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Qualitative systematic reviews and their role in evidence-based HIV nursing

Sylvia Nalubega^{1,2}, Catrin Evans^{1,2}

¹School of Health Sciences, University of Nottingham, UK, ²University of Nottingham, Centre of Evidence Based Healthcare: a Collaborating Centre of the Joanna Briggs Institute, UK

Introduction

Decisions for healthcare delivery and health policies should be based on the highest level of existing research evidence [1]. Achieving this can be challenging given the large body of existing literature generated by empirical studies [2], which may have biases, methodological flaws or may be time and/or context specific. Additionally, individual studies can reach conflicting conclusions making it hard to decide which results should inform policy or practice decisions [1]. Systematic reviews, which bring together the results of primary studies, offer a solution to such concerns.

Systematic reviews are described as explicit, reliable, reproducible scientific methods which limit bias by identifying, selecting, critically appraising and synthesising all literature on a given topic from all relevant individual studies. As such, they provide the most accurate and trustworthy results, which are more acceptable and accessible to decision-makers [3–6], enabling health care professionals to offer focused and individualised care, in which up-to-date evidence is integrated with patients' own values and needs [7].

There are many different types of systematic reviews. The most common are those based on quantitative evidence which may or may not include meta-analysis, and those based on qualitative evidence. This paper aims to describe the method and process of qualitative systematic reviews and their importance in informing evidence-based HIV nursing practice.

What is qualitative research?

Qualitative research is an approach that is concerned with exploring and understanding the meaning of phenomena in society, often through techniques such as interview or observation [8,9]. Qualitative approaches particularly seek to uncover the thoughts, perceptions and feelings experienced by individuals under real-life (naturalistic) contexts [9]. These approaches usually involve small numbers of research participants, which allows for an in-depth investigation and eventually a rich understanding of a particular phenomenon [10].

What are qualitative systematic reviews?

Qualitative systematic reviews present conclusions derived from combining and integrating all the findings from original (primary) qualitative studies. As such, they provide a comprehensive and detailed picture of the phenomenon studied and enable new insights to emerge [11,12].

Different types of qualitative reviews

There are several different approaches to undertaking qualitative systematic reviews. The two main approaches are *integration* or *meta-aggregation* and *interpretation* or *meta-ethnography* [11]. Integration/aggregation, which includes the Joanna Briggs Institute (JBI) meta-aggregation approach, involves the assembling of findings from empirical studies and pooling (or aggregating) them based on similarities in meaning [2,13]. Using a process similar to thematic qualitative data analysis, the findings are further aggregated into categories and then into over-arching 'synthesised findings'. This approach explicitly aligns itself with the philosophy of pragmatism, and enables delivery of readily applicable directive 'synthesised findings' which can be used to inform policy or professional practice [12]. By contrast, interpretive synthesis, such as meta-ethnography, aims to re-interpret (not just to summarise) original research findings in order to generate new knowledge or theory [13]. Meta-ethnography therefore tends to yield results where implications for practice can be inferred but may not be explicit [13,14].

Why are qualitative reviews important?

There are two reasons why qualitative systematic reviews are important for HIV health care. Firstly, they serve to guide new research by generating and refining research questions and by demonstrating gaps in the existing evidence base [15]. Secondly, they guide HIV nursing practice by producing generalisable and trustworthy evidence, for example about the experiences of HIV patients/clients, which is essential in supporting decisions in the provision of HIV care [2]. Such reviews provide an opportunity to

incorporate the patient's viewpoint into evidence-based HIV practice.

Evidence generated through reviews of qualitative HIV studies can address issues such as how HIV interventions and other care services are perceived by users, or what factors facilitate/deter adherence to treatment or the choice of health promoting lifestyles [2]. For example, Musheke *et al.* [16] undertook a review which sought to establish the factors that enabled or deterred patient acceptance of taking an HIV test in sub-Saharan Africa. Findings from this review of patients' experiences indicated that the perception of not being at risk of contracting HIV, HIV-related stigma and financial constraints were major contributing factors to the low testing uptake. The reviewers recommended that efforts to scale up HIV testing in this region should aim at addressing these identified barriers. In another example, a qualitative review by Sandelowski *et al.* [17], which synthesised qualitative findings about stigma in HIV-positive women, found that HIV stigma was a key problem facing HIV-positive women. The conclusion drawn from this review was that 'other people' in the lives of the HIV-positive women were also significantly affected by the stigma and therefore should be targeted in the implementation of stigma-reduction interventions. According to the reviewers, this meta-synthesis was able to confirm the recurrent themes identified in individual primary studies of HIV-positive people and stigmatising conditions (both qualitative and quantitative), which would otherwise not have been concluded based only on one primary study.

How are they done?

Although there are different approaches to systematic reviews of qualitative studies [2], the steps involved are similar in all of them. Below, we describe the JBI meta-aggregative approach to the process of meta-synthesis.

The research question

The first step in conducting a systematic review is to formulate a review question. This needs to be precise and must indicate the population (participants), phenomenon of interest and the context. This is relevant in order to guide the users of the review to ascertain whether the findings can be transferable to other contexts or whether they are only focused on a particular situation [2,11].

