Reviewer’s report

Title: Qualitative Systematic Reviews of Treatment Burden in Stroke, Heart Failure and Diabetes - Methodological Challenges and Solutions.

Version: 2 Date: 16 July 2012

Reviewer: James Thomas

Reviewer’s report:

This is a useful paper that identifies some of the challenges in conducting systematic reviews of qualitative research and offers some novel solutions. It looks as though there are some sections missing from the manuscript in the ‘Results’ section; I have reviewed the remainder of the paper and offer comments below.

Major Compulsory Revisions

1. p.7 The paper claims that one of its main contributions is that it describes the creation of an appropriate search strategy. I think this therefore needs more elaboration in terms of its justification, details and theoretical position.

2. p.8 The selection of the QA tool is justified because it helped to “inform the discussion and analysis”, but the way in which it did this is not stated.

3. p.9 The ‘Results’ section seems a bit short to me. Possibly some text has been lost (maybe in the pdf conversion)? If not, I think this section needs to deal in detail with the issues raised in the abstract: “investigating a topic not previously conceptualised; sorting through irrelevant data within papers; the quality appraisal of qualitative research; and the use of NPT as a novel method of data analysis, shown to be a useful method for the purposes of this review.” In particular, I think readers will really benefit from a clear worked example re how NPT was used in practice.

4. p.12 The limitations section lists mostly limitations in the substantive review. What about methodological limitations / strengths?

Minor Essential Revisions

5. p.2 The abstract states that “Papers were screened, data extracted, quality appraised and analysed by two individuals, with a third party for disagreements” – but the methods section does not contain this information. Nor does the results section state whether agreements / disagreements were common etc.

6. p.3 I think the concepts “treatment burden” and “wellbeing” need citations to define their meanings in this paper.

7. p.5 You mention “Personal knowledge and personal contacts”, but contact with authors of included papers is also common practice. This should be at least mentioned here, even if you decided not to use this particular method.

8. p.5 “Indeed, in their systematic review of complex evidence, Greenhalgh et al
found that only 30% of their primary sources were found by the traditional method of using a predefined search strategy, and that 51% were found by reference, footnote and citation tracking...” Of course, these methods can all be part of a predefined search strategy (and often are). I think it’s worth saying that these more investigative methods can be specified in advance, as they are no less systematic than running a database search.

9. p.6 A number of publication quality checklists are mentioned, but these are not checking the methodological quality of a study (such as the Cochrane Risk of Bias tool does).

10. p.5 (and elsewhere) The formatting of the referencing has gone wrong.

11. p.6 (or somewhere) I think a working definition of ‘qualitative study’ is needed, as other authors have stated how difficult this is to operationalise in the context of a systematic review.

12. p.7 Why was an exhaustive search “deemed suitable”?

13. p.7 A little discussion re geographical bias is probably warranted. The paper states that there were no geographical restrictions, but presumably the language / database filter(s) would result in restrictions by default?

14. p.7 Were other ‘snowball’ sampling methods not used on the papers in the scoping search? (e.g. checking their reference lists)

15. p.7 “The references were also searched of 10 papers known to the authors...” Why these papers and not others?

16. p.8 (Additional file 2) Why were reviews excluded? (Were they ‘mined’ for primary studies?) Why exclude grey literature etc? Were process evaluations accompanying an RCT excluded or included? It looks as though relevant literature could have been excluded here, so I think some justification for the exclusion criteria is needed (in the context of the contribution the paper is making to searching for studies for inclusion in qualitative reviews).

17. p.8 It’s not always easy for teams to agree on the application of a quality assessment tool. How did this team get on?


Discretionary Revisions

20. p.4 I would have liked to know more about what patients ‘collaborating’ in their care encapsulates in this context.

21. p.5 I wondered whether you should define NPT when it’s first defined? Its introduction also left me wondering what it was about it that offered “new ways to approach the analysis of qualitative data”.

22. p.11 “Another difficulty to be addressed was that we aimed to study a phenomenon that has not previously been conceptualised.” I thought you could say a bit more here. This is an important methodological point, so I think you can afford to spell out examples of the challenges and the solutions that you found.
23. p.11 “...burden due to the difference in focus between the primary studies and the review”. This is also an important methodological point. How do you judge how irrelevant is too irrelevant? (Did you have a way of operationalising a ‘relevance’ exclusion criterion across the team?)

24. p.11 As mentioned above, I think a careful worked example or two of how NPT was used as the coding framework is needed. Can this analysis therefore be described as ‘framework analysis’? (e.g. Carroll C, Booth A, Cooper K (2011) A worked example of "best fit" framework synthesis: A systematic review of views concerning the taking of some potential chemopreventive agents. BMC Medical Research Methodology. 11(29); Dixon-Woods M (2011) Using framework-based synthesis for conducting reviews of qualitative studies. BMC Medicine. 9(39))

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests