

# How are qualitative methods being used alongside complex health service RCTs? A systematic review

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# Background

- Qualitative methods are important in evaluating the effects of complex interventions
- Little research has examined:
  - How qualitative methods are currently used in RCTs
  - How they could be used to improve the usefulness and policy relevance of trial findings.

# Study objective

To review systematically the use of qualitative approaches in RCTs of complex health service interventions

# Outline of presentation

- Methods of the review
- Key findings, focusing on the qualitative studies linked to the RCTs included in the review
- Implications of the review findings
- Future work

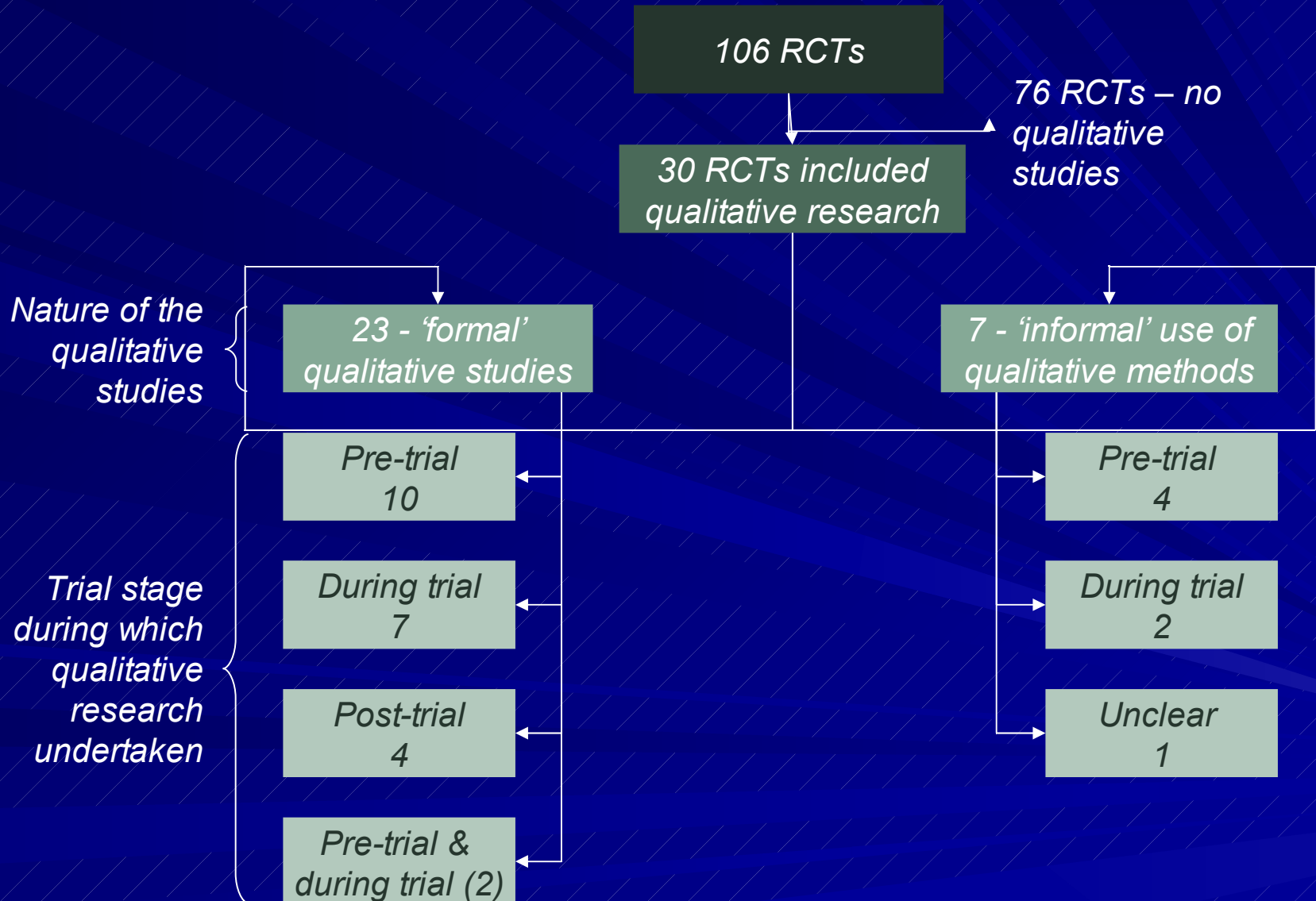
# Methods

- Random sample of 106 RCTs from the Cochrane EPOC (Effective Practice and Organisation of Care) Review Group register, published in English in 2001, 2002 and 2003
- All published and unpublished qualitative studies linked to these RCTs identified through database searches and contact with RCT authors
