

## REVIEWS

# Potential value of systematic reviews of qualitative evidence in informing user-centered health and social care: findings from a descriptive overview

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Accepted 18 April 2017; Published online 24 April 2017

### Abstract

**Objectives:** Systematic reviews of quantitative evidence are well established in health and social care. Systematic reviews of qualitative evidence are increasingly available, but volume, topics covered, methods used, and reporting quality are largely unknown. We provide a descriptive overview of systematic reviews of qualitative evidence assessing health and social care interventions included on the Database of Abstracts of Reviews of Effects (DARE).

**Study Design and Setting:** We searched DARE for reviews published between January 1, 2009, and December 31, 2014. We extracted data on review content and methods, summarized narratively, and explored patterns over time.

**Results:** We identified 145 systematic reviews conducted worldwide (64 in the UK). Interventions varied but largely covered treatment or service delivery in community and hospital settings. There were no discernible patterns over time. Critical appraisal of primary studies was conducted routinely. Most reviews were poorly reported.

**Conclusion:** Potential exists to use systematic reviews of qualitative evidence when driving forward user-centered health and social care. We identify where more research is needed and propose ways to improve review methodology and reporting. © 2017 Elsevier Inc. All rights reserved.

*Keywords:* Evidence synthesis; Qualitative research; Systematic review; Overview; DARE; Database

## 1. Introduction

Systematic reviews of effectiveness are well established in health and social care. They aim to identify, evaluate, and synthesize the findings of all relevant studies (typically quantitative) relating to a particular question using methods that are transparent and objective, to minimize bias. Increasingly, they are used to inform health care decision-making.

The contribution of systematic reviews of qualitative evidence (also known as qualitative evidence syntheses) to decision-making is also increasingly recognized. The research questions addressed by qualitative evidence synthesis often relate to people's experiences of a health condition, receiving a health or social care intervention, or factors that enhance or hinder the implementation of an intervention. They are particularly helpful in exploring peoples' experiences of interventions and are increasingly

being used for this purpose [1]. When carried out alongside reviews of effectiveness, they help to explore variations in outcomes and can increase understanding of why interventions work or do not work [2]. Integrated reviews combining qualitative and quantitative evidence are also used for this purpose.

The number of qualitative evidence syntheses in health and social care has grown steadily over recent years, with a significant uplift occurring between 2001 and 2010 [3]. Deficiencies in the reporting and conduct of such reviews have been highlighted and discussed [4–6].

At the end of 2013, the international Cochrane Collaboration achieved an important milestone in publishing its first systematic review of qualitative research [7]. This qualitative evidence synthesis was published separately from a companion effectiveness review on the use of lay health workers in primary and community health care for maternal and child health [1,8]. This represented the culmination of sustained methodological work within the Cochrane Collaboration [9], reflected in a chapter in the

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### What is new?

#### Key findings

- We describe the focus and methods used in systematic reviews of qualitative evidence published on the Database of Abstracts of Reviews of Effects over a 6-year period. Reviews were conducted worldwide, with 44% originating in the UK. Interventions were diverse. There were no discernible patterns over time. Quality assessment of primary studies was conducted routinely, but reviews were generally poorly reported.

#### What this adds to what was known?

- This is the first overview of systematic reviews of qualitative evidence. The number of systematic reviews of qualitative evidence in health and social care is growing, and they cover a wide topic range. Methodological quality is improving, but there is a need for standardized use of quality assessment tools and better reporting.

#### What is the implication and what should change now?

- Potential exists to use systematic reviews of qualitative evidence to inform user-centered health and social care.
- Future systematic reviews might usefully focus on community-based and service delivery interventions as well as residential and hospice settings.
- Existing and emerging reporting guidelines should help to address reporting deficits identified in our selection of reviews.

Cochrane Handbook [10] and methods innovation funding to produce supplementary guidance [11].

A search of the Cochrane Database of Systematic Reviews in December 2015, using the search strategy used to populate and update the Cochrane Qualitative and Implementation Methods Group study register, revealed a total of 18 relevant records (6 reviews and 12 protocols) (see Appendix A at [www.jclinepi.com](http://www.jclinepi.com)). The titles were registered across 11 Cochrane Review Groups with the Effective Practice and Organisation of Care (5 titles), Consumers and Communication (3), and Public Health (2) Review Groups recording more than one title each. Six of the identified titles included the designation “qualitative evidence synthesis” and two specified that they were “mixed methods reviews.” The remainder appeared to use qualitative data to enhance an effectiveness review or did not specify their design.

Although increasing in volume, the number of qualitative evidence syntheses available, the topics covered, the

methods used, and the quality of reporting is largely unknown. To fill this gap in knowledge, we identified, quantified, and described systematic reviews of qualitative evidence focusing on health and social care interventions published over a 6-year period (2009–2014). We assessed patterns over time in relation to selected review characteristics, determined whether reviews explicitly stated that they had followed reporting guidelines, and identified gaps in the evidence base.

## 2. Methods

### 2.1. Search strategy

To identify reviews of qualitative evidence for this overview, we searched the Database of Abstracts of Reviews of Effects (DARE) produced by the Centre for Reviews and Dissemination (CRD), University of York. DARE includes systematic reviews from around the world that focus on the effects of health and social care interventions, including the delivery and organization of services. The DARE process includes screening, selection, and quality appraisal according to predetermined criteria using a robust and transparent process involving two independent reviewers with disagreements resolved by consensus. Full details of the DARE process are available [12] including the search strategies developed to identify systematic reviews for inclusion on DARE (Appendix B at [www.jclinepi.com](http://www.jclinepi.com)).

As producers of DARE, we were able to use the internal tagging system to identify reviews of qualitative evidence on the database (see Appendix B at [www.jclinepi.com](http://www.jclinepi.com)). Use of this tagging system cannot be replicated from outside CRD, University of York. We began adding these reviews to DARE on January 1, 2009, and stopped on December 31, 2014 (due to noncontinuation of funding). Results were loaded into Endnote X7.

### 2.2. Inclusion criteria

We included systematic reviews of qualitative evidence. As UK-based authors, we were particularly interested in the profile of and trends within systematic reviews conducted in the UK.

### 2.3. Data extraction/synthesis

One reviewer extracted the data into an Excel spreadsheet, and a second reviewer checked a random sample. We collected data on country of origin, setting, population, interventions, and outcomes, along with selected methodological characteristics of the review including search, quality assessment, approach to synthesis, and evidence of adherence to reporting guidelines. We summarized the data narratively and explored patterns over time.

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