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Potential value of systematic reviews of qualitative evidence in informing user-centered health and social care findings from a descriptive overview

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Abstract

Objective: Systematic reviews of quantitative evidence are well-established in health and social care. Systematic reviews of qualitative evidence are increasingly available, but volume, topics covered, methods used and reporting quality are largely unknown. We provide a descriptive overview of systematic reviews of qualitative evidence assessing health and social care interventions included on the Database of Abstracts of Reviews of Effects (DARE).

Study design and setting: We searched DARE for reviews published between 1st January 2009 and 31st December 2014. We extracted data on review content and methods, summarised narratively and explored patterns over time.

Results: We identified 145 systematic reviews conducted worldwide (64 in the UK). Interventions varied, but largely covered treatment or service delivery in community and hospital settings. There were no discernible patterns over time. Critical appraisal of primary studies was conducted routinely. Most reviews were poorly reported.

Conclusion: Potential exists to use systematic reviews of qualitative evidence when driving forward user-centred health and social care. We identify where more research is needed and propose ways to improve review methodology and reporting. (175 words)

Keywords: evidence synthesis; qualitative research; systematic review; overview

What is new?

Key findings

- We describe the focus and methods used in systematic reviews of qualitative evidence published on DARE over a five year period. Reviews were conducted worldwide, with 44% originating in the UK. Interventions were diverse. There were no discernible patterns over time. Quality assessment of primary studies was conducted routinely but reviews were generally poorly reported.

What this adds to what is known

- This is the first overview of systematic reviews of qualitative evidence. The number of systematic reviews of qualitative evidence in health and social care is growing and they cover a wide topic range. Methodological quality is improving, but there is a need for standardised use of quality assessment tools and better reporting.

What is the implication and what should change now?

- Potential exists to use systematic reviews of qualitative evidence to inform user-centred health and social care.
- Future systematic reviews might usefully focus on community-based and service delivery interventions as well as residential and hospice settings.
- Existing and emerging reporting guidelines should help to address reporting deficits identified in our selection of reviews.

1. Introduction

Systematic reviews of effectiveness are well-established in health and social care. They aim to identify, evaluate, and synthesise the findings of all relevant studies (typically quantitative) relating to a particular question using methods

that are transparent and objective, in order to minimize bias. Increasingly they are used to inform health care decision-making.

The contribution of systematic reviews of qualitative evidence (also known as qualitative evidence syntheses) to decision-making is also increasingly recognised. The research questions addressed by qualitative evidence synthesis often relate to people's experiences of a health condition, receiving a health or social care intervention, or factors that enhance or hinder the implementation of an intervention. They are particularly helpful in exploring peoples' experiences of interventions, and are increasingly being used for this purpose [1]. When carried out alongside reviews of effectiveness, they help to explore variations in outcomes and can increase understanding of why interventions work or do not work[2]. Integrated reviews combining qualitative and quantitative evidence are also used for this purpose.

The number of qualitative evidence syntheses in health and social care has grown steadily over recent years, with a significant uplift occurring between 2001 and 2010[3]. Deficiencies in the reporting and conduct of such reviews have been highlighted and discussed[4-6].

At the end of 2013, the international Cochrane Collaboration achieved an important milestone in publishing its first systematic review of qualitative research[7]. This qualitative evidence synthesis was published separately from a companion effectiveness review on the use of lay health workers in primary and community healthcare for maternal and child health[1, 8]. This represented the culmination of sustained methodological work within the Cochrane Collaboration[9], reflected in a chapter in the Cochrane Handbook[10] and methods innovation funding to produce supplementary guidance[11].

A search of the Cochrane Database of Systematic Reviews in December 2015, using the search strategy employed to populate and update the Cochrane

Qualitative and Implementation Methods Group study register, revealed a total of 18 relevant records (6 reviews and 12 protocols) (see Appendix A). The titles were registered across 11 Cochrane Review Groups with the Effective Practice and Organisation of Care (5 titles), Consumers and Communication (3) and Public Health (2) Review Groups recording more than one title each. Six of the identified titles included the designation ‘qualitative evidence synthesis’ and two specified that they were ‘mixed methods reviews’. The remainder appeared to use qualitative data to enhance an effectiveness review or did not specify their design.

