**Online Workshop: Qualitative Research Synthesis**

**Session 1: Introduction to Reviewing and Synthesizing Qualitative Evidence**

Presenter: Karin Hannes, KU Leuven

A webinar sponsored by SEDL’s Center on Knowledge Translation

For Disability and Rehabilitation Research (KTDRR)

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**Slide 1: Title**

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Session 1: Introduction to Reviewing and Synthesizing Qualitative Evidence

Karin Hannes, KU Leuven, Methodology of Educational Sciences Research Group

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**Slide 2: Masterclass on Qualitative Evidence Synthesis Introduction Session**

Karin Hannes  
Methodology of Educational Sciences Research Group

KU Leuven

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Logo: KU Leuven

**Slide 3: A fairly short, reasonably cheap introduction to QES**

* How did I get triggered by qualitative evidence synthesis?
* What is qualitative research and what sort of evidence does it generate?
* How can qualitative research contribute to treatment effectiveness reviews?
* How is a qualitative evidence synthesis different from a review of effectiveness?
* What (general) approaches can be used?
* What does a qualitative review protocol look like?

**Slide 4**: **How did I get Triggered by Qualitative Evidence Synthesis?**

Picture of Karin Hannes in the upper right slide corner

**Slide 5: Meet Emma**

Born the 6th of October 2010

Picture of young girl with blonde hair and big brown eyes

**Slide 6: Meet Emma (continued)**

Born the 6th of October 2010, Little sister of Door and Polle

Picture of two young boys with blonde hair acting silly

Picture of young girl with blonde hair and big brown eyes

**Slide 7: If you don’t know the answer to your question**

Where would you go to look for it?

**Slide 8:** **You’d go to the Cochrane or Campbell Library!**

Image of the Cochrane Library website

**Slide 9: The answer to my question**

* Women who exercised did not lose significantly more weight than women in the usual care group.
* Women who took part in a diet or diet plus exercise program, lost more weight than women in the usual care.
* There was no difference in the magnitude of weight loss between diet and diet plus exercise group.
* The interventions seemed not to affect breastfeeding performance adversely.

**Slide 10: The answer to my question (continued)**

* Women who exercised did not lose significantly more weight than women in the usual care group.
* Women who took part in a diet or diet plus exercise program, lost more weight than women in the usual care.
* There was no difference in the magnitude of weight loss between diet and diet plus exercise group.
* The interventions seemed not to affect breastfeeding performance adversely.

A study in the Journal *of the American College of Nutrition* found that **those who ate cereals were lower in weight compare to those who ate meat and eggs, bread or skipped breakfast**

**Slide 11: The answer to my question (continued)**

SIMPLE logical reasoning:

* IF a diet helps to lose weight after pregancy
* IF cereals have proven to work well as a diet

**Slide 12: The answer to my question (continued)**

SIMPLE logical reasoning:

* IF a diet helps to lose weight after pregancy
* IF cereals have proven to work well as a diet
* THEN the consumption of cereals will lead to weight loss after pregnancy!
* Right?

**Slide 13: Wrong effect!**

And then you panic

Picture of a woman with her mouth agape and pulling her hair out

**Slide 14: Wrong effect! (continued)**

And then you panic

Picture of a woman with her mouth agape and pulling her hair out

Picture of a red Panic button that says PANIC…or not…

**Slide 15: You’d go and dig a little deeper…**

Weight, Diet, and Physical Activity-Related Beliefs and Practices Among Pregnant and Postpartum Latino Women: The Role of Social Support

Pamela L. Thornton, 1,8; Edith C. Kieffer 2; Yamir Salabarria-Pena 3; Angela Odoms-Young 4; Sharla L. Willis 5; Helen Kim 6; and Maria A. Salinas 7

Weight Loss Programs for Urban-based, Postpartum African-American: Perceived Barriers and Preferred Components

Rosanna Setse, Ruby Grogan, Lisa A. Cooper, Donna Strobino, Neil R. Powe, Wanda Nicholson

**Slide 16: You’d go and dig a little deeper…(continued)**

**Study 1 (Thornton)**

* Husbands and female relatives were the primary sources of emotional, instrumental and informational support.
* Holistic health beliefs and the opinions of others strongly influenced the mothers in their perception about the need to remain healthy.
* Absence of mothers, female relatives, friends to do child care, companionship for exercise and advice about food were barriers limiting women’s ability to maintain healthy practices

**Slide 17: You’d go and dig a little deeper…(continued)**

**Two columns:**

**First Column - Study 1 (Thornton)**

* Husbands and female relatives were the primary sources of emotional, instrumental and informational support.
* Holistic health beliefs and the opinions of others strongly influenced the mothers in their perception about the need to remain healthy.
* Absence of mothers, female relatives, friends to do child care, companionship for exercise and advice about food were barriers limiting women’s ability to maintain healthy practices

**Second Column - Study 2 (Setse)**

* Postpartum depression
* Desire to lose weight
* Cost of weight programs
* Negative impact of media covering celebrity post partum weight loss
* Family behaviors that promote unhealthy eating
* Impact of child care facilities on ability to exercise

**Slide 18: You’d go and dig a little deeper…(continued)**

**Conclusion study 1 (Thornton)**

We need community-based, family oriented programs to increase the chance of successful weight reduction.

**Conclusion study 2 (Setse)**

Weight loss interventions should address the psychological effects of childbearing, affordability and perceptions of body image. They should incorporate family-centred approaches.

NOTES: Famous cartoon were you see a middle age man bold “With subscription this is the only thing that grows hair.”

And you see it applied and the hair grows everywhere--nose, ears, hands, back--but not on the head.

It makes you realize that individual results may vary.

And of course the liquid generates the wrong effect, but we should no longer panic about that.

**Slide 19: What is qualitative research and what sort of ‘evidence’ does it generate?**

**Slide 20: Evidence of effectiveness**

*‘It is surely a great criticism of our profession that we have not organised a critical summary,…, adapted periodically, of all relevant randomised controlled trials’*

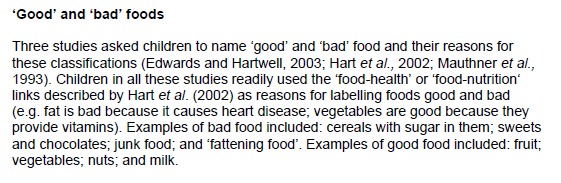
Archie Cochrane

Photo of Archie Cochrane

**Slide 21: Evidence of what?**

*‘It is surely a great criticism of our profession that we have been foolish enough to think that critical summaries of relevant randomised controlled trials would provide us with the right answer for each type of query’*

Karin Hannes

Photo of Karin Hannes

**Slide 22: Evidence of what? (Continued)**

* Evidence of ‘effectiveness’: the extent to which an intervention, when used appropriately, achieves the intended effect.

**Slide 23: Evidence of what? (Continued)**

* **Evidence of ‘effectiveness’:** the extent to which an intervention, when used appropriately, achieves the intended effect.
* **Evidence of ‘feasibility’:** the extent to which an intervention is practical and practicable, whether or not an intervention is physically, culturally or financially practical or possible within a given context.
* **Evidence of ‘appropriateness’** the extent to which an intervention fits with a situation, how an intervention relates to the context in which it is given.
* **Evidence of ‘meaningfulness’:** the extent to which an intervention is positively experienced by the population and relates to the personal experience, opinions, values, beliefs and interpretations of the population.

**Slide 24: Evidence of what? (Continued)**

* **Evidence of ‘effectiveness’:** the extent to which an intervention, when used appropriately, achieves the intended effect.
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* **Evidence of ‘meaningfulness’:** the extent to which an intervention is positively experienced by the population and relates to the personal experience, opinions, values, beliefs and interpretations of the population.

Evidence about

Cost-benefits

Lived experiences of a certain condition, situation

What people value or not

**Slide 25: Evidence of what? (Continued)**

Photo of Archie Cochrane

What if he had thought about

…organising a critical summary,…,adapted periodically, of all relevant qualitative research studies?

**Slide 26: Evidence of what? (Continued)**

Photo of Archie Cochrane

Mixed method reviews

What if he had thought about

…organising a critical summary,…,adapted periodically, of all relevant qualitative research studies?

Photo of a half green apple and half orange held together by twine to resemble one whole fruit

**Slide 27: Evidence of what? (Continued)**

Mixed method reviews

*Of course it mixes apples and oranges. In the study of fruit nothing else is sensible. Comparing apples to oranges is the only endeavor worthy of true scientists. Comparing apples to apples is trivial. (Gene Glass, 2000)*

Same photo of a half green apple and half orange held together by twin to resemble one whole fruit

**Slide 28: Qualitative research**

**Qualitative research in its most basic form**

Cartoon picture of three little pigs crossing a bridge over a stream, with a wolf hiding behind a tree, licking his lips

is research investigating the way in which people make sense of their ideas and experiences

The what

The why

The how

**Slide 29: Qualitative research (continued)**

**Qualitative research in its most basic form**

Cartoon picture of three little pigs crossing a bridge over a stream, with a wolf hiding behind a tree, licking his lips

is research investigating the way in which people make sense of their ideas and experiences

The what

The why

The how

The search for MEANING (instead of factual information)

Developing a more complex picture of a phenomenon or situation.