The review protocol

A review protocol serves as the map for the review [1], and it should follow a standard format to keep track and ensure that the process is rigorous and in keeping with the standards of scientific research [2]. The review protocol clearly outlines the specific steps to follow [11], which include: the

background information of the review topic; the review question; the aim and objectives; the criteria for including or rejecting studies; how studies will be identified; assessment of the quality of identified studies; how the data will be extracted from the included studies; and the synthesis of the data to generate conclusions [2,11]. These steps are explained in more detail below.

Types of studies to include

According to JBI [11], qualitative systematic reviews can synthesise findings from studies that have used a variety of qualitative methodologies. Therefore, all qualitative methods that follow an interpretive paradigm, aiming at understanding the human condition, are considered (e.g., phenomenology, ethnography, grounded theory and action research). Usually, a systematic review will try to include all studies that meet the inclusion criteria in any language, and will seek to translate articles where appropriate. However, due to time and financial constraints, this can be difficult to achieve for some reviews.

Search strategy for identification of studies

The literature search is aimed at identifying *all* studies that fit the inclusion criteria [2]; therefore, it is recommended that prior to commencement of a systematic search for literature, a *systematic search strategy* is established to ensure that the search will be thorough, rigorous, comprehensive and unbiased [18]. It is advisable to seek the help of a librarian for this stage. Many databases do not have detailed thesaurus terms for identifying qualitative studies [11], therefore reviewers should avoid limiting the search, for example to a methodology or research design. It is also advisable that the search is not limited to only well-known databases since qualitative studies may be spread within a wide range of bibliographic databases [19,20]; reference tracking is also very useful for identifying relevant papers for the review [21].

Assessment of methodological quality

The meta-aggregation approach places a strong emphasis on the assessment of the quality of methods used by the included studies, to rule out methodological flaws which may increase the risk of biased results [13]. There are several critical appraisal tools that can be used [14,22]. The JBI tool focuses on assessing the following domains:

- The congruity between the philosophical position adopted by the study and the study methodology
- The congruity between the methodology and the research questions and objectives, the representation of data, and the interpretation of the results

- The disclosure of the researcher's background, and/or any influences of the researcher(s) on the results
- The representation of participants' views in the conclusions drawn from the analysed data [14]

Qualitative papers selected for retrieval should normally be assessed by at least two independent reviewers who afterwards meet to discuss the assessment outcomes. Any disagreements between the two should be resolved with a third reviewer [14]. The critical appraisal process determines whether or not a study is judged to be of sufficiently high quality to include in the systematic review.

Data extraction

In this stage, the included papers are read and re-read and relevant data are extracted using a standardised data extraction tool. The data extracted includes: (i) background information about the study (e.g., details about the methodology, method, phenomena of interest, setting, geographical and cultural contexts, participants, method of data analysis, author's conclusion, and reviewer's comments); and (ii) the key findings accompanied by illustrative quotes [11,14]. JBI [14] defines a finding as 'a conclusion reached by the researcher(s) and often presented as themes or metaphors' (p 40).

Data synthesis

The extracted findings are pooled using the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI QARI) approach (see Figure 1). This is done through assembling the findings from the papers rated according to their quality, and categorising these on the basis of similarity in meaning. The categories are then subjected to a further meta-aggregation in order to produce a comprehensive set of 'synthesised findings' [11,14]. These synthesised findings indicate readily accessible recommendations that can be used as a basis for evidence-based practice.

Where do we find qualitative systematic reviews?

Qualitative review reports can be found in the JBI database of systematic reviews, the Cochrane Library and other research journals.

Conclusion: using qualitative reviews to improve HIV nursing

With the current emphasis on evidence-based practice (EBP), HIV nurses are required to base their practice on the best available research evidence [23–25]. Reading systematic reviews is an important and time-efficient way of keeping up to date with new developments in HIV nursing care,

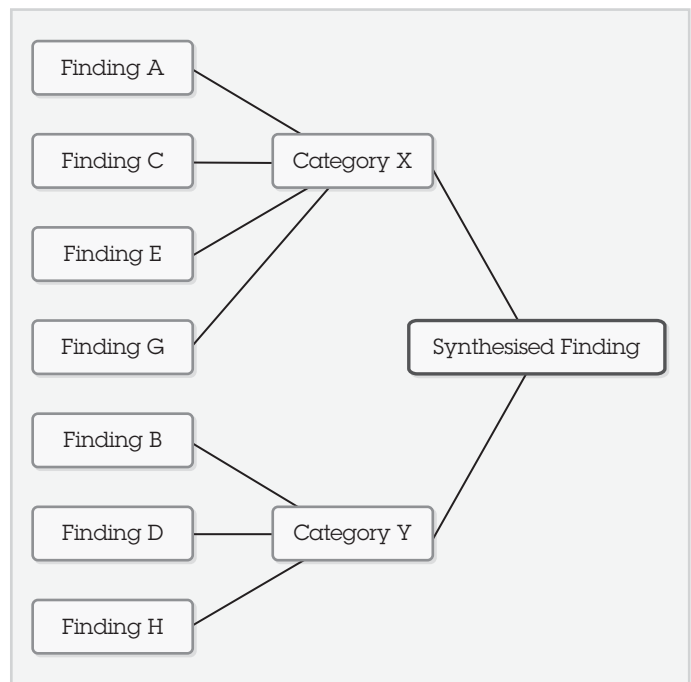


Figure 1: Summary of the JBI approach to meta-synthesis

which will result in better patient care and improved service delivery processes [26].

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