Author’s response to reviews

Title: Qualitative Evidence Synthesis (QES) for guidelines: Paper 1 Using Qualitative Evidence Synthesis to Inform Guideline Scope and Develop Qualitative Findings Statements.

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Author’s response to reviews:

As instructed, we are sending our response to the reviewer’s comments (below) and have made relevant changes to the manuscript (where appropriate). All amendments are highlighted in yellow on the revised manuscript and are detailed in the responses below.

Reviewer reports:

Reviewer #1: Overall, the paper is easy to read and will be quite useful for people attempting to develop guidelines. Thank you.

One minor comment is that I'm not clear what the paper is trying to achieve and what the issue is. Why is this document necessary? How does this paper contribute to the issues faced? It may be self-evident to the authors but this paper offers a very useful guideline that has broad interdisciplinary potential. Thank you. We appreciate the reviewers’ observations here and wish to emphasize that this is the first in a series of 3 papers exploring how qualitative evidence
synthesis (QES) can be used to develop clinical and health systems guidelines. It may be that, taken out of context, this first paper doesn’t fully address the relevant issues but we hope that, with the support of papers 2 & 3, the overall aim will become clearer. Taken together we hope the papers provide a ‘how to’ guide for researchers, policy makers and guideline panel members illustrating how the findings from isolated qualitative studies can be synthesized into meaningful data that can be used to inform guideline recommendations or healthcare policy decisions in a way that has not been done before.

On that note, while the paper is well written, there is a high degree of jargon, as well as abbreviations and acronyms that the lay reader will not find easy to follow. Whilst I appreciate that you can't summarise the world of health research in a few lines and get it into a paper format, improving the readability for a nonexpert audience would be a very useful contribution because it’s the nonexpert audience that needs to understand how to do things rigorously. We completely understand the reviewers comments here and appreciate there are a lot of abbreviations and acronyms in the text. Unfortunately, as the reviewer implies, the jargon rather comes with the subject matter! Where we’ve used acronyms and abbreviations we’ve given the complete word version when it’s first introduced in the text and tried to explain some of the jargon where it’s not easily understandable, e.g. QES on page 5 and EtD frameworks on page 6. There is also a list of abbreviations at the end of the document on page 27. Although we hope the article(s) will have widespread appeal to a non-expert audience, the series of articles are largely aimed at those engaging with guideline and policy development in a health systems context. We have identified the intended audience at the end of the first paragraph on page 7 (“guideline commissioners, members of guideline panels, and guideline development researchers as well as qualitative review authors and primary qualitative researchers”) and expect readers from these disciplines to have some knowledge of the subject matter, including some of the jargon.

When it comes to search strategies, I question why you would not suggest a tool like Google scholar for an initial search before determining specific databases. Google scholar would provide a global reach and would enable the researcher to then understand what they need to specifically look for in the databases. Further it would allow the researcher to include the grey literature much more readily. Sometimes grey literature can be illuminating. If you deliberately did not want Google Scholar included it would be a good idea to state what you see as its limitations for quality research. We appreciate the reviewer’s comments here but have not used Google Scholar in either our scoping searches or our review searches. We recognise that there are no particular rules or standards in choosing which search engines to use in a formal search strategy and that, usually, it’s a matter of personal preference based on experience and/or librarian/data specialist input. So long as authors and researchers are clear and transparent about which search engines they use, which databases they search and the search strategies they adopt then we are open to a range of choices and combinations. In our narrative next to section a) on page 12 we make this clear and, by way of example, mention some of the databases we chose for specific reviews. If
the reviewer finds Google Scholar particularly useful for the reasons stated that’s perfectly reasonable but we’d be reluctant to get into discussions about which databases we DIDN’T choose as we are relatively open to individual preference. Similar comments apply when it comes to searching for grey literature. We are neither ‘pro’ nor ‘anti’ the incorporation of grey literature and simply state that decisions will need to be taken by the review team about whether to include this type of material, as well as other types of publications such as commentaries, reports or unpublished manuscripts (page 13, section c). We don’t disagree with the reviewer’s comments but don’t feel we should recommend a particular course of action as there are a range of perfectly valid options when it comes to searching for grey literature.

When it comes to including research in languages other than English, I question the use of Google translate. Further explanation for how you used Google translate and how you use the interpretations would be useful. Given the global scope of most of our reviews we felt it was important to include studies that were published in languages other than English. Whilst we don’t advocate the use of this particular software programme we found it useful as a screening tool when we were unable to translate abstracts from papers that appeared to be relevant to our reviews. The programme works reasonably well for Latin based languages, e.g. Italian, Spanish and Portuguese but less accurately for more sophisticated languages, e.g. Japanese, Chinese, Russian. In all cases where the translated abstract seemed to fit our inclusion criteria we referred the full-text translation to appropriate bi-lingual or multi lingual colleagues at the World Health Organization for complete translation. This latter step may not be possible for other review authors and our comments on page 13 (section d) are simply to draw attention to the issue of ‘non-English texts’ and whether review authors have the resources available to accurately translate papers published in other languages. In the text on page 13 we state that, “we used ‘Google Translate’ (https://translate.google.com) to perform an initial translation and, if the study appeared to be relevant, we identified sources within the WHO to provide a more formal translation”. We feel this is sufficient but are happy to take editorial advice if further details are required.

