



## Review article

# Rapid qualitative research methods during complex health emergencies: A systematic review of the literature



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## ABSTRACT

The 2013–2016 Ebola outbreak in West Africa highlighted both the successes and limitations of social science contributions to emergency response operations. An important limitation was the rapid and effective communication of study findings. A systematic review was carried out to explore how rapid qualitative methods have been used during global health emergencies to understand which methods are commonly used, how they are applied, and the difficulties faced by social science researchers in the field. We also assess their value and benefit for health emergencies. The review findings are used to propose recommendations for qualitative research in this context. Peer-reviewed articles and grey literature were identified through six online databases. An initial search was carried out in July 2016 and updated in February 2017. The PRISMA checklist was used to guide the reporting of methods and findings. The articles were assessed for quality using the MMAT and AACODS checklist. From an initial search yielding 1444 articles, 22 articles met the criteria for inclusion. Thirteen of the articles were qualitative studies and nine used a mixed-methods design. The purpose of the rapid studies included: the identification of causes of the outbreak, and assessment of infrastructure, control strategies, health needs and health facility use. The studies varied in duration (from 4 days to 1 month). The main limitations identified by the authors were: the low quality of the collected data, small sample sizes, and little time for cross-checking facts with other data sources to reduce bias. Rapid qualitative methods were seen as beneficial in highlighting context-specific issues that need to be addressed locally, population-level behaviors influencing health service use, and organizational challenges in response planning and implementation. Recommendations for carrying out rapid qualitative research in this context included the early designation of community leaders as a point of contact, early and continuous sharing of findings, and development of recommendations with local policy makers and practitioners.

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## 1. Introduction

In December 2013, a toddler from the Kissi region of Guéckédou Prefecture died of a sudden and mysterious illness – months later confirmed as Ebola – in a village near Guinea's border with Sierra Leone and Liberia (Baize et al., 2014; Saez et al., 2014). In the weeks, months and years to follow, the virus would spread throughout the West African region and beyond with over 28,000 people infected and over 11,000 deaths – a case rate nearly 70 times more than that of the next largest Ebola outbreak in history (WHO, 2016). One of

the most confounding aspects of the outbreak was the staggering inaccuracies of early disease models which were unable to predict how the basic reproduction number of Ebola would react in a regional environment with: 1) governments severely weakened by decades of corruption and civil war, 2) failing health care systems, 3) distrust between local populations and governmental figures, 4) extensive trading networks and patterns of mobility through porous national borders, 5) spread of the outbreak from rural locations to large, densely populated urban centers, and 6) burial rituals involving intimate contact with the deceased (a period in which viral loads are at their highest peak) (Abramowitz, 2015; Aylward et al., 2014; Benton and Dionne, 2015; CDC, 2014; Chowell and Nishiura, 2015; Faye et al., 2015; Leach, 2015; Richards et al., 2014; Wilkinson and Leach, 2015). These were all

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contributors to the unprecedented spread of Ebola in West Africa in the 2013–2016 period, and all of these factors would later be extensively analyzed by social scientists with experience working in West Africa.

That social scientists have contributed to better understanding and responding to natural disasters and disease outbreaks, even past outbreaks of Ebola, is not a new phenomenon (Henry, 2005; Hewlett et al., 2005; Hoffman, 2005; Koons, 2010; Oliver-Smith, 1979; Scheper-Hughes, 2005; and Williams, 2001 to name a few). What was new during the Ebola outbreak in West Africa, was the extent to which the contributions of social scientists were discussed and debated among global emergency response teams and their assistance actively, explicitly and openly recruited by international outbreak response organizations such as the WHO and UNICEF. For example, six months after health officials announced the Ebola outbreak, WHO made the unprecedented move to create the first-ever UN emergency health mission, UNMEER, with the core objective of scaling up the on-the-ground response to the outbreak. WHO explicitly recruited social anthropologists to work during the 'UNMEER phase' of the Ebola response and beyond UNICEF's Communication for Development (C4D) teams also made an effort to recruit anthropologists and other social scientists to work as embedded researchers in West Africa in support of the 'Social Mobilization' and/or 'Community Engagement' pillar of the response. Indeed, social scientists embedded in the response and those working remotely within their respective academic institutions were able to contribute key insights into the 'resistance' of communities following the unpopular dictates of public health response personnel, identify areas where public health goals and community sentiment aligned, highlight sensitive issues regarding the impact of Ebola on women's reproductive health and rights, and emphasize the unique cultural pathways for Ebola transmission during funeral ceremonies (Abramowitz, 2014; Anoko, 2014; Fairhead, 2014; Ferme, 2014; Johnson and Vindrola-Padros, 2014; Richards and Mokuwa, 2014).

