative and implementation syntheses.
PRISMA – S (for Searching)

<table>
<thead>
<tr>
<th>Section/topic</th>
<th>#</th>
<th>Checklist item</th>
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<tbody>
<tr>
<td>INFORMATION SOURCES AND METHODS</td>
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</tr>
<tr>
<td>Database name</td>
<td>1</td>
<td>Name each individual database searched, stating the platform for each.</td>
</tr>
<tr>
<td>Multi-database searching</td>
<td>2</td>
<td>If databases were searched simultaneously on a single platform, state the name of the platform, listing all of the databases searched.</td>
</tr>
<tr>
<td>Study registries</td>
<td>3</td>
<td>List any study registries searched.</td>
</tr>
<tr>
<td>Online resources and browsing</td>
<td>4</td>
<td>Describe any online or print source purposefully searched or browsed (e.g., tables of contents, print conference proceedings, web sites), and how this was done.</td>
</tr>
<tr>
<td>Citation searching</td>
<td>5</td>
<td>Indicate whether cited references or citing references were examined, and describe any methods used for locating cited/citing references (e.g., browsing reference lists, using a citation index, setting up email alerts for references citing included studies).</td>
</tr>
<tr>
<td>Contacts</td>
<td>6</td>
<td>Indicate whether additional studies or data were sought by contacting authors, experts, manufacturers, or others.</td>
</tr>
<tr>
<td>Other methods</td>
<td>7</td>
<td>Describe any additional information sources or search methods used.</td>
</tr>
<tr>
<td>SEARCH STRATEGIES</td>
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<tr>
<td>Full search strategies</td>
<td>8</td>
<td>Include the search strategies for each database and information source, copied and pasted exactly as run.</td>
</tr>
<tr>
<td>Limits and restrictions</td>
<td>9</td>
<td>Specify that no limits were used, or describe any limits or restrictions applied to a search (e.g., date or time period, language, study design) and provide justification for their use.</td>
</tr>
<tr>
<td>Search filters</td>
<td>10</td>
<td>Indicate whether published search filters were used (as originally designed or modified), and if so, cite the filter(s) used.</td>
</tr>
<tr>
<td>Prior work</td>
<td>11</td>
<td>Indicate when search strategies from other literature reviews were adopted or reused for a substantive part or all of the search, citing the previous review(s).</td>
</tr>
<tr>
<td>Updates</td>
<td>12</td>
<td>Report the methods used to update the search(s) (e.g., rerunning searches, email alerts).</td>
</tr>
<tr>
<td>Dates of searches</td>
<td>13</td>
<td>For each search strategy, provide the date when the last search occurred.</td>
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<tr>
<td>PEER REVIEW</td>
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<td></td>
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<tr>
<td>Peer review</td>
<td>14</td>
<td>Describe any search peer review process.</td>
</tr>
<tr>
<td>MANAGING RECORDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Records</td>
<td>15</td>
<td>Document the total number of records identified from each database and other information sources.</td>
</tr>
<tr>
<td>Deduplication</td>
<td>16</td>
<td>Describe the processes and any software used to deduplicate records from multiple database searches and other information sources.</td>
</tr>
</tbody>
</table>

But no recognition of Sampling

http://www.prisma-statement.org/Extensions/Searching
3 **Approach to searching**  
Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until theoretical saturation is achieved).

4 **Inclusion criteria**  
Specify the inclusion/exclusion criteria (e.g. in terms of population, language, year limits, type of publication, study type).

5 **Data sources**  
Describe the information sources used (e.g. electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature databases (digital thesis, policy reports), relevant organisational websites, experts, information specialists, generic web searches (Google Scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.

6 **Electronic Search strategy**  
Describe the literature search (e.g. provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).
## The 7S Framework for qualitative searching (Noyes et al, 2021)

<table>
<thead>
<tr>
<th><strong>Sampling</strong></th>
<th>Where approaches other than comprehensive sampling are used, reviewers must justify their sampling strategy, match it to their synthesis method and describe fully how it was implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sources</strong></td>
<td>For health topics, MEDLINE and CINAHL are considered a minimum, augmented by topic-specific and setting-specific sources. Devise specific strategies to find specified types of grey literature, where included</td>
</tr>
<tr>
<td><strong>Structured questions</strong></td>
<td>Your question structure should match the purpose and focus of the review. When paired with an intervention review, the qualitative question may be coterminous or could seek broader aspects of the focus of interest</td>
</tr>
<tr>
<td><strong>Search procedures</strong></td>
<td>Given comparatively low yield of qualitative topic-based searches, reviewers should privilege specificity (retrieval of relevant items). You can use relevant items to develop supplementary search strategies. You should compensate for indexing deficiencies using well-chosen supplementary strategies</td>
</tr>
<tr>
<td>Search strategies and filters</td>
<td>Filters should match the intended purpose of the review. When extensive supplementary strategies are used to improve sensitivity, topic-based searches may use a simple filter (using terms such as qualitative OR findings OR interview)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Supplementary strategies</td>
<td>Reference checking is a default for every review. For diffuse topics, or those with significant variation in terminology, tables of contents, citation searching or contact with authors/experts may be productive. Where context or theory is important, the CLUSTER method may be appropriate. Study identifiers may be useful for sibling or kinship studies</td>
</tr>
<tr>
<td>Standards</td>
<td>In the absence of a consensual standard for reporting, you should use ENTREQ, eMERGe supplemented by PRISMA-P and STARLITE to report your search</td>
</tr>
</tbody>
</table>

(Noyes et al, 2021)
# The CQIMG Search Guidance Triptych

<table>
<thead>
<tr>
<th>The Guidance</th>
<th>The Detail (SG2, SG4, SG6)</th>
<th>The Evidence Base</th>
</tr>
</thead>
</table>
(A quick poll – Sampling?)
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

15th November, 2021

Question formulation and searching
Dr Andrew Booth, Reader in Evidence Based Information Practice & Director of Information, University of Sheffield, UK

13th December, 2021, 14:00 UTC [CET]

Selecting studies and assessing methods
Jane Noyes, Professor in Health and Social Services Research and Child Health, Bangor University, UK

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.

February 2022 – Thematic synthesis
March 2022 – Meta-ethnography
April 2022 – GRADE CERQual
May 2022 – Integrating qualitative and quantitative synthesises
Comprehensive Cochrane CQIMG Bibliography for Today

Covers Question Formulation, Literature Searching, Writing a Protocol and Sampling:

http://esquiresheffield.pbworks.com/w/file/Cochrane%20CQIMG%20Bibliography.docx
Pause for questions