



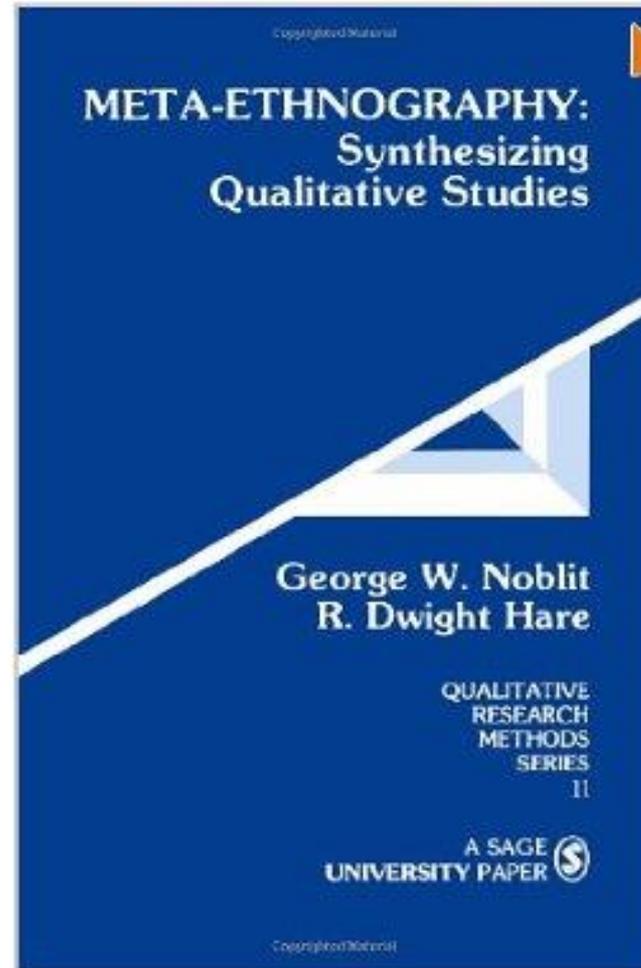
Qualitative Evidence Synthesis: where are we and where are we going?

EPPI Centre 23 May 2017

Ruth Garside. Senior Lecturer in Evidence Synthesis.

Key text from 1988

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Using meta ethnography to synthesise qualitative research: a worked example

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Objectives: To demonstrate the benefits of applying meta ethnography to the synthesis of qualitative research, by means of a worked example.

Methods: Four papers about lay meanings of medicines were arbitrarily chosen. Noblit and Hare's seven-step process for conducting a meta ethnography was employed: getting started; deciding what is relevant to the initial interest; reading the studies; determining how the studies are related; translating the studies into one another; synthesising translations; and expressing the synthesis.

Results: Six key concepts were identified: adherence/compliance; self-regulation; aversion; alternative coping strategies; sanctions; and selective disclosure. Four second-order interpretations (derived from the chosen papers) were identified, on the basis of which four third-order interpretations (based on the key concepts and second-order interpretations) were constructed. These were all linked together in a line of argument that accounts for patients' medicine-taking behaviour and communication with health professionals in different settings. Third-order interpretations were developed which were not only consistent with the original results but also extended beyond them.

Conclusions: It is possible to use meta ethnography to synthesise the results of qualitative research. The worked example has produced middle-range theories in the form of hypotheses that could be tested by other researchers.

Journal of Health Services Research & Policy Vol 7 No 4, 2002: 209–215

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Range of approaches and terminology

- Umbrella terms:
 - Meta-synthesis (1996)
 - Qualitative meta-analysis (1997)
 - Qualitative systematic review (1998)
 - Qualitative Evidence Synthesis (2007)

