

# The Impact of Qualitative Research on Gynaecologic Oncology Guidelines

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## Abstract

**Objective:** Inherent in the care provided to patients with cancer is an important psychosocial element which has been explored scientifically through qualitative research. The purpose of our study was to evaluate the availability of qualitative research in gynaecologic oncology and to measure its integration in gynaecologic oncology practice guidelines.

**Methods:** We searched Medline, CINAHL, Scopus, and Web of Science databases to identify the availability of qualitative research conducted in the past 20 years on the three most prevalent gynaecologic cancers: endometrial, ovarian, and cervical cancer. National and international practice guidelines on management of gynaecologic cancers were selected using the National Guideline Clearinghouse website, the Society of Obstetricians and Gynaecologists of Canada website, and the Standards and Guidelines Evidence directory of cancer guidelines. Bibliometric analysis was used to determine the frequency of qualitative references cited in these guidelines.

**Results:** One hundred thirteen qualitative research papers on gynaecologic cancers were identified focusing on psychological impacts, social dynamics, and doctor–patient interactions during cancer treatment and recovery. Among the 15 national and international clinical practice guidelines identified on management of gynaecologic cancer, there were a total of 2272 references, and of these only three references citing qualitative research were identified (0.1%) in only one of the 15 practice guidelines.

**Conclusion:** Although qualitative research is being carried out in gynaecologic oncology, its integration into clinical practice guidelines is essentially absent. Efforts to narrow the gap between qualitative research and clinical practice are essential in ensuring a comprehensive approach to the treatment of patients with gynaecologic cancer.

**Key Words:** Cervical cancer, clinical practice guideline, endometrial cancer, ovarian cancer, qualitative research

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## Résumé

**Objectif :** Les soins offerts aux patientes atteintes d'un cancer comptent une importante composante psychosociale, laquelle a été explorée de façon scientifique par l'intermédiaire de la recherche qualitative. Notre étude avait pour objectif d'évaluer la disponibilité de la recherche qualitative en gynéco-oncologie et d'en mesurer l'intégration aux directives cliniques relevant du domaine de la gynéco-oncologie.

**Méthodes :** Nous avons mené des recherches dans diverses bases de données (Medline, CINAHL, Scopus et *Web of Science*) en vue de cerner la disponibilité de la recherche qualitative menée au cours des 20 dernières années au sujet des trois cancers gynécologiques les plus prévalents : les cancers de l'endomètre, de l'ovaire et du col utérin. Des directives cliniques nationales et internationales portant sur la prise en charge des cancers gynécologiques ont été sélectionnées au moyen du site Web *National Guideline Clearinghouse*, du site Web de la Société des obstétriciens et gynécologues du Canada, et du répertoire *Standards and Guidelines Evidence* de lignes directrices sur le cancer. Une analyse bibliométrique a été utilisée pour déterminer la fréquence des références qualitatives citées dans les directives cliniques en question.

**Résultats :** Nous avons identifié 113 mémoires de recherche qualitative portant sur des cancers gynécologiques qui se concentraient sur les effets psychologiques, sur la dynamique sociale et sur les interactions médecin-patiente dans le cadre du traitement anticancéreux et de la récupération. Au sein des 15 directives cliniques nationales et internationales portant sur la prise en charge des cancers gynécologiques que nous avons identifiées, nous avons dénombré un total de 2 272 références; parmi ces dernières, seules trois références citant une recherche qualitative ont été identifiées (0,1 %), et ce, au sein d'une seule directive clinique parmi les 15 qui ont été analysées.

**Conclusion :** Bien que des efforts de recherche qualitative soient menés dans le domaine de la gynéco-oncologie, l'intégration de leurs résultats aux directives cliniques est essentiellement inexistante. La mise en œuvre de mesures visant à combler l'écart entre la recherche qualitative et la pratique clinique s'avère essentielle pour assurer l'utilisation d'une approche exhaustive envers le traitement des patientes qui présentent un cancer gynécologique.

