

Planning for and using qualitative evidence in public health evidence synthesis

Professor Kate Flemming and Dr Andrew Booth

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Cochrane Methods
Qualitative and
Implementation

Conflict of Interest Statement

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

Andrew Booth and Kate Flemming



Introduction to QES in Public Health

Aim to:

- Introduce you the purpose of qualitative evidence synthesis (QES)
- What it can offer public health and policy
- Give examples of two approaches of using and integrating a QES to inform systematic reviews of effectiveness in public health – ***sequential*** and ***convergent***
- Provide some tips and techniques
- Outline future ways forward



Introduction to QES in Public Health

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

Why QES?

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

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

A QES can clarify the interplay between stakeholders, health systems and context.

Why do QES in Public Health?

A QES can help understand the

- values and preferences of end-users
- acceptability and feasibility of health and social interventions,
- effects of different interventions on equity

In public health, a QES can explore:

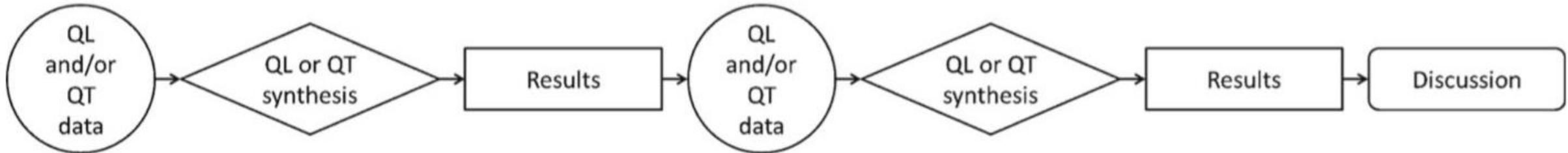
- Health-related behaviours or experiences of illness
- Why and how a policy or intervention works
- Appropriateness or acceptability of interventions
- Barriers and facilitators to implementation of interventions
- Gaps in primary qualitative research evidence, eg gaps about knowledge of the acceptability of intervention



Ways of achieving integration

Sequential design

One review happens after another and independence between the reviews before integration occurs



Hong et al (2017)

Case study: smoking in pregnancy

Review 1 - Effectiveness review

Lumley et al (2009) Interventions for promoting smoking cessation during pregnancy, Cochrane Review

Findings

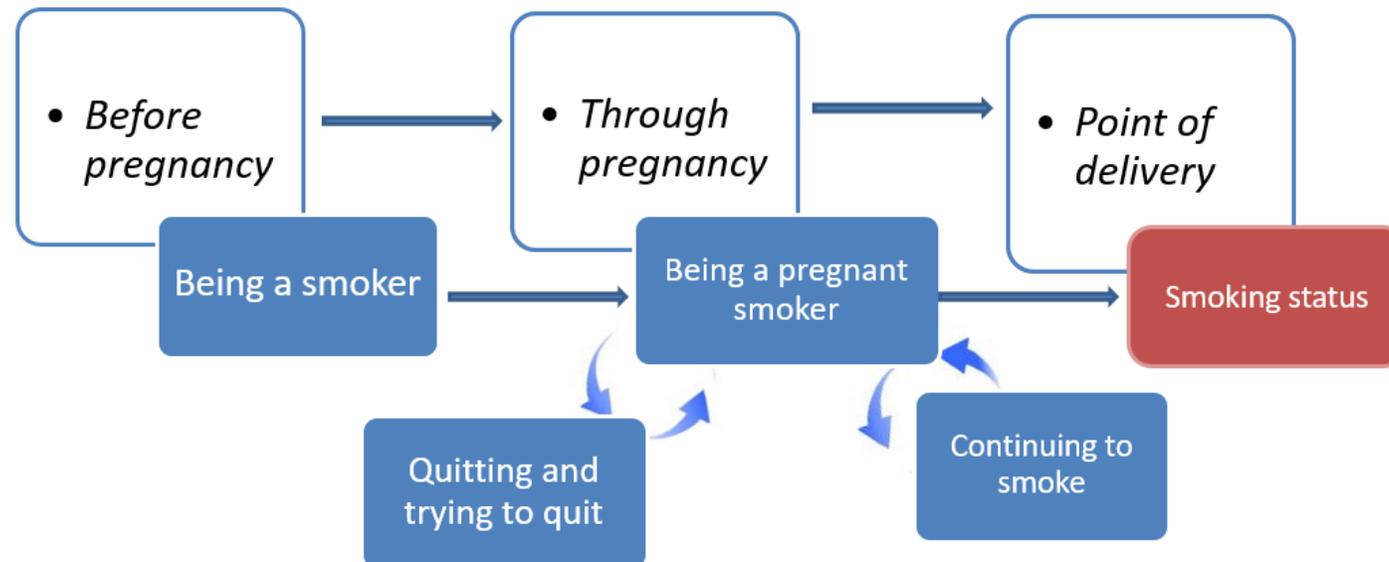
Gap around experiences of target group (their perceptions of barriers & facilitators to change)

‘There is a need to gain greater insight into the experiences & vulnerabilities of women who continue to smoke during pregnancy and develop sensitive effective interventions which support women & reduce vulnerability’

Review 2- Qualitative evidence synthesis

Aim: To provide evidence on how women's circumstances and experiences influence their smoking behaviour in pregnancy, including their attempts to quit