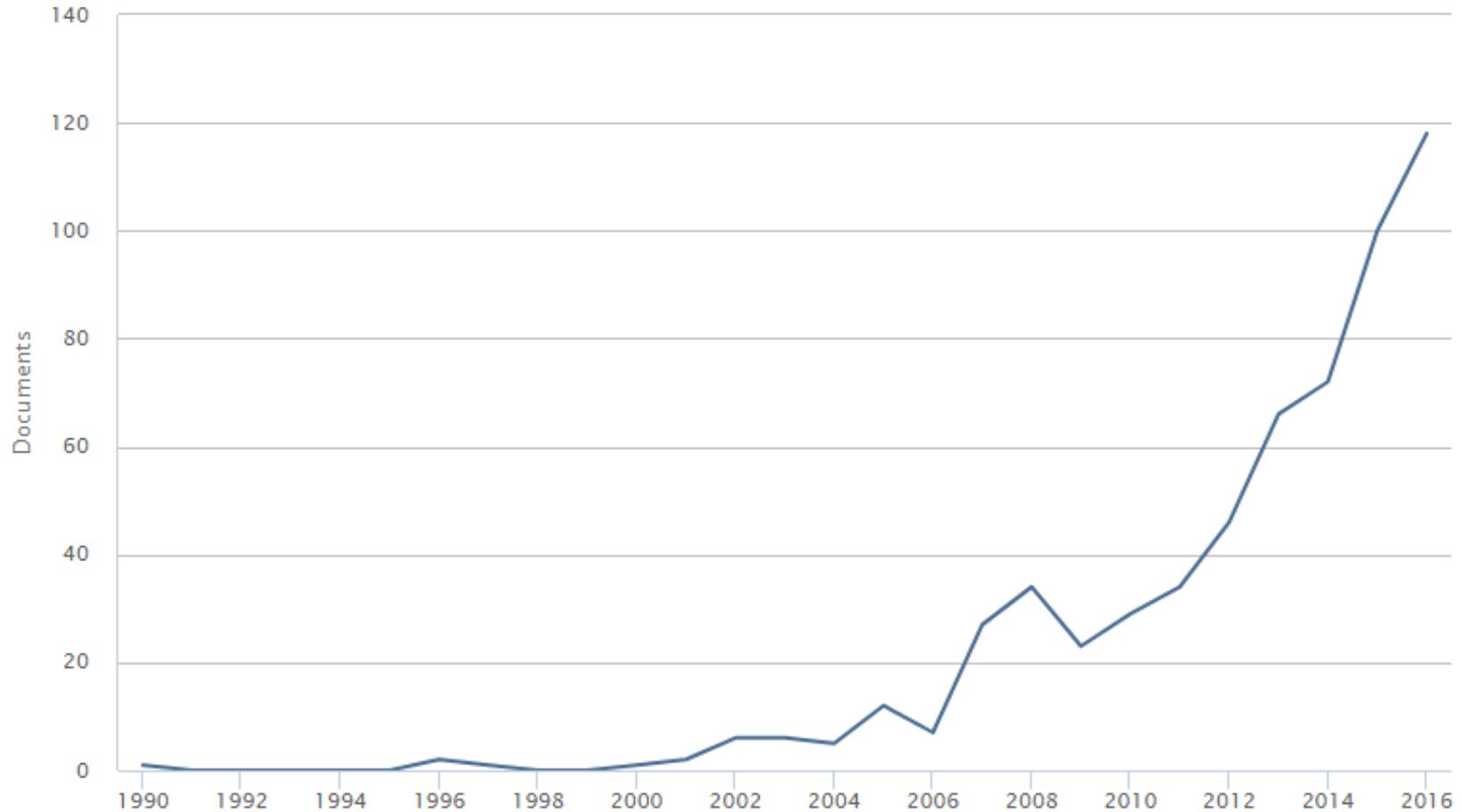


Range of approaches and terminology

- Specific approaches:
 - Meta-Ethnography (1988)
 - Qualitative aggregation (1994)
 - Meta-Study (2001)
 - Thematic Synthesis (2002)
 - Realist Synthesis (2002)
 - Meta-Narrative review (2005)
 - Critical Interpretative Synthesis (2006)
 - Qualitative Interpretive Meta-Synthesis (2013)



Documents by year : meta-ethnography, meta-synthesis, qualitative evidence synthesis



Source: Scopus



Cochrane Qualitative and Implementation Methods group

- Convened in the late 1990s
- Formally registered in 2006
- Chapter on QES in the handbook 2008
- QES in the Cochrane Library?



Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis (Protocol)

Glenton C, Colvin C, Carlsen B, Swartz A, Lewin S, Noyes J, Rashidian A

- 2008 0 QES
- 2013 1 QES
- 2016 6 reviews and 12 protocols contain QES



This is a reprint of a Cochrane protocol, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2013, Issue 2

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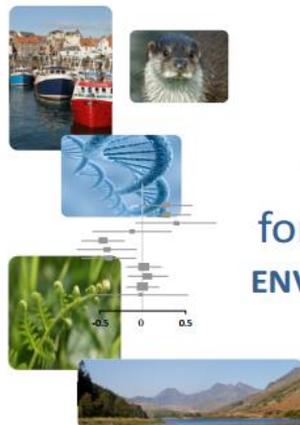
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- WHO
- NICE public health
- NICE guidance
-



New guidance and frameworks



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Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ

Allison Tong[†] , Kate Fleming[†], Elizabeth McInnes[†], Sandy Oliver and Jonathan Craig

[†] Contributed equally

BMC Medical Research Methodology 2012, 12:181 | DOI: 10.1186/1471-2288-12-181

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 [Open Peer Review reports](#)

Abstract

Background

The syntheses of multiple qualitative studies can pull together data across different contexts, generate new theoretical or conceptual models, identify research gaps, and provide evidence for the development, implementation and evaluation of health interventions. This study aims to develop a framework for reporting the synthesis of qualitative health research.





The eMERGe Project - Developing a meta-ethnography reporting guideline

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 patients. It is widely accepted that the practice of health and social care professionals should take account of the best available research evidence. Pulling together (synthesising) evidence from many existing qualitative studies, such as those using patient interviews, is increasingly seen as important in making sense of research information. It can explain, for example, how and why health services or policies work or not, why patients or health professionals behave in a certain way, or what it is like to experience an illness. Synthesising evidence from quantitative studies, such as trials, can increase our understanding of what works but qualitative synthesis can explain why things work and explain the range of patient experiences for any specific health condition, issue or service.



GUIDELINES AND GUIDANCE

Using Qualitative Evidence in Decision Making for Health and Social Interventions: An Approach to Assess Confidence in Findings from Qualitative Evidence Syntheses (GRADE-CERQual)

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Citation: Lewin S, Glenton C, Munthe-Kaas H, Carlsen B, Colvin CJ, Gülmezoglu M, et al. (2015) Using Qualitative Evidence in Decision Making for Health and Social Interventions: An Approach to Assess Confidence in Findings from Qualitative Evidence Syntheses (GRADE-CERQual). PLoS Med 12(10): e1001895. doi:10.1371/journal.pmed.1001895



Table 1. Components of the CERQual approach.