What is equally true, however, is that public health officials had difficulty digesting the information provided by social scientists and often were unable to transform their qualitative data and expert observations into real-time recommendations for responding to a deadly, on-going outbreak. For example, WHO convened a multi-stakeholder review meeting in November 2015 of emergency risk communicators and community engagement personnel to outline how anthropologists and other social scientists working during the outbreak, could have improved their performance. Challenges encountered by social scientists working during the outbreak also increased due to the late stage of the response in which their expertise was sought and the lack of acceptance of social science knowledge by some policymakers and health workers. As stated by Martineau, coordinator of the Ebola Anthropology Response Platform (a network that connected social scientists and outbreak control teams), social scientists may have belatedly found themselves a seat 'at the table' but were often unable to achieve their aims (Martineau, 2015).

Social scientists themselves have alluded to the "quick and dirty" (Brennan and Rimba, 2005:342; Menzel and Schroven, 2016: para 22) methods often utilized because "in times of crisis ... everything needs to happen fast" (Menzel and Schroven, 2016: para 22). However, statements such as these both conflate 'quick' with 'dirty' and negate a formal evaluation of rapid methodologies which can, with discussion and critical reflection, be improved upon to contribute valuable information to those responding to health emergencies. Much of the debate on the use of rapid methods vs. long-term research has centered on issues such as building rapport with local communities, capturing the insider's perspective, understanding the complexity of situations,

documenting how beliefs and practices change through time, and corroborating data and interpretations (Bernard, 2011; Chambers, 2008; Pink and Morgan, 2013; Wolcott, 2005). Traditionally in the social sciences, a notion has prevailed regarding the relationship between the length of fieldwork and the accuracy, quality, and trustworthiness of the data, where rapid research designs are not valued or assessed in the same way as studies that require the long-term involvement of the researcher in the field. However, recent work has highlighted that in-depth qualitative research can be produced through short-term intensive fieldwork (Beebe, 2014; Pink and Morgan, 2013). Furthermore, rapid qualitative research promotes community engagement and can inform decision-making with regards to pressing social issues in a way that might not be possible in longer research projects (McNall and Foster-Fishman, 2007; Trotter and Singer, 2005).

In recognition of this, the authors – both of whom are anthropologists who were involved in working with Ebola response agencies during the outbreak – wanted to better understand the extent to which social science research, and qualitative methods more specifically, have been applied to past outbreaks and other complex health emergencies. The primary goal in conducting this systematic review of the literature was to explore the ways in which rapid qualitative methods have been used during on-going, global health emergencies of the last 15 years in order to better understand which methods are commonly used, how they are applied, the benefits and limitations of using these methods, and the difficulties faced by researchers in the field. Additionally, this review explores how the researchers themselves describe their use of rapid qualitative methodologies, the trustworthiness of the data, and use of research findings to inform the rapid decision-making processes required in responding to emergencies. The ultimate goal of this review was to learn from previous applications of rapid qualitative methods during complex health emergencies and propose recommendations for future research.

## 2. Methods

### 2.1. Design

This is a systematic review of the literature. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement was used to guide the reporting of the methods and findings (Moher et al., 2009). The review was registered with PROSPERO (reference number: CRD42016049797).

### 2.2. Research questions

The research questions guiding the review were:

1. What are the most common methods of qualitative data collection and analysis during complex health emergencies?
2. What are the study timeframes?
3. Who are the most common data collectors engaged in this type of research (i.e. sociologists, anthropologists, psychologists, etc.)? What are their affiliations (i.e. academic, I/NGO, governmental, etc.)?
4. How are qualitative methods adapted to respond to rapid timeframes and emergency/disaster phases (i.e. planning, mitigation, response, recovery, evaluation)?
5. What are the main contributions of rapid methods?
6. How (if at all) was data translated/used/actionable during the response?
7. What are the challenges/limitations to conducting rapid qualitative research during health emergencies?

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