Although increasing in volume, the number of qualitative evidence syntheses available, the topics covered, the methods used and the quality of reporting is largely unknown. To fill this gap in knowledge we identified, quantified, and described systematic reviews of qualitative evidence focusing on health and social care interventions published over a six-year period (2009 to 2014). We assessed patterns over time in relation to selected review characteristics, determined whether reviews explicitly stated that they had followed reporting guidelines, and identified gaps in the evidence base.

2. Methods

2.1 Search Strategy

We searched the Database of Abstracts of Reviews of Effects (DARE) produced by the Centre for Reviews and Dissemination (CRD), University of York. DARE includes systematic reviews from around the world that focus on the effects of health and social care interventions, including the delivery and organisation of services. The DARE process includes screening, selection and quality appraisal according to pre-determined criteria using a robust and transparent process involving two independent reviewers with disagreements resolved by consensus. Full details of the DARE process are available[12] and

the search strategies to identify systematic reviews for inclusion on DARE are presented in Appendix B.

We searched DARE for systematic reviews published from 1st January 2009 (the date when reviews of qualitative evidence were first included in the database) to 31st December 2014 (the last date when new reviews were added). There were no language restrictions. Search results were loaded into Endnote X7.

2.2 Inclusion criteria

We included systematic reviews of qualitative evidence, focusing on any intervention. We did not apply any restrictions on participants or outcomes or restrict by geographic coverage. However, as UK-based authors we were particularly interested in the profile of and trends within systematic reviews conducted in the UK. Systematic reviews containing mixed method studies (qualitative and quantitative) were excluded, except where more than half of the included primary studies used qualitative research methods and the results of the qualitative studies were reported separately.

2.3 Data extraction/Synthesis

One reviewer extracted the data into an Excel spreadsheet and a second reviewer checked a random sample. We collected data on country of origin, setting, population, interventions and outcomes, along with selected methodological characteristics of the review including search, quality assessment, approach to synthesis, and evidence of adherence to reporting guidelines. We summarised the data narratively and explored patterns over time.

3. Results

We included 145 reviews. It was not possible to obtain full papers for five of the included reviews[13-17], and we were unable to translate one foreign language

paper[18]. For these reviews, we extracted data from the abstract. The number of reviews by publication year is shown in Fig.1 and further selected details are presented in Appendix C.

Fig. 1. Systematic reviews of qualitative evidence accepted for DARE 2009-2014

3.1 Nature of the evidence

3.1.1 *Country of origin*

Sixty-four reviews originated in the United Kingdom[16, 19-81]. Fifteen reviews originated in Australia[14, 15, 17, 82-93], fourteen from European countries other than the UK (including Scandinavia)[18, 94-106], eight in Canada[107-114], six in the United States[115-120], two in Brazil[121, 122], two in New Zealand[123, 124], one in Singapore[125], and one in Hong Kong[126]. Thirty-one reviews were collectively authored across more than one country[127-157]. It was not possible to determine the country of origin for one review[13].

The primary studies included in the reviews were conducted worldwide, though there was a concentration in northern Europe, North America, and Australasia. Approximately 80% of reviews contained studies across multiple countries and 84% of reviews included at least one primary study from the UK. It was not possible to determine the location of primary studies in nineteen reviews. Six reviews included primary studies originating from one country only[59, 74, 90, 110, 113, 115] and in all of these reviews except one[115], country was specified as part of the inclusion criteria. Authors of all six single-country reviews were from the country in which the included studies were conducted. Where reported, the included studies were published between 1969 and 2014.

3.1.2 Settings

Fig. 2. Systematic reviews by setting and publication year

As illustrated in Fig. 2 reviews were split almost equally between community-based care (including primary care) (67 reviews)[16, 19, 20, 22-24, 27-29, 32, 33, 36, 37, 39, 47, 50, 53, 54, 59-61, 63, 65, 67, 68, 70, 72-75, 77, 79, 81, 85, 89, 92, 97, 98, 104, 108, 109, 112-114, 121, 122, 125-128, 131, 135, 136, 139-141, 145-147, 149-152, 154, 157] and hospital-based care (including inpatient, outpatient and acute care) (71 reviews)[15, 16, 18-20, 27, 28, 33, 35, 39, 41, 44-46, 49-51, 54, 55, 57, 59, 63, 72, 74-77, 79-81, 83, 85, 86, 89, 90, 93-95, 97, 101, 103, 104, 106, 113, 116-119, 121-127, 129, 131-133, 135, 136, 140, 142, 143, 145, 146, 150, 155-157]. Many reviews covered more than one setting. A small number of reviews focused on residential care (five reviews)[34, 42, 95, 100, 102]; others on hospice care (one review)[20]; the workplace (two reviews)[56, 153]; and prisons (two reviews)[75, 115]. Twenty-five reviews failed to provide sufficient detail to determine the setting.

3.1.3 Types of intervention

One hundred and thirteen reviews focused on treatment based interventions. Service delivery and related initiatives were the focus in 42 reviews. Preventive care was covered in 12 reviews and diagnostic/screening interventions were the focus in 11 reviews. The included reviews covered a vast range of specific interventions with no discernible patterns. Some reviews covered more than one intervention type.

Appendix C summarises the 145 included reviews by publication year, country of origin, and intervention type (treatment, diagnostic, prevention, service delivery). All bibliographic references for the included reviews are listed in Appendix D

We compared the intervention focus in our sample of systematic reviews of qualitative evidence with systematic reviews of effectiveness (quantitative studies) published between 2009 and 2014 and included on DARE. The focus on treatment based interventions is similar but reviews of quantitative studies were notably less focused on service delivery (Fig.3.).

Fig. 3. Comparing systematic reviews of qualitative and quantitative evidence

TR= treatment; DG=diagnostic; SD=service delivery; PR=prevention

3.1.4 Populations, perspectives, phenomena and outcomes measured

Different perspectives were explored. Single perspectives were adopted in over half of the reviews, with 46% (66 reviews) focusing on the experiences of patients[15, 16, 18-20, 26-29, 32, 34, 35, 43-45, 51, 52, 54, 55, 57, 58, 60, 66-68, 72, 74-76, 78, 79, 82-84, 87-89, 92, 95, 99, 103, 105, 110, 113, 116, 119, 122, 123, 125, 126, 130, 132, 134, 135, 139, 142-146, 148, 150, 153-155, 157]; 12% (17 reviews) on the perspectives of health professionals[13, 23, 24, 36, 49, 53, 62, 64, 69, 77, 86, 90, 98, 100, 106, 147, 152] and 4% (6 reviews) on family members[38, 61, 91, 117, 120, 156]. Other reviews (23%) adopted a dual perspective, for example patients and health professionals (12 reviews) [17, 21, 31, 48, 59, 65, 94, 101, 111, 115, 129, 136]; patient and family members or caregivers (8 reviews)[33, 80, 93, 108, 109, 140, 149, 151]; family members and health professionals (3 reviews)[14, 47, 107]. Fifteen reviews (10%)[39, 41, 42, 50, 71, 73, 81, 96, 97, 118, 124, 128, 131, 133, 137] combined more than two perspectives. Eight reviews failed to clearly define their population and where this was the case, we applied the term ‘public’ as the most appropriate descriptor[25, 37, 56, 70, 85, 112, 114, 121].

Outcomes typically related to experiences of health or social care. Terms used to describe “experience” varied and included attitudes, views, beliefs,

perceptions, perspectives, barriers and facilitators. Outcome data were generated through interviews, focus groups, questionnaires with open ended questions (where this was part of a mixed methods review), observation techniques, diaries, drawings, fieldwork, and case notes.

3.2 Review methodology

3.2.1 Search dates and language restrictions

Methods for locating qualitative research have improved over time and guidance on systematic searching is now available[158]. It is generally accepted that some form of sampling can, if appropriate, be applied to the search and selection of studies for qualitative evidence syntheses. The debate remains as to if and when sampling should be comprehensive or purposive[159] and how sampling criteria are applied to address the research question. The latest priorities for the search methodology research agenda have recently been published[160].