Component	Definition
Methodological limitations	The extent to which there are problems in the design or conduct of the primary studies that contributed evidence to a review finding
Relevance	The extent to which the body of evidence from the primary studies supporting a review finding is applicable to the context (perspective or population, phenomenon of interest, setting) specified in the review question
Coherence	The extent to which the review finding is well grounded in data from the contributing primary studies and provides a convincing explanation for the patterns found in these data
Adequacy of data	An overall determination of the degree of richness and quantity of data supporting a review finding

doi:10.1371/journal.pmed.1001895.t001

Lewin S, Glenton C, Munthe-Kaas H, Carlsen B, Colvin CJ, et al. (2015) Using Qualitative Evidence in Decision Making for Health and Social Interventions: An Approach to Assess Confidence in Findings from Qualitative Evidence Syntheses (GRADE-CERQual). PLOS Medicine 12(10): e1001895. <https://doi.org/10.1371/journal.pmed.1001895>

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001895>

Establishing confidence in the output of qualitative research synthesis: the ConQual approach

Zachary Munn*, Kylie Porritt, Craig Lockwood, Edoardo Aromataris and Alan Pearson

Abstract

Background: The importance of findings derived from syntheses of qualitative research has been increasingly acknowledged. Findings that arise from qualitative syntheses inform questions of practice and policy in their own right and are commonly used to complement findings from quantitative research syntheses. The GRADE approach has been widely adopted by international organisations to rate the quality and confidence of the findings of quantitative systematic reviews. To date, there has been no widely accepted corresponding approach to assist health care professionals and policy makers in establishing confidence in the synthesised findings of qualitative systematic reviews.

Methods: A methodological group was formed develop a process to assess the confidence in synthesised qualitative research findings and develop a Summary of Findings tables for meta-aggregative qualitative systematic reviews.

Results: Dependability and credibility are two elements considered by the methodological group to influence the confidence of qualitative synthesised findings. A set of critical appraisal questions are proposed to establish dependability, whilst credibility can be ranked according to the goodness of fit between the author's interpretation and the original data. By following the processes outlined in this article, an overall ranking can be assigned to rate the confidence of synthesised qualitative findings, a system we have labelled ConQual.

Conclusions: The development and use of the ConQual approach will assist users of qualitative systematic reviews to establish confidence in the evidence produced in these types of reviews and can serve as a practical tool to assist in decision making.

Keywords: Qualitative systematic reviews, Confidence, Credibility, Summary of findings, Meta-aggregation



Measurement

Measured by asking the following questions:

1. Is there congruity between the research methodology and the research question or objectives?
2. Is there congruity between the research methodology and the methods used to collect data?
3. Is there congruity between the research methodology and the representation and analysis of data?
4. Is there a statement locating the researcher culturally or theoretically?
5. Is the influence of the researcher on the research, and vice-versa, addressed?

Ranking system:



4-5 'yes' responses, the finding remains unchanged



2-3 'yes' responses: move down 1 level



0-1 'yes' responses: move down 2 levels

Figure 1 Ranking for dependability. This figure represents how a score for dependability is developed during the ConQual process, and is based on the response to 5 critical appraisal questions.

Measurement

Assign a level of credibility to the findings:

Unequivocal (findings accompanied by an illustration that is beyond reasonable doubt and; therefore not open to challenge)

Equivocal (findings accompanied by an illustration lacking clear association with it and therefore open to challenge)

Unsupported (findings are not supported by the data, or with no illustration)

Ranking



The synthesised findings contains only unequivocal findings
No change



Mix of unequivocal/equivocal findings
Downgrade one level (-1)



All equivocal findings
Downgrade two levels (-2)



Mix of plausible/unsupported findings
Downgrade three levels (-3)



No supported findings
Downgrade four levels (-4)

Figure 2 Ranking for credibility. This figure represents how a score for credibility is developed during the ConQual process, and is based on the congruency of the authors interpretation and the supporting data.



Helps policy makers use findings from synthesis but.....

- Does it drive how findings are expressed?
- Can it be used with theoretical findings?
- Does it matter?



Contested areas in QES (From 2008)

- Purpose
- Defining the research question
- Type of research to include
- Searching for, sampling and excluding papers
- Quality appraisal
- Data extraction
- Methods of synthesis
- Outcome of synthesis – summary of thematic similarities, coherent and illuminating theory.
- Author voice / replicability



Sampling

- Identification of all relevant literature is vital for validity (Barroso et al, 2003)
- A threat to validity....is to have a sample size so large that it exceeds the ability of researchers to conduct intensive analysis of particulars that is the hallmark of excellent qualitative research (Sandelowski et al 2007)
- Unless there is some substantive reason for an exhaustive search, generalising from all studies of a particular setting yields trite conclusions (Noblit & Hare, 1988)



What are the risks of sampling?

- Appearing less “systematic”?
- How to undertake purposive sampling – based on what criteria? What if studies don’t allow it?
- Missing:
 - studies
 - Concepts
 - themes
 - Subthemes
 - contexts
 - settings
 - respondent groups



Table 1. Components of the CERQual approach.

Component	Definition
Methodological limitations	The extent to which there are problems in the design or conduct of the primary studies that contributed evidence to a review finding
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Lewin S, Glenton C, Munthe-Kaas H, Carlsen B, Colvin CJ, et al. (2015) Using Qualitative Evidence in Decision Making for Health and Social Interventions: An Approach to Assess Confidence in Findings from Qualitative Evidence Syntheses (GRADE-CERQual). PLOS Medicine 12(10): e1001895. <https://doi.org/10.1371/journal.pmed.1001895>

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001895>

Quality appraisal: Should we?

- Do we need to distinguish between high quality research and poor?
- Standards for systematic reviews generally.



Challenges

1). Qualitative research community agreement

Standards for qualitative research have variously emphasized literary and scientific criteria, methodological rigor and conformity, the real-world significance of the questions asked, the practical value of the findings, and the extent of involvement with, and personal benefit to, research participants. (Sandelowski & Barroso, 2007)

2) Systematic review community agreement

Over 100 proposed tools (Dixon-Woods 2004)



Challenges

3). Lack of fit between systematic review and qualitative researcher priorities



Challenges

4). What are we actually appraising?

- Lack of distinction between reporting standards and conduct.
- Applying one standard to a discipline with different standards.
- Different purposes – theory generation vs pragmatic questions
- Many checklists give multiple sample “guidance” for each question but dichotomous scores



Challenges

4). Interpretation required

Comparing 3 checklists:

Agreement in categorizing papers was slight....Structured approaches did not appear to yield higher agreement than unprompted judgement.

