



Inter-reviewer agreement

The appraisal, extraction and meta-synthesis of qualitative research findings

XIII Cochrane Colloquium-October 2005

Zuben Florence

The Joanna Briggs Institute



Overview

- Qualitative Evidence
- The Program
- Methods - Analysis
- Results
- Conclusions



Qualitative Research Findings as Evidence for Practice

- Strong opposition from some researchers
- Contextual – “in the moment” and “non-generalisable”



Qualitative Research Findings as Evidence for Practice

- the argument against the pooling of qualitative findings is founded on a “narrowly conceived” view of what constitutes generalisability - that is, a view that sees it in relation to the representativeness of a sample and of statistical significance

Sandelowski et al (1997)



Critical Appraisal of Qualitative Evidence

- The focus on limiting bias to establish validity in the appraisal of quantitative studies is antithetical to the philosophical foundations of qualitative approaches to inquiry
- With qualitative evidence, validity relates to the rigour of the process of inquiry



Extracting Findings

- The units of extraction in this process are specific findings and illustrations from the text that demonstrate the origins of the findings
- In QARI a finding is defined as: *A conclusion reached by the researcher(s) and often presented as **themes or metaphors***



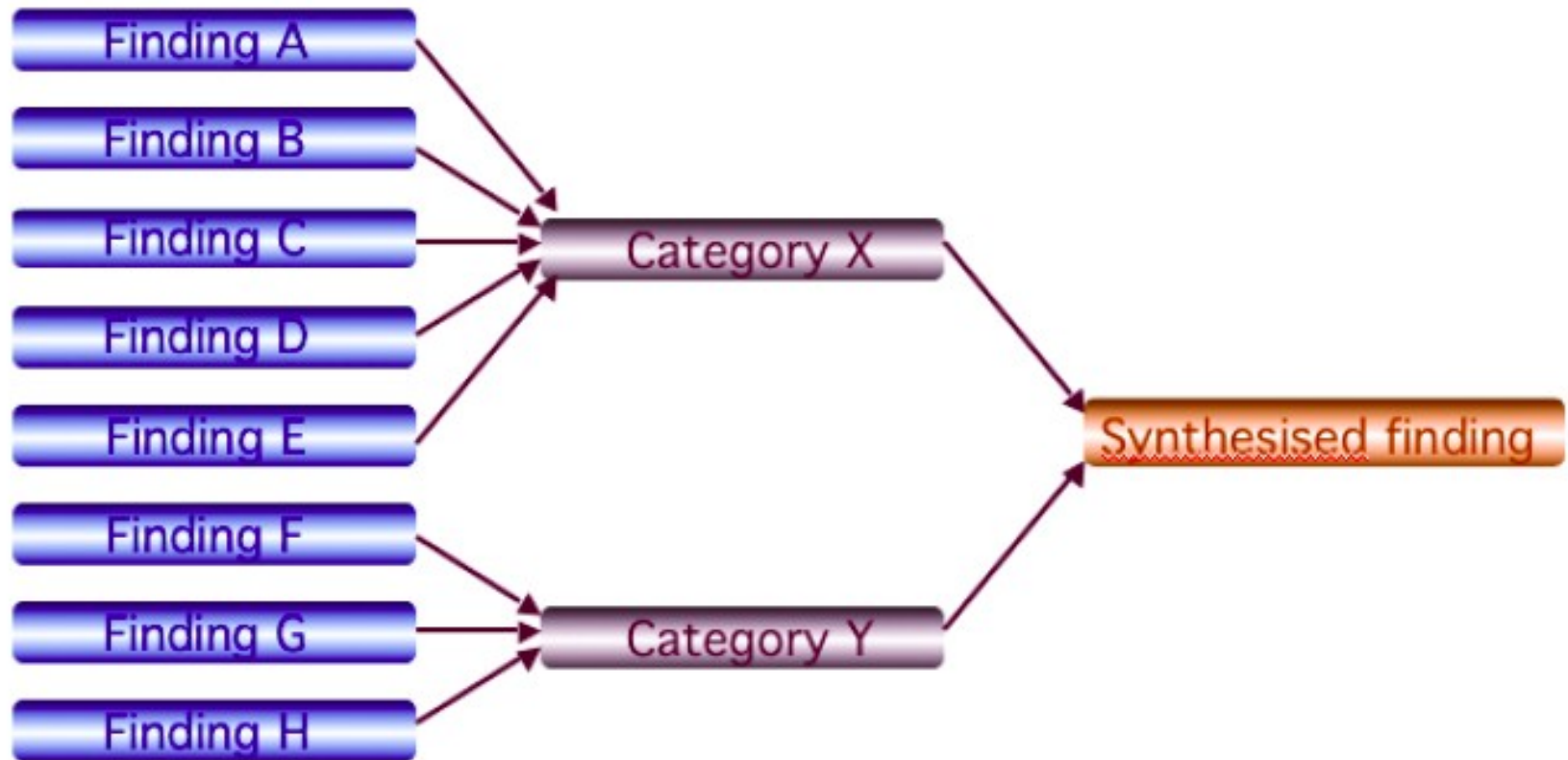
Data Synthesis Involves

- **Step 1:** Identifying findings
- **Step 2:** Grouping findings into categories; and
- **Step 3:** Grouping categories into synthesised findings



Synthesised Findings

- In QARI, a synthesised finding is defined as *an overarching description of a group of categorised findings that allow for the generation of recommendations for practice.*



**QARI****Qualitative Assessment Review Instrument**[Reviews](#)[Studies](#)[Categorise](#)[Synthesis](#)[Logout](#)[About](#)

Note that only those syntheses that have had valid categories allocated to them are shown here.

Synthesis	Category	Finding
