Qualitative research in systematic reviews

Has established a place for itself

The recent publication by the NHS Centre for Reviews and Dissemination of the second edition of the guidance on undertaking systematic reviews of research on effectiveness deserves to be warmly welcomed, for many reasons.[1] Perhaps chief among these is the increased recognition given to the diverse types of evidence that can contribute to systematic reviews. This suggests that the rigid insistence on controlled trials as the sole source of evidence on effectiveness that characterised the beginnings of the evidence based healthcare movement is fading. Qualitative research is now given explicit consideration in the new guidance. This is consistent with other recent recommendations emphasising the contribution of qualitative evidence to healthcare evaluation.[2] The argument for giving a place to qualitative research in systematic reviews seems to have been won. There remain several issues, however, that need to be addressed in making the role of qualitative evidence in reviews more systematic.

The move to recognise the potential value of qualitative research could do much to address arguments that evidence based health care has tended to focus on those variables that can be easily measured and has lacked a critical perspective, particularly with respect to social and educational interventions. For example, it is intuitively obvious that a recent Cochrane review could have benefited from using qualitative research to assess how we can improve communication with children and adolescents about their cancer.[3] The outcome of the decision to focus solely on controlled trials and before and after studies was that only six of 1500 identified studies were included in the review, and few firm conclusions could be reached. Clearly a more inclusive view of what constitutes evidence is necessary to answer such complex questions, as well as acknowledgement of the explanatory power of non-quantitative forms of evidence.

Qualitative research has, of course, already contributed to a number of published reviews, though rarely of the Cochrane type and often in relatively informal ways. Several issues still need to be dealt with to make the role of qualitative evidence in reviews more systematic. Firstly, the centre's guidance rightly emphasises the need for rigour in the identification of research. However, despite efforts by the centre and the University of London's Institute of Education, among others, searching for and identifying appropriate qualitative research remains frustrating and difficult. This is partly because there is no equivalent of the Cochrane controlled trials register or other clinical trials registers for qualitative research (qualitative research is catalogued on a wide range of databases or not at all) and partly because indexes and search filters require substantial improvement. Investment in these areas is needed, especially if reviewers are to demonstrate that their searches are systematic and exhaustive.

Secondly, the problem of how to appraise the quality of qualitative studies remains. Directly applying the models developed for quantitative evidence is inappropriate: constructing hierarchies of evidence for types of qualitative research studies is clearly problematic, as the guidance highlighted, and undesirable. More generally, there has been a failure to agree on suitable methods for assessing the quality of qualitative research. This has inhibited the development of a process similar to CONSORT, which aims to improve the reporting of clinical trials.[4] Qualitative research is a priority for the National Health Service's research and development methodology programme (inherited from the health technology assessment programme). We need to reach the stage soon where the accepted criteria provide guidelines for judging a paper, for deciding whether it should be included in a review, and on how to weight it.

Thirdly, a formidable question is how to make qualitative evidence—which may be produced with widely varying theoretical perspectives and diverse analytical approaches—submit to the disciplines of secondary summary and synthesis. More progress must be made on methods for synthesising qualitative data from across studies and synthesising qualitative and quantitative data. A daunting array of theoretical and practical problems awaits reviewers who attempt the secondary manipulation of the concepts or themes that are the staple product of qualitative research. A natural tension exists between an approach that relies on interpretation and reflection (qualitative research) and an approach that seeks to expunge the potential for anarchy associated with such ungovernable processes (the systematic review). Bayesian approaches to meta-analysis offer hope of synthesising qualitative—or qualitative and quantitative—forms of data, by treating qualitative research as a resource for identifying variables for synthesis and attaching weights to the strength of evidence associated with those variables.[5] However promising these approaches are, systematic means of more narrative based and other forms of synthesis for qualitative research are clearly needed.

A place for qualitative research in systematic reviews now seems established. A Cochrane qualitative methods network has existed since 1998. Like other groups that seek to move forward to a more inclusive view of evidence that nevertheless remains systematic, it has its work—valuable as it is—cut out.

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Some ideas expressed here draw on the authors' research funded by the Economic and Social Research Council to investigate the meta-analysis of qualitative and quantitative evidence.