Dixon-woods et al. 2007. J Health Serv Res. 12(1): 42-47



Review of published reviews of qualitative research

- Of 42 studies:
 - 21 did not describe appraisal of studies
 - 6 explicitly mentioned not conducting formal appraisal of studies
 - 5 papers did a critical appraisal, but did not use a formal checklist
 - 7 described modifying existing instruments
 - 1 used an existing instrument without modification

Dixon-Woods M, et al. Synthesizing qualitative research: a review of published reports. Qual Res 2007; 7:375



Challenges

5). What do we do with “poor quality” studies?

Variously:

- Exclude
- “Weight” (include with caveats)
- Test through contribution to the synthesis
- Test impact through “sensitivity analysis”



Does it matter if they are
“poor” if they have similar
findings to “good” studies?



A proposal:

- Technical aspects
- Trustworthiness
- Theoretical considerations
- Practical considerations

Garside. Should we appraise the quality of qualitative research reports for systematic reviews and if so, how?. *Innovation: the European Journal of Social Science Research*. 2014; 27(1): 67-79



1. Technical aspects:

	Y/P/N	Comments
1. Is the research question(s) clear?		
2. Is the research question(s) suited to qual. enquiry?		
Are the following clearly described?		
3. Context		
4. Sampling		
5. Data collection		
6. Analysis		

Adapted from:
Dixon-Woods et al. The problem of appraising qualitative research. Qual Saf Health Care 2004; 13:233-225
& Popay J, Using Qualitative Research to Inform Policy and Practice. ONS, Cardiff: April 2008.



2. Trustworthiness

For example:

- Are the design and execution appropriate to the research question?
- What evidence of reflexivity is there?
- Do the voices of the participants come through?
- Are alternative interpretations, theories etc explored?
- How well supported by the data are any conclusions?
- Are ethical considerations given appropriate thought?
- etc.



3. Theoretical considerations

For example:

- Does the report connect to a wider body of knowledge or existing theoretical framework; and, if so
 - Is this appropriate (e.g. not uncritical verification);
- Does the paper develop explanatory concepts for the findings
- etc.



4. Practical considerations

Not “is this research valid?” but rather “what is this research valid for?”

For example

- Does this study usefully contribute to the policy question?
- Does this study provide evidence relevant to the policy setting?
- Does this study usefully contribute to the review?

Adapted from: Aguinaldo JP. Rethinking Validity in Qualitative Research from a Social Constructionist Perspective: From "Is this valid research?" to "What is this research valid for?". *The Qualitative Report* 2004; 9(1):127-136.



What IS a synthesised finding?



What is “synthesis”

- Combination of two or more items into a new whole
- The combination of ideas to form a theory or system
- NEW knowledge is generated which goes beyond the sum of its parts



Why synthesise qualitative research?

- Strategic



Excerpt from rejection letter tweeted by McGill Qualitative Health Research Group (@MQHRG), 30 September 2015

Thank you for sending us your paper. We read it with interest but I am sorry to say that qualitative studies are an extremely low priority for *The BMJ*. Our research shows that they are not as widely accessed, downloaded, or cited as other research.

We receive over 8000 submissions a year and accept less than 4%. We do therefore have to make hard decisions on just how interesting an article will be to our general clinical readers, how much it adds, and how much practical value it will be.



Analysis

An open letter to *The BMJ* editors on qualitative researchBMJ 2016 ; 352 doi: <https://doi.org/10.1136/bmj.i563> (Published 10 February 2016)

Cite this as: BMJ 2016;352:i563

Article

Related content

Metrics

Responses

Peer review

This article has a correction. Please see:

[An open letter to The BMJ editors on qualitative research - February 16, 2016](#)*Trisha Greenhalgh, professor of primary care health sciences, Nuffield Department of Primary Care Health Science University of Oxford, UK.**Ellen Annandale, professor, Sociology, University of York, UK.**Richard Ashcroft, professor of bioethics, Queen Mary University London, UK.**James Barlow, professor of technology and innovation management—healthcare, Imperial College Business School, UK.**Nick Black, professor of health services research, London School of Hygiene and Tropical Medicine, UK.**Alan Bleakley, emeritus professor of medical education, University of Plymouth, UK.**Ruth Boaden, professor of service operations management, Manchester Business School, UK.**Jeffrey Braithwaite, professor of health systems research, Australian Institute of Health Innovation, Sydney, Australia.**Nicky Britten, professor of applied healthcare research, University of Exeter Medical School, UK.**Franco Carnevale, 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partnerships, Brunel University, UK.**Sue Ziebland, director, Health Experiences Research Group, University of Oxford, UK.*

Why synthesise qualitative research?

- Strategic
- Less wasteful
- Create more powerful explanations, higher order conceptualisation
- Broader, more encompassing theories
- Belief that it “will yield truths that are better, more socially relevant, or more complete” (Paterson et al, 2001)
- Enhance transferability of findings



Meta-Study as Diagnostic: Toward Content Over Form in Qualitative Synthesis

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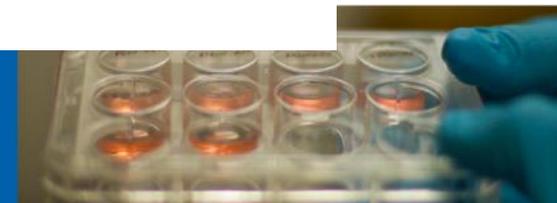
Julia Frost¹, Ruth Garside², Chris Cooper¹, and Nicky Britten¹