People with MS and IC may need to be assisted to develop their own strategies to cope with embarrassment, control of their lives and social activity. Participants described how being IC is embarrassing and makes them feel they have no control. they overcame this through developing coping strategies.	Avoiding shame	The women wanted to avoid shame.
	Being in control	The women felt in control using pad urgent to urinate
	seeking understanding	Wait at home to go to the toilet before going outside
		The women living with MS and IC were seeking understanding.

[Add Synthesis](#)



The Program

- Systematic Review Training Program
- Seven international locations
- 48 participants (24 pairs)
- Asked to appraise, extract & pool evidence from two qualitative papers, both by Koch et al



Participants

- USA 14
- Australia 16
- South Africa 8
- Canada 2
- China 4
- Taiwan 2
- New Zealand 2



Pooling the Evidence

- Extracted findings;
- Sorting findings into Categories on the basis of similarity in meaning; and
- Grouping Categories into Synthesised Findings - also on the basis of similarity in meaning



Analysis of the Synthesised Findings

- The synthesised findings identified by the 24 pairs were examined to establish consistency between pairs



Common synthesised findings

- Control - Managing their lives
- Embarrassment - Social Restriction



Control - Managing their lives

- 23 of the 24 pairs identified a synthesised finding related to the need for the study participants to establish a degree of control in managing their lives:



Illustrations of ‘Control’

- “People with incontinence can experience a sense of liberation from learning strategies that increase skills related to *controlling* and *managing* incontinence episodes” (USA)
- “Empowering people to *manage* their incontinence” (Aust)
- “Living with MS is made easier if the person is in *control*” (South Africa)
- “Developing *coping* strategies” (China)
- “*Managing* the unpredictability can enhance their sense of security” (Taiwan)
- The symptoms of MS are unpredictable and patients may seek to take *control* of these to *manage* their disease” (NZ)



Social Restriction due to Embarrassment

- 19 of the 24 pairs identified a synthesised finding related to the study participants living with embarrassment that put limitations on their social activities