BMJ 2001;323:765–6

1 NHS Centre for Reviews and Dissemination. *Undertaking systematic reviews of research on effectiveness: CRD's guidance for those carrying out or commissioning reviews.* York: CRD, 2001. Report number 4 (2nd ed).
2 Campbell M, Fitzpatrick R, Haines A, Kinmonth AL, Sandercock P, Spiegelhalter D, et al. Framework for design and evaluation of complex interventions to improve health. *BMJ* 2000;321:694-6.
3 Scott JT, Entwistle VA, Sowden AJ, Watt I. *Communicating with children and adolescents about their cancer* (Cochrane Review). In: The Cochrane Library 2, Oxford: Update Software, 2001.
4 Bossuyt PMM. Better standards for better reporting of RCTS. *BMJ* 2001;322:1317-8.
5 Dixon-Woods M, Fitzpatrick R, Roberts K. Including qualitative research in systematic reviews: problems and opportunities. *J Eval Clin Pract* 2001;7:125-33.

Forthcoming theme issues and how we chose them

The web allows readers to participate in the decision

Beginning with our theme issue marking the 50th anniversary of the Nuremberg doctors' trial in 1996 we have published 34 theme issues on a wide range of subjects.[1] Sometimes these have arisen from an explicit decision to raise the profile of a particular topic; in other cases they seem to have assembled themselves from material that has been sent in unsolicited. Of the infinite number of topics that could have been chosen, the journal's editorial team has had the final say. When it comes to readers' needs we have known best.

Elsewhere in the journal we have been chiselling away at this notion of editorial omniscience. For example, for our latest journal redesign, we asked readers to say which of three possible designs they preferred—and then we instituted the most popular choice.[2] The advent of the world wide web has made such interactivity much easier, and we now frequently canvas website visitors' opinions on journal policies and practices.[3]

We thought it was time to involve readers in decisions about content and have started with the selection of topics for theme issues. Beginning with a list of suggestions from our editorial board, we asked visitors to bmj.com to add their own ideas. We then instituted a two stage voting process on the website. Firstly we asked readers to whittle down the 75 initial suggestions to a shortlist of 20, and then we asked them to select up to six topics from this shortlist.

Some voting irregularities occurred, with enthusiasts for a few topics following Al Capone's advice to the Chicago electorate to vote early and vote often. Although voting was anonymous, such behaviour can be detected and corrected for, by using the visitors' log, which links each website visit to a unique internet protocol number. What we couldn't correct for, although we suspected it was occurring, was that the friends (or, more correctly, the enemies) of endometriosis were using their bulletin boards and discussion groups to alert fellow sufferers to the poll.

We therefore asked BMA members, as part of our annual readership questionnaire, to vote on the same shortlist of topics. We combined the two sets of results to obtain the final ranking.[4] (Endometriosis, which had topped the web poll, came a poor last in the members' poll. Nevertheless, we have published a review article on endometriosis since the poll.[5])

Starting next year, we intend publishing a theme issue most months from January to November, with the usual Christmas issue in December. Of any 11 theme issue topics, six will come from the readers' poll and five will be chosen in house (box).

Forthcoming theme issues 2001-3

Date	Topic	Closing date for submission of original research
2001		
October	Managing chronic diseases	Closed
November	Men's health	Closed
2002		
January	Global voices on the AIDS catastrophe	Closed
February	Evaluating the quality of health information on the internet*	31 October 2001
March	The limits of medicine and the medicalisation of human experience*	31 October 2001
May	Road traffic crashes	15 December 2001
June	Neurodegenerative diseases	15 January 2002
July	Doctors' wellbeing*	15 February 2002
September	What is a good doctor and how can we make one?*	15 March 2002
October	Managing chronic diseases	15 April 2002
November	Doctor-patient communication and relationships*	15 May 2002
2003		
January	What doesn't work and how to show it*	15 June 2002

*Selected by readers

Eventually, we hope to extend readers' participation to the commissioning of ABC series, editorials, and other educational articles—selecting authors as well as topics. The journal has always striven to be responsive to readers' wants and needs, using the best resources we could identify. The internet allows us to increase this responsiveness while at the same time increasing the range of resources we can easily call on.

For a continuously updated list of theme issues, with their guest editors and editorial contacts, see: http://bmj.com/misc/fcissues.shtml

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1 Archive of special theme issues. http://bmj.com/collections/specials.shtml
2 Delamothe T, Smith R. Redesigning the journal: having your say. *BMJ* 1996;312:232.
3 Past polls and debates. http://bmj.com/misc/strawpolls.shtml
4 Results of readers' polls on topics for theme issues (2000-1). http://bmj.com/cgi/content/full/321/7267/DC1
5 Prentice A. Endometriosis. *BMJ* 2001;323:93-95

We ask all editorial writers to sign a declaration of competing interests (bmj.com/guides/confli.shtml#aut). *We print the interests only when there are some. When none are shown, the authors have ticked the "None declared" box.*

BMJ 2001;323:766