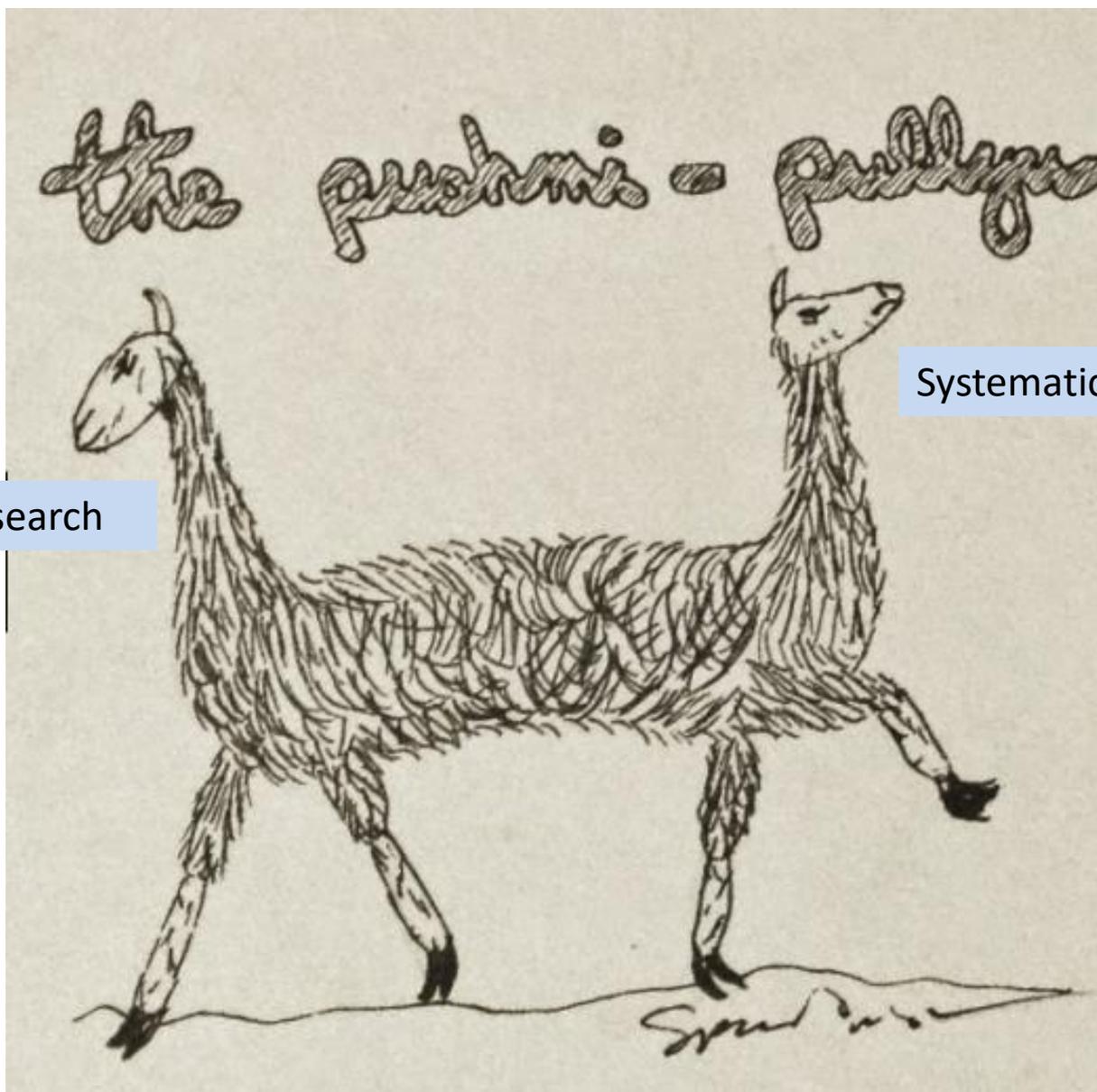
Abstract

Having previously conducted qualitative syntheses of the diabetes literature, we wanted to explore the changes in theoretical approaches, methodological practices, and the construction of substantive knowledge which have recently been presented in the qualitative diabetes literature. The aim of this research was to explore the feasibility of synthesizing existing qualitative syntheses of patient perspectives of diabetes using meta-study methodology. A systematic review of qualitative literature, published between 2000 and 2013, was conducted. Six articles were identified as qualitative syntheses. The meta-study methodology was used to compare the theoretical, methodological, analytic, and synthetic processes across the six studies, exploring the potential for an overarching synthesis. We identified that while research questions have increasingly concentrated on specific aspects of diabetes, the focus on systematic review processes has led to the neglect of qualitative theory and methods. This can inhibit the production of compelling results with meaningful clinical applications. Although unable to produce a synthesis of syntheses, we recommend that researchers who conduct qualitative syntheses pay equal attention to qualitative traditions and systematic review processes, to produce research products that are both credible and applicable.

Keywords

diabetes; meta-ethnography; meta-study; qualitative; sociology of knowledge; synthesis; systematic review; theory





Qualitative research

Systematic reviews



Metasynthetic Madness: What Kind of Monster Have We Created?