**Slide 30: Evidence of what?**

Many Community Integration programs show positive results and should be studied more rigorously. To further establish that post-acute TBI rehabilitation interventions improve CI, future studies should include…

* Intervention strategies based on injury severity,
* A control group,
* Longer term follow-up

[Video plays] For more information see: [www.rehabnurse.org/apps/ws\_resource/public\_index.php?task=full\_article&art\_id=461&cat\_id=41](http://www.rehabnurse.org/apps/ws_resource/public_index.php?task=full_article&art_id=461&cat_id=41)

**Slide 31: Evidence of what?**

“Oh, that’s too bad. Something hit his head, it won’t heal, he’s gone nuts.”

“It’s like, if I’m on an Olympic running team and I have a small injury, yet I go back to that group. The need, the expectation is there.”

* It is essential that professionals know the pre-morbid characteristics of the adolescents
* The program needs to go beyond the physical symptoms.
* Social role recovery should be considered an important component of such programs.

Social inclusion of persons with moderate head injuries: The points of view of adolescents with brain injuries, their parents and professionals

Jerome Gauvin-Lepage 1,2,3 & Helene Lefebvre 1,3

NOTES: The way I feel is hard to quantify, how hard on a scale of one to 10.

**Slide 32: Evidence of what? (Continued)**

A cross sectional study by Carpenter, Forwell, Jongbloed, and Backman (2007) indicates that life satisfaction is more strongly related to community participation than impairment and activity limitations. Arrow pointed down toward Community Participation

Barriers and facilitators

[Video – photoVoice: Advocacy through photography] (Community Participation after Spinal Cord Injury, N. Charleston, SC – 7/28/08)

Used with permission in presentation

**Slide 33: Qualitative Evidence Synthesis defined**

A process of summarizing qualitative research findings, by comparing and analysing textual, visual or other research evidence derived from multiple accounts of an event, phenomenon or situation as reported in basic qualitative research studies.

*Explore questions such as*

* *How do people experience a condition, situation?*
* *Why does an intervention work (or not), for whom and in what circumstances…?*
* *What are the barriers and facilitators related to a program?*
* *What impact do specific barriers and facilitators have on people, their experiences and behavior?*

**Slide 34: Qualitative evidence synthesis defined**

‘The process or result of building up separate elements, especially ideas, into a connected whole, especially a theory or system’ (Oxford English Dictionary)

“A systematic empirical inquiry into meaning”

3 columns:

Systematic

Planned

Ordered/structured

“Reconstructed logic of science”

Empirical:

Depends upon the world of experience.

Builds on what we can capture with our senses. Shank, 2006

Inquiry into meaning:

Developing a more complex picture of a phenomenon or situation.

Rich, Deep, Thick, Textured, Insightful, …

**Slide 35: HOW CAN QUALITATIVE RESEARCH CONTRIBUTE TO TREATMENT EFFECTIVENESS REVIEWS?**

**Slide 36: Contribution to treatment effectiveness reviews**

* Contribute to the understanding of heterogeneity in outcomes
* Provide a research-based context for interpreting and explaining trial results
  + - How to achieve change (more effectively)?
    - How to improve interventions?
    - How to ‘fit’ subjective needs?
    - What other type of interventions might be needed?
* Provide evidence on the subjective experience of those involved in developing, delivering and receiving an intervention or living with a particular condition or in a specific environment
* Reveal the extent to which effective interventions are actually adopted in policies and practice

**Slide 37:** **Contribution to treatment effectiveness reviews**

Qualitative research can contribute to Cochrane Intervention reviews in four ways:

* informing reviews by using evidence from qualitative research to help define and refine the question, and to ensure the review includes appropriate studies and addresses important outcomes;
* enhancing reviews by synthesizing evidence from qualitative research identified whilst looking for evidence of effectiveness;
* extending reviews by undertaking a search to specifically seek out evidence from qualitative studies to address questions directly related to the effectiveness review; and
* supplementing reviews by synthesizing qualitative evidence within a stand-alone, but complementary, qualitative review to address questions on aspects other than effectiveness.

**Slide 38: Drivers for (image of a half an apple and a half orange with twine wrapped around it**

* Greater recognition of the value of qualitative research in evidence-based policy
* ‘Empty’ reviews
* Public perspectives and experiences
* Systematic reviews of complex interventions
* Issues of process and implementation
* Extension of evidence-based health care to other areas of public policy
* Growing tradition for integration in primary research (mixed methods research)
* Dedicated research funding for methodological research
* Establishment of dedicated methods groups (e.g. Cochrane Qualitative Methods Research Group)

**Slide 39: How is a qualitative evidence synthesis different from a review of effectiveness?**

**Slide 40: a picture of two piles of rocks stacked on top of each other with a two-sided arrow pointing to a mosaic of a crab coming out of its shell.**

**Underneath are the words**

The aggregative versus the configuration discourse

**Conceptualisation of reviews**

Metaphor honestly stolen from Gough and Thomas, 2012

**Slide 41: Conceptualisation of reviews**

Meta-analysis: Statistically pooling the results from individual studies addressing a similar topic, in order to create a more robust and trustworthy effect measure.

The word AGGREGATION above and image of 2 stacks of rocks from slide 40.

**Slide 42: Screen shot of a Cochrane review titled, Lay health workers in primary and community health care for maternal and child health and the management of infectious diseases (review). Assess the effectiveness to LHW programme implementation.**

Image of 2 stacks of rocks from slide 40.

**Lay health workers can increase immunisation uptake in children < 5 years old**

Table depicting a Forest Plot with the columns:

Study or subgroup

Log(CC)

SE

Weight

IV. Random, 95% CI

CC IV, Random 95% CI

**Slide 43: Conceptualisation of reviews**

The word ‘Configuration’ over an image of tiles in the shape of a crab emerging from its shell

* Arrange or configure the findings from primary studies in order to generate new theory or explore the salience of existing theory in particular situations.
* Piecing together research knowledge from different contexts.

**Slide 44**: **Conceptualisation of reviews**The importance of context

An image of a cell phone with a word bubble with the words – TEXT MESSAGE: \*\*Honey, I’m running late – please put the chicken on the stove. Love you!\*\* Cynthia Lum, 2011

**Slide 45:** : **Conceptualisation of reviews (continued)**The importance of context

An image of a cell phone with a word bubble with the words – TEXT MESSAGE: \*\*Honey, I’m running late – please put the chicken on the stove. Love you!\*\* Cynthia Lum, 2011

An image of a box of chicken on top of a stove

**Slide 46: Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis (Review)**

* Programme acceptability, feasibility, appropriateness
* Lay health worker relationship with recipient
* Lay health worker relationship with health professionals
* Lay health worker motivation and incentives
* Lay health worker training, supervision and working conditions
* Patient flow process
* Service integration
* Social-cultural conditions

**Slide 47: Programme acceptability, appropriateness and feasibility: The lay health worker-recipient relationship I**

Sample

List of 6 items with certainty level and outcomes

1. Both programme recipients and LHWs emphasised the importance of trust, respect, kindness and empathy in the LHW-recipient relationship.
2. Recipients appreciated the similarities they saw between themselves and the LHWs.
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.
4. LHWs were compared favourably with health professionals, whom recipients often regarded as less accessible, less friendly, more intimidating, and less respectful
5. Some recipients who had easy access to doctors indicated a preference for these health professionals
6. LHWs reported difficulties in managing emotional relationships and boundaries with recipients.

**Slide 48: Intermediate outcomes (and moderators that could influence the strength of the relationship between these outcomes) and Longer-Term Outcomes**

Flow graph with the words Lay health worker review highlighted SAMPLE

Longer Term Outcomes include Better quality services, including appropriate consultation services and improved health outcomes among mothers and children

**Slide 49: The role of QUS in SR: different aims**

Meta-analysis

Meta-synthesis

Nature, Quantitative, Qualitative

Aim, Accumulating, Make sense of data

Studies, Strictly comparable, Basic comparability

Result, More power, added value in content

Synthesis, Through data, Through interpretation

**Slide 50: What general approaches can be used?**

**Slide 51: Conceptualisation of qualitative evidence synthesis**

Image of a circus tent with these words on top of it: meta-ethnography, meta-narrative, critical interpretive synthesis, thematic synthesis, meta-grounded theory, framework synthesis, meta-aggregation, and ecological triangulation

**Slide 52: The method is related to the purpose of the review**

* + Bring together separate findings into an interpretive explanation that is greater than the sum of the parts (meta-ethnography)
  + Critically approach the literature in terms of deconstructing research traditions or theoretical assumptions (critical interpretive synthesis)
  + Produce theories or models that are based on phenomena involving processes of contextualised understanding and action (grounded theory)
  + Respond to a review need for evaluating an intervention’s appropriateness, acceptability and effectiveness (thematic analysis)
  + Summarize evidence in order to develop lines of action for practice and policy (meta-aggregation)
  + Unpicking the mutually interdependent relationships between persons and environments, by formulating patterns 'With this intervention, these outcomes occur with these population foci and in these settings   
    (ecological triangulation)
  + Bring together research of widely different designs and paradigms (meta-narrative)

**Slide 53: Epistemological arguments**

Qualitative Inquiry and Qualitative science

Idealist with a two-sided arrow pointing to Realist

Table with eight columns

1. Row 1 Meta-narrative, Row 2 Subjective idealism
2. Row 1 Critical interpretive synthesis Row 2 Subjective idealism
3. Row 1 Meta ethnography Row 2 Objective idealism
4. Row 1 Grounded theory Row 2 Objective idealism
5. Row 1 Thematic synthesis Row 2 Critical realism
6. Row 1 The JBI meta-aggregation approach Row 2 Critical realism
7. Row 1 Framework synthesis Row 2 Critical realism
8. Row 1 Ecological triangulation Row 2 Scientific realism

Two-sided arrow below the table with four statements going from left to right.

There is no shared reality independent of multiple alternative human constructions

There is a world of collectively shared understandings:

Knowledge of reality is mediated by our perceptions and beliefs

It is possible for knowledge to approximate closely an external reality

Spencer, 2003

Based on Barnett-Page and Thomas, 2009

**Slide 54: Choosing the right approach to inform policy and practice?**

**Pyramid**

The pyramid is split in half horizontally with the word idealist on the left and realist on the right.

In the top half of the pyramid are the words: Purpose/Aim Nature of the research

In the bottom half of the pyramid are three sections with the words,

Breadth and depth – level of experience **Nature of the research team**

Epistemology **Nature of researcher**

**Resource Requirement**

**Slide 55: figure 2: Selection of a Synthesis Method**

Flow chart describing how a research selects a research synthesis method

Project: Barriers and Obstacles in engaging LHW

Arrows pointing to four considerations: 1. Nature of researcher, 2. Nature of research team, 3. Resource requirements, and 4. Nature of research.

Underneath each of these considerations is an arrow pointing to a text box.

1. Lack of structure and degree of iteration in formal GT and TS may be difficult for novice; CIS offers more structure Both researchers have experience in interpretive research methods; the aggregative and realist nature of TS might be incongruent with their epistemological stance
2. Two researchers; one novice Requirement for multidisciplinary team and realist epistemology of TS are problematic GT experience of lead researcher beneficial to conducting formal GT
3. Larger number of primary research studies; restricting them to GT studies would make synthesis more manageable Funding will not permit extensive synthesis or large multidisciplinary team Resource requirements of CIS and TS prohibitive
4. Wish to inform practitioners by synthesis findings Thematic synthesis (TS) promises this outcome; CIS requires that synthesis findings be interpreted by practitioners; formal grounded theory implies implications

All of these text boxes lead to a box stating Consider priority funding criterisa (i.e., available funding & epistemological fit) which leads to a final box stating, Select Formal GT as synthesis method

**Slide 56: Qualitative Evidence Synthesis guidance**

* Guidance is on the CQIMG website
  + Methods to synthesize and integrate qualitative evidence
  + <http://cqimg.cochrane.org/supplemental-handbook-guidance>
* Mailbase for questions/discussion
  + [asqus@jiscmail.ac.uk](mailto:asqus@jiscmail.ac.uk)
* Methodological support for Cochrane or non Cochrane related QES by KU Leuven researchers based on personal interests (co-authoring)

Image of the cover of a book titled, *Synthesizing Qualitative Research, Choosing the Right Approach* by Karin Hannes and Craig Lockwood.

**Slide 57: Thank you for participating!**

We invite you to:

* Provide your input on today’s session
* Share your ideas for future sessions
* Participate in the Community of Practice to continue the dialogue
* PLEASE CONTACT: joann.starks@air.org

Please fill out the brief Evaluation Form: [www.surveygizmo.com/s3/1802192/QualSynth-1](http://www.surveygizmo.com/s3/1802192/QualSynth-1)

**Slide 58: Disclaimer**

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