- Data extracted from each study set by two reviewers using a standard form. This included:
  - Descriptions of the RCTs and qualitative studies
  - The quality of the RCTs and the qualitative studies
  - An assessment of the complexity of the intervention evaluated in each RCT
  - The approaches (if any) used by the authors to combine the RCT and qualitative study findings.
- A narrative synthesis of the review findings was performed

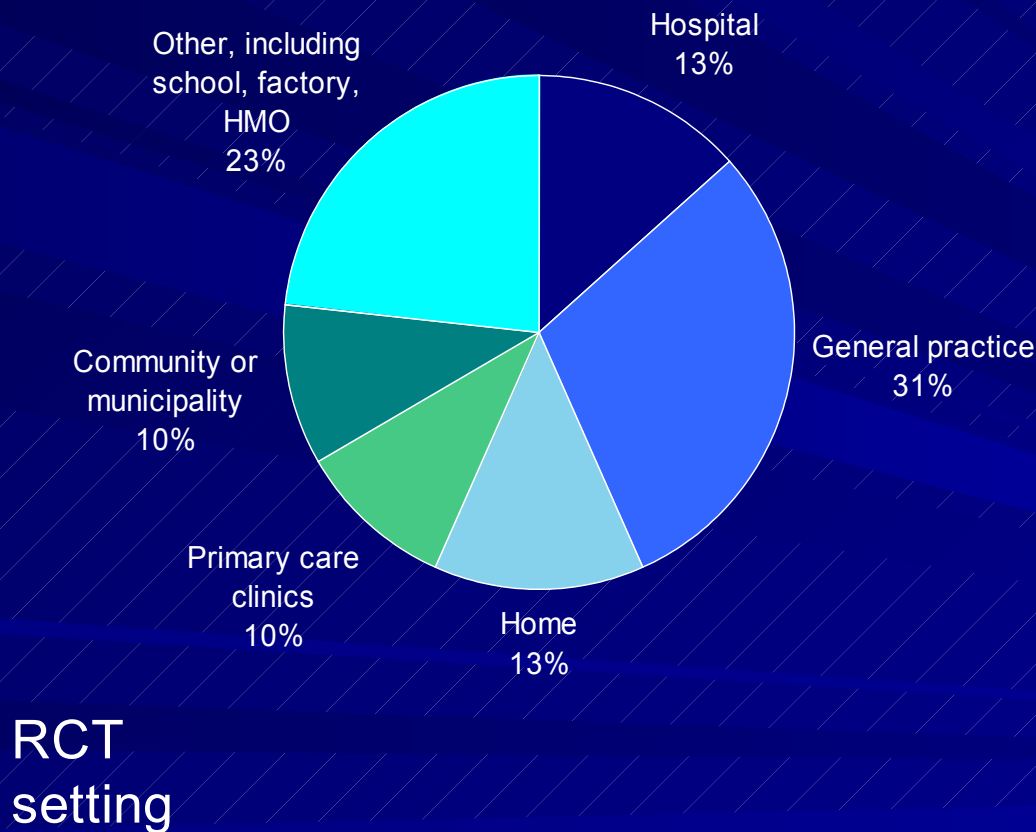
# Identifying qualitative studies

- Checked primary RCT paper for citations of qualitative studies
  - Located primary RCT on Pubmed and then searched for:
    - related studies
    - studies published by the first and second authors of the RCT (and others, if necessary)
  - Located primary RCT in Science and Social Science citation index and checked list of studies citing primary RCT
  - Sent standard email and reminders to corresponding author (if email address available), or whichever author had a locatable email address, requesting information on qualitative studies linked to their RCT
    - responses for 72% of papers (76/106)
- Correspondence with authors identified the largest number of studies