Sally Thorne¹

Qualitative Health Research
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DOI: 10.1177/1049732316679370
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Abstract

From its origins in the 1990s, the qualitative health research metasynthesis project represented a methodological maneuver to capitalize on a growing investment in qualitatively derived study reports to create an interactive dialogue among them that would surface expanded insights about complex human phenomena. However, newer forms positioning themselves as qualitative metasynthesis but representing a much more technical and theoretically superficial form of scholarly enterprise have begun to appear in the health research literature. It seems imperative that we think through the implications of this trend and determine whether it is to be afforded the credibility of being a form of qualitative scholarship and, if so, what kind of scholarship it represents. As the standardization trend in synthesis research marches forward, we will need clarity and a strong sense of purpose if we are to preserve the essence of what the qualitative metasynthesis project was intended to be all about.



itative 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.” In keeping with the more typical convention that has become popular in evidence synthesis reporting, they focus considerable effort on search, retrieval, and selection decisions, including the deployment of rather arbitrary “quality checklists,” such that the majority of available qualitative publications are generally excluded from their final data set. From there, they tend to report superficial findings comprised of thematic similarities, rarely tapping into anything of interest relative to methodological, theoretical, or contextual variance within the selected set of studies. Although they



- Are the exclusion processes justified by the explicit aims of the review?
- Have the mechanisms for data display demonstrably furthered the analytic capacity?
- Is there evidence of critical reflection on the role played by method, theoretical framework, disciplinary orientation, and local conditions in shaping the studies under consideration?
- Does the interpretation of the body of available studies reflect an understanding of the influence of chronological sequence and advances in thought within the field over time?
- Does the synthesis tell us something about the collection of studies that we could not have known without a rigorous and systematic process of cross-interrogation?



Asking More of Qualitative Synthesis: A Response to Sally Thorne

Nicky Britten¹, Ruth Garside^{2,3}, Catherine Pope^{4,5},
Julia Frost,¹ and Chris Cooper¹

Qualitative Health Research

1–7

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Abstract

We continue the conversation initiated by Sally Thorne's observations about "metasynthetic madness." We note that the variety of labels used to describe qualitative syntheses often reflect authors' disciplines and geographical locations. The purpose of systematic literature searching is to redress authors' lack of citation of relevant earlier work and to reassure policymakers that qualitative syntheses are systematic and transparent. There is clearly a need to develop other methods of searching to supplement electronic searches. If searches produce large numbers of articles, sampling strategies may be needed to choose which articles to synthesize. The quality of any synthesis is dependent on the quality of the primary articles; both primary research and qualitative synthesis need to move beyond description and toward theory and explanation. Synthesizers need to pay attention to those articles which do not seem to fit their emerging analysis if they are to avoid stifling new ideas.



Education and debate

Checklists for improving rigour in qualitative research: a case of the tail wagging the dog?

Rosaline S Barbour

Qualitative research methods are enjoying unprecedented popularity. Although checklists have undoubtedly contributed to the wider acceptance of such methods, these can be counterproductive if used prescriptively. The uncritical adoption of a range of “technical fixes” (such as purposive sampling, grounded theory, multiple coding, triangulation, and respondent validation) does not, in itself, confer rigour.

In this article I discuss the limitations of these procedures and argue that there is no substitute for systematic and thorough application of the principles of qualitative research. Technical fixes will achieve little unless they are embedded in a broader understanding of the rationale and assumptions behind qualitative research.

Checklists in quantitative research

In medical research the question is no longer whether qualitative methods are valuable but how rigour can be ensured or enhanced. Checklists have played an important role in conferring respectability on qualitative research and in convincing potential sceptics of its thoroughness.¹⁻³ They have equipped those unfamiliar with this approach to evaluate or review qualitative

Summary points

Checklists can be useful improving qualitative research methods, but overzealous and uncritical use can be counterproductive

Reducing qualitative research to a list of technical procedures (such as purposive sampling, grounded theory, multiple coding, triangulation, and respondent validation) is overly prescriptive and results in “the tail wagging the dog”

None of these “technical fixes” in itself confers rigour; they can strengthen the rigour of qualitative research only if embedded in a broader understanding of qualitative research design and data analysis

Otherwise we risk compromising the unique contribution that systematic qualitative research can make to health services research

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Figure 7. Summary of qualitative findings, part I

Summary statement	Certainty in the evidence	Explanation of certainty in the evidence assessment
Programme acceptability, appropriateness and feasibility: The lay health worker-recipient relationship I		
1. Both programme recipients and LHWs emphasised the importance of trust, respect, kindness and empathy in the LHW-recipient relationship.	Moderate certainty	In general, the studies were of moderate quality, and the finding was seen across several studies and settings.
2. Recipients appreciated the similarities they saw between themselves and the LHWs.	Moderate certainty	In general, the studies were of moderate quality, and the finding was seen across several studies and settings.
3. Some LHWs expressed an appreciation of the community-based nature of the programmes, which allowed them a certain amount of flexibility in their working hours.	Low certainty	The studies were of moderate quality. However, the finding is only from two studies in Uganda and Nepal.
4. LHWs were compared favourably with health professionals, whom recipients often regarded as less accessible, less friendly, more intimidating, and less respectful.	Moderate certainty	In general, the studies were of moderate quality, and the finding was seen across several studies and settings.
5. Some recipients who had easy access to doctors indicated a preference for these health professionals.	Low certainty	The studies were of moderate quality. However, the finding is only from two studies in Thailand and Bangladesh.
6. LHWs reported difficulties in managing emotional relationships and boundaries with recipients.	Moderate certainty	In general, the studies were of moderate quality, and the finding was seen across several studies and settings.
7. Some recipients were concerned that home visits from LHWs might lead the LHWs to observe and share personal information or might lead neighbours to think recipients were HIV-positive.	Low certainty	The studies were of moderate quality. However, the finding is only from three studies in USA and South Africa.
8. LHWs, particularly those working in urban settings, reported difficulties maintaining personal safety when working in dangerous settings or at night.	Moderate certainty	In general, the studies were of moderate quality, and the finding was seen across several studies and settings, although predominantly in urban areas.
9. In some settings, gender norms meant that female LHWs could not easily move within their community to fulfil their responsibilities.	Low certainty	The studies were of moderate quality. However, the finding is only from two studies in Bangladesh.
10. Some LHWs feared the burden of responsibility and blame if interventions delivered to other community members were unsuccessful.	Low certainty	The studies were of moderate quality. However, the finding is only from two studies in Nepal and Kenya.