In terms of enhancing readability, I would like to see an example PRISMA flow diagram presented at least as an appendix. Thank you for this suggestion. We have added a PRISMA flow diagram from the intrapartum care review as an Additional file (1). See page 16

I would like to see a table that outlines the different forms of synthesis techniques available. For example systematic reviews, meta-analyses, meta-ethnography, are all quite different procedures and may have different methods associated with them. A lay reader would not understand those nuances. We appreciate the reviewers concerns here and recognize that we use a lot of related methodological terminology throughout the manuscript. With regard to the reviewers specific
queries we only refer to one method of synthesis, ‘meta-ethnography’ (on page 10) as this was the method used in all of our reviews. Although there are other methods available we would prefer not to discuss these in this paper as it would introduce more methodological jargon which might be even more confusing to readers. Whilst we do mention the term ‘meta-analysis’ we do so only to indicate the reciprocal technique (to meta-synthesis) from a quantitative perspective and draw attention to some of the pertinent differences between the two approaches. Again we’d be reluctant to discuss the process of meta-analysis in any detail as it is a relatively well known method and any attempt to do so would only introduce more jargon to the text. However, if the reviewer would like us to add a list of definitions (perhaps under the Abbreviations on page 27) we’d be happy to take editorial advice.

In summary, I found the document very useful and I like the specific examples provided to enable future authors to manage the process from beginning to end in a rigorous manner. Thank you

Reviewer #2: Overall, I enjoyed reading this paper. Thank you

The methods for developing the series are clearly explained and the aim for this particular paper - to inform the scope and develop Summary of Findings statements. Thank you.

Under Search Methods, it would be helpful to explain more clearly the order of the searches. For example, in some cases a scoping review for the overall guideline may have been conducted before the qualitative search, flagging up possible concepts and terms that need to be included in the a priori scoping search for the QES. You noted this, but it needs to be more explicit that the QES strategy is informed by earlier searches as well as informing the overall guidelines search. This could be done for example with a statement saying that a qualitative search is conducted alongside (or after) the overall search for the guideline to inform the scope. (If this hasn't always been the case, then a sentence is needed saying that in some guidelines the a priori qualitative search was skipped.) There is then a second round of searching for topic-specific issues that could be informed by QES later in the guideline development process. Thank you for this suggestion. We have altered the paragraph under Search Methods (page 12) to accommodate the reviewers comments and hope this makes the order of searches more explicit. This paragraph now reads as follows, “Ideally, an initial scoping search should be conducted prior to the framing of the guideline parameters to identify potential concepts, e.g. values and associated outcomes that may be important to the population under investigation. Where this has been done the findings from the scoping review may also guide the subsequent QES search criteria, e.g. the antenatal care guideline scoping review highlighted a number of (nonclinical) aspects of antenatal care that were particularly important to women (care, support, and information), but that had not been initially highlighted by the guideline development group. We therefore
included search criteria such as ‘support’ in the search strategy for the subsequent QES designed to generate specific findings. For both searches the search strategies should be transparent, with clear parameters and filters where appropriate.”

A couple of other small points:

Page 13 Contradictory review findings: The example illustrating inclusion of positive and negative findings in one statement is helpful; would it be possible to also provide an example where a decision was made to produce two separate statements? The reasoning behind the decision needs a bit more explanation. When and why would the decision be made to produce two rather than merging them? Thank you for this suggestion. Under this section (now on pages 22 and 23) we have added further explanation and provided an example of a decision to produce two separate finding statements. By way of further explanation we have added the following, “Reviewers need to strike a balance between splitting issues emerging from the synthesis into multiple review findings, resulting in findings that are no longer useful to end users and don’t fully represent the phenomenon of interest, and generating a smaller number of broad findings that oversimplify or fail to adequately capture variations across different contexts”. A little further down on page 23 we have added the following text to illustrate an example, “The decision to retain the integrity of opposing views as separate and distinct may depend on prior knowledge of the phenomena and/or the relative importance in different contexts or amongst different population groups. For example, in the QES on women’s experiences of antenatal care some women reported that providers could be rude, disrespectful and occasionally abusive while others highlighted qualities of care, compassion and kindness amongst providers. In theory, these divergent views could be merged under a single heading like ‘Staff Attitude’ but, on closer inspection it became clear that the women reporting rude and abusive behavior were generally located in low income settings whilst those discussing kindness were largely resident in high-income countries. We therefore took the decision to express these findings separately as ‘Rude and abusive staff’ and ‘Authentic and kind staff’”

Page 13 under Demonstrating rigor: ‘Reasons for downgrading’ - does this refer to reasons for downgrading the strength of evidence after using CERQual? A sentence is needed explaining what is done with the CERQual ratings. We have added a sentence under this section (now on page 24) which states, “A finding may be downgraded if it fails to meet any of the four appraisal components (methodological limitations, relevance, coherence, and adequacy) inherent in the CERQual tool”. We further discuss this process (briefly) under the ‘Data Analysis’ section on page 21
The first paragraph of the Discussion section could be moved to become the first paragraph of the Conclusions. I suggest this because the rest of the Discussion section provides a useful summary of the ways in which QES changed the direction of the respective guidelines, demonstrating the utility of the syntheses. Following this with the statement that representatives on a guidelines development group cannot substitute for QES seems a more logical order to me. Thank you for this helpful suggestion. We have moved the first paragraph of the discussion to become the first paragraph of the conclusions section in accord with the reviewer’s observations (now on page 26). We have also added an introductory sentence to the discussion to reflect the aim of the paper (see page 24), “In this paper we have tried to describe and discuss the methods for conducting a QES in the context of developing a guideline and have explored how QES findings can inform the scope of a guideline and be used to develop findings for key guideline decision-making criteria.”