# Findings: overview of studies



# Description of RCTs that included qualitative research



- Level of care:
  - 80% (n=24) primary
  - 7% (n=2) secondary
  - 13% (n=4) mix of levels
- All conducted in high income countries
- Main health service issues addressed:
  - Mental health
  - Appropriate use of medicines
  - Sexual health



# Description of qualitative studies – stated objective/s

## ■ Pre-trial studies (n = 14): <sup>1</sup>

- To explore the knowledge, attitudes or practices of the target groups (n = 7)
- Intervention development (n = 8)
- To explore the illness experience of consumers (n = 2)
- Instrument development (n = 2)

## ■ During trial studies (n = 9): <sup>2</sup>

- To describe the intervention as delivered (n = 2)
- To explore issues influencing the effects of the intervention (n = 2)
- Other (all n = 5)

## ■ Post-trial studies (n = 4):

- To explore participant experiences of the intervention (n = 2)
- To explore issues influencing the effects of the intervention (n = 1)
- To analyse intervention development (n = 1)

<sup>1,2</sup> Includes studies done both pre- and during trial

# Description of qualitative studies - methods

## ■ Methodological approach:

- Grounded theory (n=3)
- Ethnography (n=2)
- Action research (n=1)
- Narrative approach (n=1)
- Other (n=4)
- Not specified (n=19)

## ■ Sampling:

- 43% (n=13) of studies did not describe their sampling approach
- Remaining studies used a mix of purposive, convenience and random sampling

## ■ Data collection methods:

- Many studies used several methods (n=10), with interviews and group discussions most frequently used
- Interviews (n=10) and focus groups (n=5) also most commonly used single method

## ■ Data analysis:

- 46% of studies (n=14): no information provided
- Thematic / content analysis was the most commonly reported approach (n=9). Also some use of grounded theory (n=2) and Framework (n=1)

# Linking the qualitative and RCT studies

## ■ Links between the qualitative and RCT research teams:

- 53% (n=16): papers share authors, but links between the studies not explicitly made
- 30% (n=9): explicitly described some level of linkage between the study teams
- 17% (n=6): unclear

## ■ Integration of qualitative and RCT analysis and interpretation:

- 30% (n=9): analyses conducted separately, some integration in interpretation
- 67% (n=20): no integration found / not reported / unclear
- No studies reported integration of both analysis and interpretation and only 2 studies stated explicitly that they had used a 'mixed method' approach

# Quality of the qualitative studies

- Sufficient data available to allow quality assessment in 20 studies
- Study quality highly variable
- Key weaknesses in reporting:
  - Only 20% provided a clear justification for the qualitative approach used
  - Inadequate descriptions of context, sampling, data collection and analysis methods common
  - Reflexivity: poor description of the role of the researchers in 85% (n=17) studies
  - How ethical issues taken into consideration: unclear in 75% of studies
- Key strengths in reporting: 😊
  - 90% had a clearly stated research question
  - Claims made supported by sufficient evidence in 55% (n=11) of studies

# Conclusions

- Qualitative studies alongside RCTs in this field remain uncommon
- More attention needs to be paid to the use of qualitative approaches for:
  - Intervention development
  - Process evaluation
- Qualitative study quality is a key concern
- Little explicit integration of qualitative and RCT data

# Future work

- Application of same approach to +-100 RCTs included in the Cochrane review of audit and feedback interventions
- Ethnographic case studies of RCT teams that have utilised qualitative approach alongside their trials
- Develop guidance for trial teams who plan to utilise qualitative methods



## *Connaught 2*