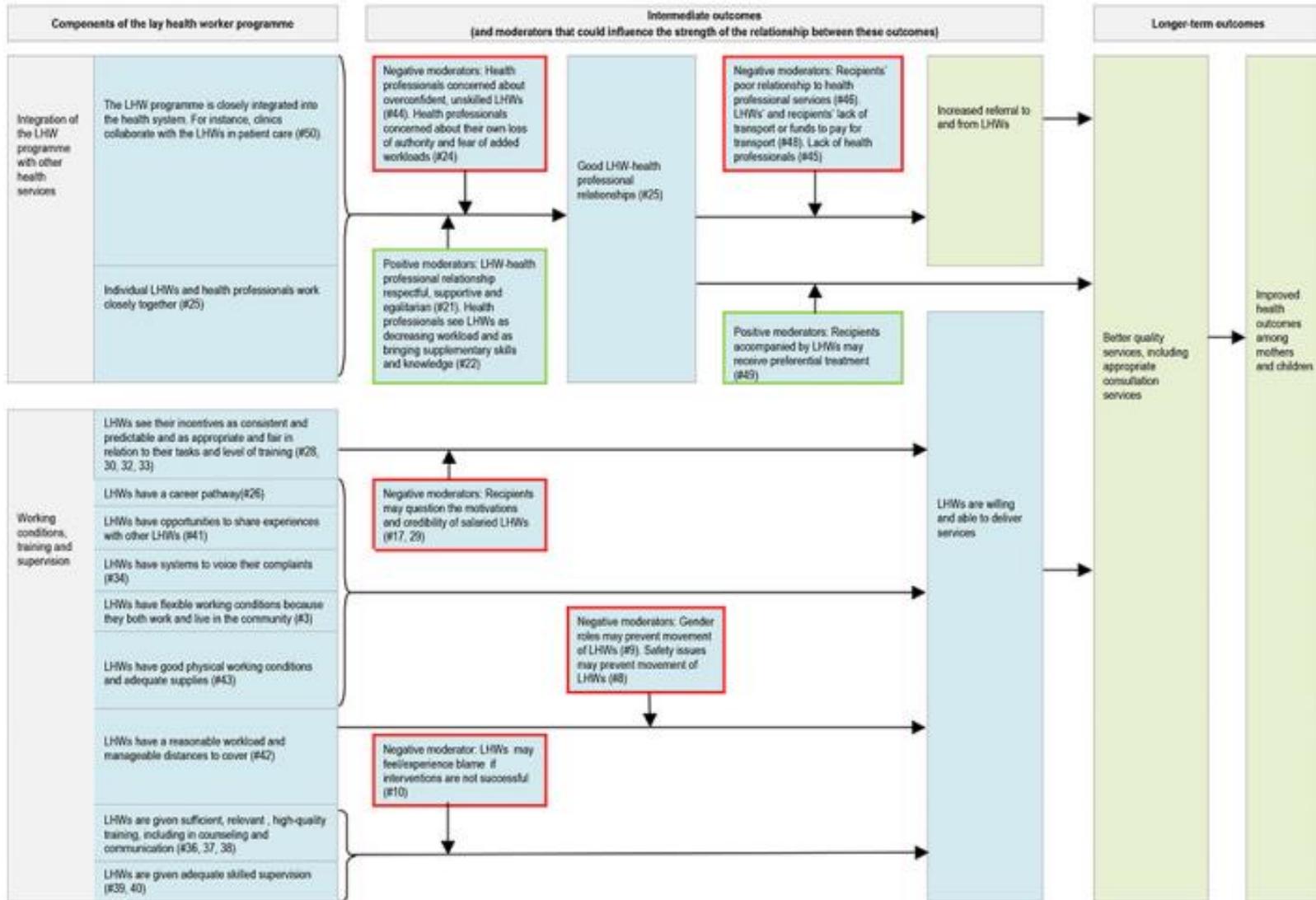
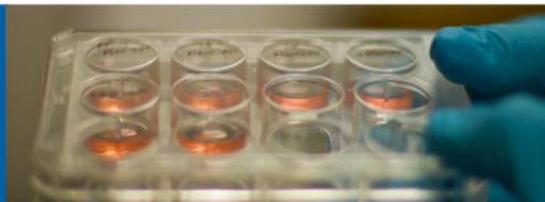


Figure 13. Logic model, part I



Outcomes of qualitative synthesis

- Description of a phenomenon
- Definition of a new concept
- Creation of a new typology
- Description of processes
- Explanations or theories
- Development of strategies



Presenting findings of qualitative synthesis

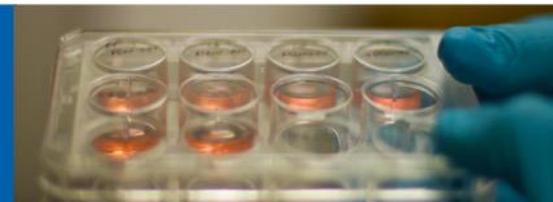
- Textual description
- Tables of findings
- Tables showing which sources contribute to a synthesized finding
- Summary statements
- Conceptual frameworks/ diagrams



Table 4 Experience of visiting the doctor for heavy menstrual bleeding

Garside label	O'Flynn and Britten (2000)	Marshall (1998)	Chapple (1999)	Elson (2001)	Interpretation
Doctors fail to acknowledge women's experience of symptoms	'Need to be listened to and understood'	Drs need to 'hear and respond in a way that is concordant with [women's] concerns.'	'GPs did not listen carefully to women' ... 'women's concerns not taken seriously.'	'Repeatedly told that nothing was wrong'	Doctors may not value subjective descriptions of symptoms.
Gender	'Good experience of dealing with practice nurses...more caring'	Gender of doctor importance 'varied'.	-	-	Gender of healthcare professional was a concern for some women.
Medical model unhelpfully privileges blood loss	General practitioners 'miss the point' if concentrate on blood loss'	Women 'assumed that these [range of] symptoms would not be of interest to the gynaecologist'	-	-	Women and doctors may conspire to privilege blood loss. Disease model unhelpful to doctors as well as women.
Desire to identify pinpoint the 'cause'	'Need to name' Wanted referral for 'more thorough examination'	'Desire for explanation and reassurance'	-	-	Concern about potential causes including cancer.