## INTRODUCTION

An increasing number of published studies within the field of oncology have used a qualitative research approach.<sup>1</sup> Experienced researchers in the area of qualitative analysis state that their methodology is important for capturing “experiences, thoughts, perceptions, expectations, motives and attitudes” that can be used to “facilitate understanding of social or subjective phenomena” because of emphasis on “meanings, experiences, and views of participants.”<sup>2</sup> In the field of gynaecologic oncology, a multitude of topics are discussed from a qualitative perspective, including quality of life, body image, sexuality, quality of care, women’s experiences during treatment and recurrence, and shifts in family dynamics.<sup>3</sup>

Clinical practice guidelines (CPGs) have become an important resource for practitioners of evidence-based medicine. These guidelines use systematic reviews of the literature to gather all available data on a particular topic.<sup>4</sup> After review of the available evidence, experts in the field synthesize this information into useful recommendations for health care professionals. As such, CPGs are created in order to aid decision-making in the clinical setting by providing a greater focus on the context and dilemmas that physicians will encounter in their practices.<sup>5</sup> The intricacies and complexities of patient care are concepts that are explored mainly by qualitative research. Importantly, studies undertaking a qualitative approach provide in-depth examinations of the many psychosocial issues faced by patients who have a diagnosis of cancer and who are undergoing treatment.<sup>6</sup> However, it is unclear whether CPGs have actually incorporated qualitative evidence. Thus, the objective of this study was to evaluate the use of qualitative evidence in clinical practice guidelines for the management of the three most prevalent gynaecologic cancers: endometrial, ovarian, and cervical.

## METHODS

To examine the use of qualitative research in CPGs for gynaecologic cancer, we first undertook two literature searches: the first was of qualitative research studies and the second was of clinical guidelines for gynaecologic cancers. In the first, we conducted a search of qualitative literature using the following databases independently: Medline, CINAHL, Scopus, and Web of Science. For qualitative literature on endometrial cancer, the search key words were “endometrial cancer” and “qualitative studies.” Similarly, for ovarian cancer, the search key words were “ovarian cancer” and “qualitative studies.” Lastly, for cervical cancer, the search key words were “cervical cancer”

and “qualitative studies.” Most of the qualitative literature and consensus practice guidelines would be centred on these three cancers. Given the lack of relevant qualitative literature prior to 1993, we selected articles published within the 20-year period from January 1993 to November 2013 inclusively. We chose to limit this search period to 20 years in order to evaluate trends in the incidence of publication of qualitative studies in each decade. Furthermore, we limited our searches to human subjects and to the English language. Two independent reviewers scanned the titles and abstracts of identified articles to verify that the selected articles met the inclusion criteria listed in Table 1. Among the exclusion criteria listed in Table 2, studies that used a combination of a qualitative approach for data gathering but a quantitative analysis of the data were excluded from our analysis. The abstract and main text of the selected articles were reviewed and categorized according to one of the following qualitative themes: ethnography, health provider perspectives, ethics, psychology, social dynamics, and other. Ethnographic themes were defined as studies exploring cultural and religious aspects relating to gynaecologic cancers. Health provider perspectives were defined as either views of health care providers or the interactions/relationships between care providers and their patients. Psychological themes explored patient behaviours and attitudes towards gynaecologic cancers and themselves. Social themes explored the interactions and dynamics between patients with gynaecologic cancer and their friends, families, or support groups. “Other” referred to articles that contained a combination of two or more of the five above-mentioned themes. In addition, we specified whether the selected articles belonged to a core clinical journal that was included in the Abridged Index Medicus published by the National Library of Medicine in the United States. These journals, previously included in the Abridged Index Medicus, were considered by the National Library of Medicine to be key journals for a medical library.<sup>7</sup>

Following collection of the qualitative research articles, a second literature search was performed to identify key national or international CPGs on the management of gynaecologic cancers using the following three sources:

1. the National Guideline Clearinghouse website,
2. the Society of Obstetricians and Gynaecologists of Canada website, and
3. the Standards and Guidelines Evidence directory of cancer guidelines.

Using these three sources, we identified CPGs on the management of endometrial, ovarian, and cervical cancers published only by national or international organizations. We included only guidelines published in the English

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