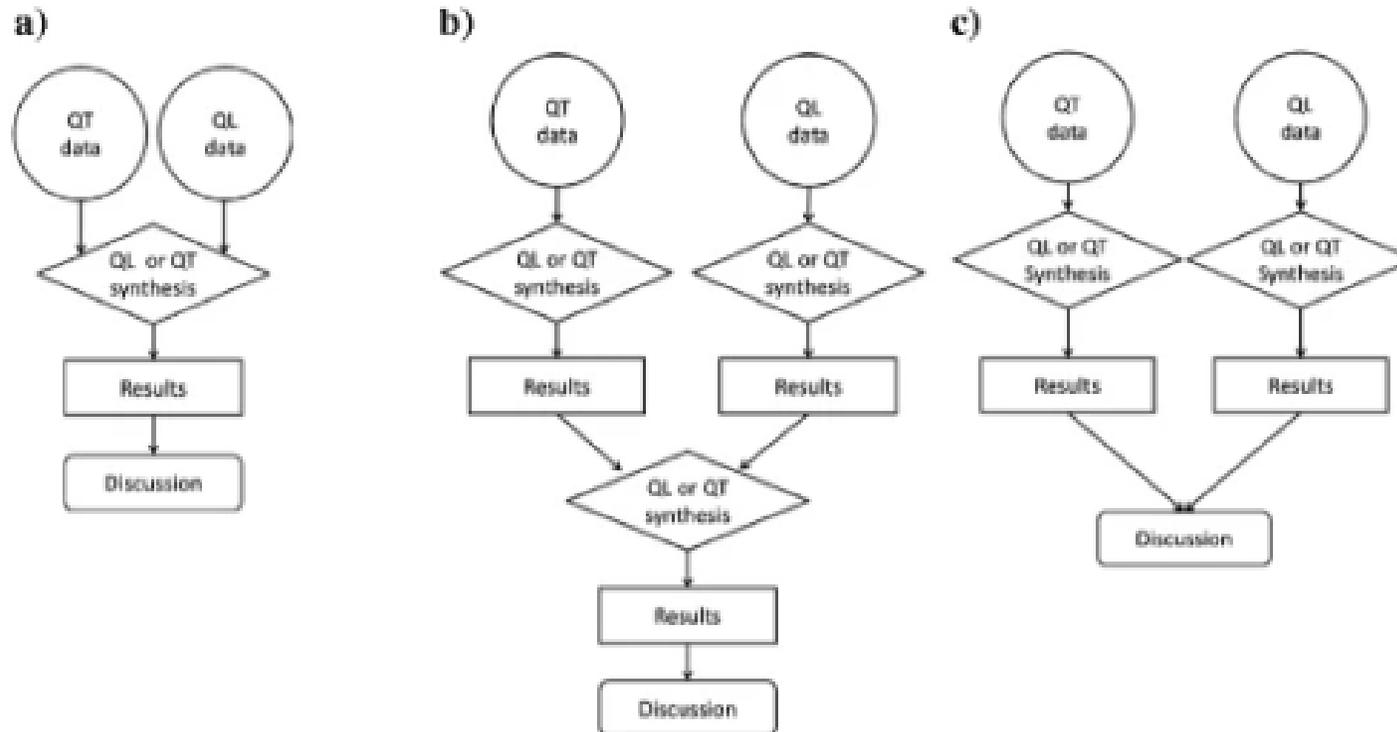
The findings of the synthesis demonstrated how contexts constrain positive behaviour change



Convergent Synthesis Designs (Hong et al, 2017)

Convergent design - Qualitative and quantitative research is collected and analysed at the same time in a parallel or complementary manner.

I. Convergent synthesis design



Case Study – Return to Work (RTW) following Covid (Cochrane Work)

- Needs and experiences of people that impact return to work after COVID-19: qualitative evidence synthesis (QES – **Review 1**) **PLUS** Interventions to improve return to work in people diagnosed with COVID-19 (Intervention Review – **Review 2**) [*April 2021 onwards*]

Objectives:

1. To explore the RTW **experiences** (including being part of RTW interventions) of persons diagnosed with COVID-19.
2. To explore the **needs** related to RTW among persons diagnosed with COVID-19.
3. To investigate **factors** (~~enablers and barriers~~) for RTW among persons diagnosed with COVID-19.
4. To investigate the **impact of the factors** (~~enablers and barriers~~) for RTW on the effects of RTW interventions among persons diagnosed with COVID-19

Issues

Shared or distinct theoretical frameworks/models/ logic models?

Combined or separate searches (filters etc)?

Only intervention-based qualitative evidence or patient values/experiences of condition/situation?

Direct (i.e. Covid only) versus indirect (i.e. similar conditions) relevance?

Type of study (thin?/thick?)  Type of Synthesis

Relevant studies versus Relevant data

Overlapping team leadership/membership

Separate or Co-ordinated Time frames



Some Tips and Techniques

- Plan for integration (review stages, methods, tools, communication and staff) (**Guidance Paper #5**)
- Use the Cochrane EPOC Review and Protocol template
- Consult the Cochrane QIMG supplementary guidance (**book forthcoming!**)
- Involve Cochrane QIMG Convenors/Peer Reviewers
- Consider how the whole team will acquire necessary skills



Where to Next?

- Integrated, as well as/rather than, sequential and convergent intervention/QES Cochrane reviews?
- Expanded use of theoretical frameworks/models to explore/explain/integrate?
- Role for truly integrated methods drawing on diverse evidence (e.g. realist synthesis)?
- ‘Whole system’ review strategies (intervention plus implementation; quantitative plus qualitative)?





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Some Resources

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International Journal of Qualitative Methods. 2021 Feb 19;20:1609406921993276.

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.

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>

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)