- Garside R, Britten N, Stein K. The experience of heavy menstrual bleeding: A systematic review and meta-ethnography of qualitative studies. *Journal of Advanced Nursing*. 2008;63(6):550-62.



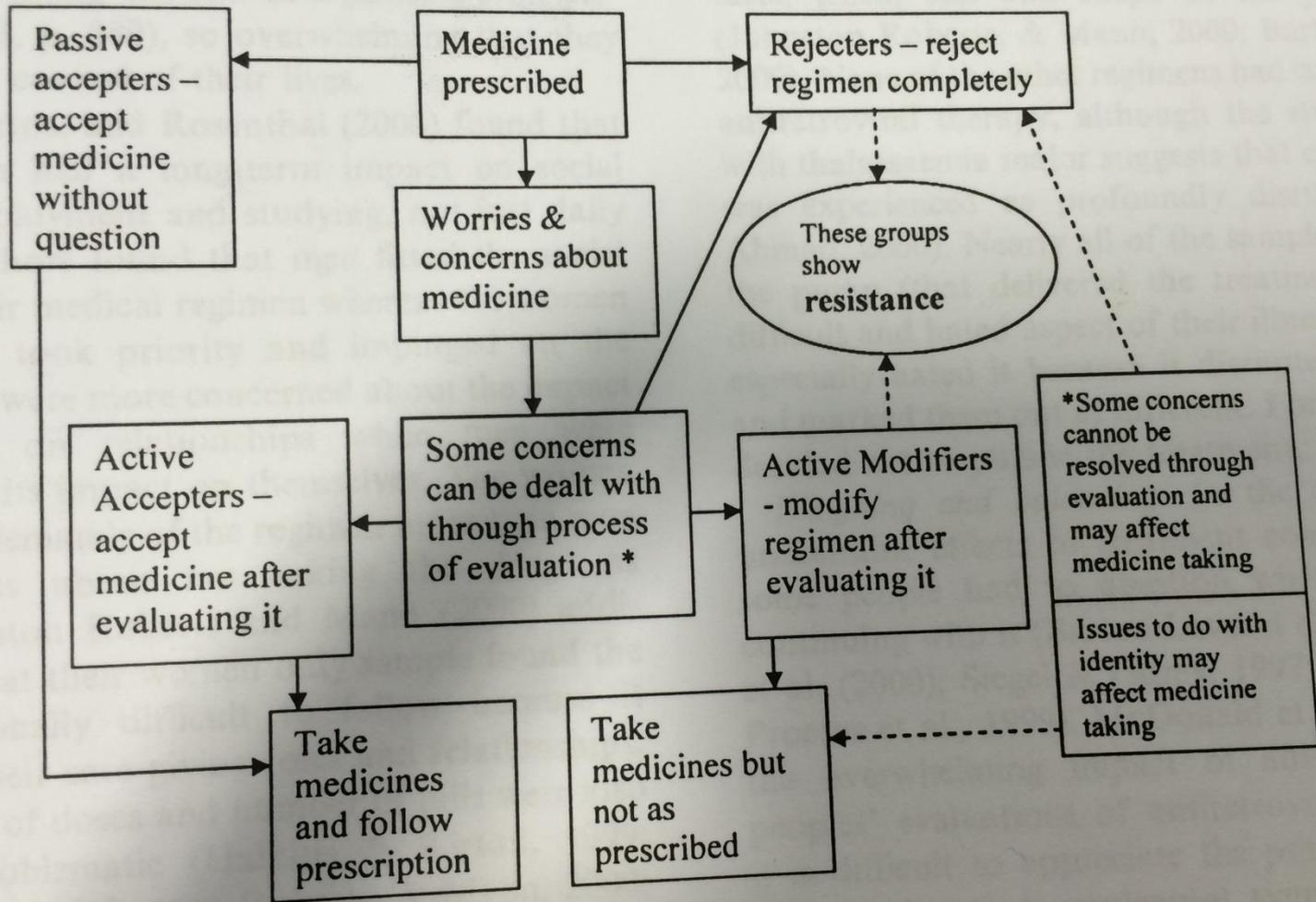


Fig. 2. Model of medicine taking.

Table 1. Components of the CERQual approach.

Component	Definition
Methodological limitations	The extent to which there are problems in the design or conduct of the primary studies that contributed evidence to a review finding
Relevance	The extent to which the body of evidence from the primary studies supporting a review finding is applicable to the context (perspective or population, phenomenon of interest, setting) specified in the review question
Coherence	The extent to which the review finding is well grounded in data from the contributing primary studies and provides a convincing explanation for the patterns found in these data
Adequacy of data	An overall determination of the degree of richness and quantity of data supporting a review finding

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Lewin S, Glenton C, Munthe-Kaas H, Carlsen B, Colvin CJ, et al. (2015) Using Qualitative Evidence in Decision Making for Health and Social Interventions: An Approach to Assess Confidence in Findings from Qualitative Evidence Syntheses (GRADE-CERQual). PLOS Medicine 12(10): e1001895. <https://doi.org/10.1371/journal.pmed.1001895>

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001895>

Contested areas in QES (From 2008)

- Purpose
- Defining the research question
- Type of research to include
- Searching for, sampling and excluding papers
- Quality appraisal
- Data extraction
- Methods of synthesis
- Outcome of synthesis – summary of thematic similarities, coherent and illuminating theory.
- Author voice / replicability



Thank you.

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