Illustrations of Embarrassment

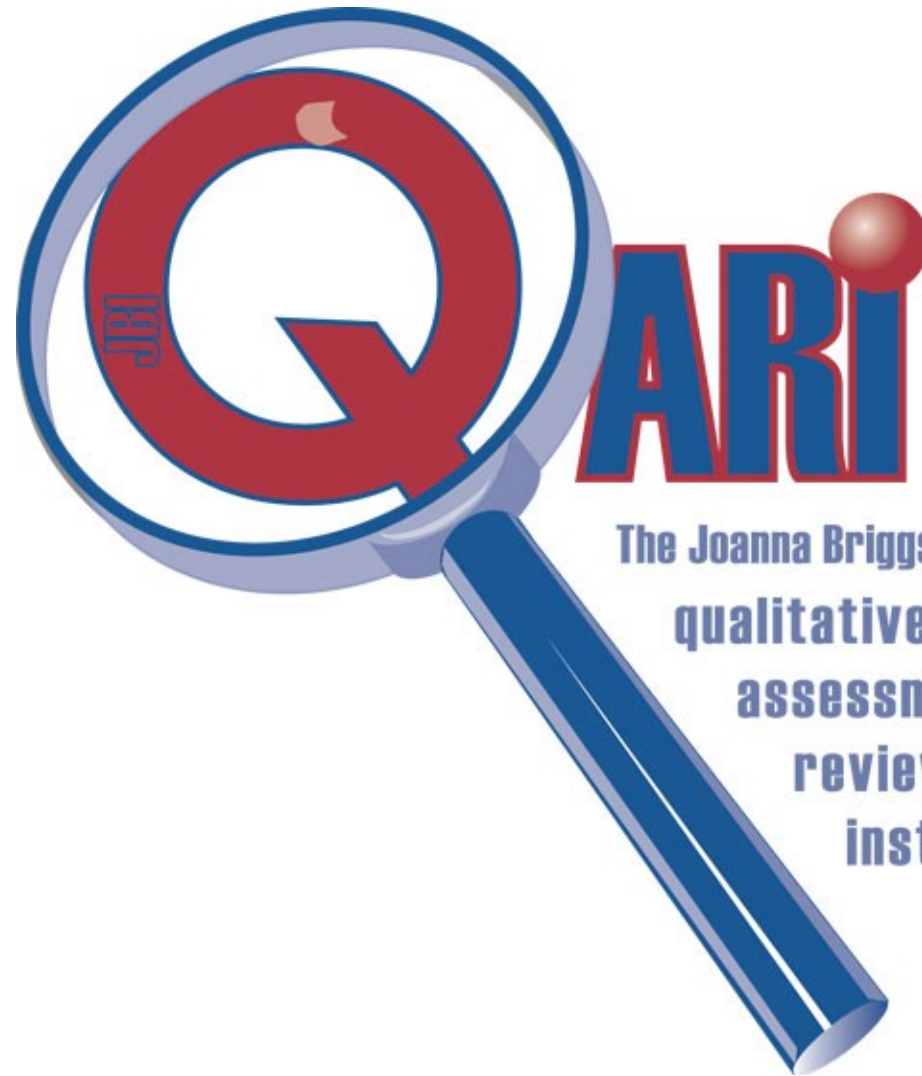
- “The unpredictability of incontinence can lead to feelings of stigma due to *embarrassment* associated with incontinence episodes” (USA)
- “Adults with MS & urinary incont experience a degree of loss of *normal lifestyle* resulting in feelings of *isolation* and loss of control” (Aust)
- “The *embarrassing nature* of MS & incontinence require sufferers to make *lifestyle changes*” (South Africa)
- “Seeking understanding: *Having to explain*” (Taiwan)
- “People with MS & IC may need to be assisted to develop their own strategies to cope with *embarrassment*, control of their lives and *social isolation*” (China)
- “Withdrawing into *isolation*” (Canada)



Conclusion

- Emerging methodology
- Preliminary analysis suggests pooling of qualitative findings is reproducible

THE JOANNA BRIGGS INSTITUTE



The Joanna Briggs Institute™
qualitative
assessment and
review
instrument

www.joannabriggs.edu.au