Qualitative research is often found in the grey literature, via organisational websites, and through consultation with topic experts[3]. It is important that the rationale for decisions about searching is clearly reported, including the justification for approach, description of the data sources and inclusion of the search strategy[3].

In our sample of reviews, search dates ranged from 1806 to 2014. Several reviews reported search dates beginning in the early 1800's and from early to mid-1900's onwards. Eighty-two reviews reported both start and end dates (seven of these included start dates from database inception); 51 reviews provided the end date only and one review stated only the start date. Four reviews had no date limits and it was not possible to determine the search dates in eight reviews.

If the aim of the review is to identify all relevant evidence, then in principle there should be no language restrictions[161]. However, this approach may increase the yield of studies to an extent that data extraction and synthesis of the evidence is beyond the resources available. There is little empirical evidence on the impact of language or publication bias for qualitative evidence syntheses.

Fig. 4. Systematic reviews of qualitative evidence: number of languages included

Fifty-six per cent (82) of reviews applied English language only restrictions to the search. From 2012 onwards studies published in languages other than English became more prominent within reviews, most notably French (five reviews), German (six reviews), Spanish (seven reviews), Portuguese (two reviews), and Norwegian (two reviews). In 13 reviews there were no language restrictions and twenty-eight reviews failed to report whether language restrictions were applied (Fig.4.).

3.2.2 Quality appraisal

Quality appraisal of qualitative studies is still debated. For example, those who reject the idea propose that qualitative research cannot be meaningfully appraised[6]. Others have acknowledged the need to assess whether research is “good enough” to be included in an evidence synthesis, or to guide practice[162, 163]. In 2003 a methodological review of existing quality standards in qualitative evaluation was published, which included a critique of 29 quality assessment frameworks[164]. This review led to the development of a further framework[165]. The focus then turned to the importance of clear reporting in syntheses of qualitative research[3-6], specifically the need to justify the rationale for a chosen approach to quality appraisal, description of the tools used, how the appraisal was carried out (including number of

reviewers), and presentation of the quality appraisal findings including the relative contribution or subsequent exclusion of studies[3]. Current approaches to quality appraisal place an emphasis on identifying methodological limitations and transparency in terms of the relative contribution and quality of studies; i.e., on taking steps to assess the level of confidence in review findings to help inform decisions and shape policies[166].

Fig. 5. Systematic reviews of qualitative evidence: Quality assessment tools

Quality assessment of primary studies was reported in most reviews in our sample (92%; 133 reviews). Some reviews used more than one quality assessment tool and 30 references were made to different tools. The most frequently reported tools were the Critical Appraisal Skills Programme (CASP) checklist[167] (49 reviews), and the Joanna Briggs Institute Qualitative Review and Assessment Instrument (JBI QARI)[168] (18 reviews). Used to a lesser extent were criteria provided by the National Institute for Health and Care Excellence (NICE)[169-171](4 reviews), Walsh & Downe[172](4 reviews), and Dixon-Woods[173-175] (7 reviews) (Fig.5.). Of the most frequently used tools, only CASP was listed in the review of existing frameworks published in 2003[164]. In six reviews, it was clear that quality assessment had been carried out, but the authors failed to specify the tool used. Four reviews reported that quality assessment was not carried out and in eight reviews it was not possible to determine whether studies had been quality assessed.

In 37 reviews using ‘other’ assessment approaches (i.e., those other than the five approaches already mentioned above), nine reviews used tools that had been adapted or combined by the review authors before use[16, 28, 47, 58, 93, 111, 136, 153, 155]. In 28 reviews, single tools formed the basis for assessment. Appendix E summarises the 37 reviews showing 33 sets of criteria used as the basis for quality assessment. The table illustrates that six of the approaches (or

versions of these by the same authors) were listed among the 29 quality assessment frameworks reviewed by Spencer et al[164]. Two reviews[20, 153] used the actual framework developed by Spencer et al[165] arising from their own methodological review of existing frameworks[164].

In those reviews where quality assessment was carried out, 18% (26 reviews) of authors used the findings to determine whether studies were included in the review or the synthesis. Of these, eight reviews used JBI QARI and six reviews used CASP. Where reported, tools were used to exclude studies prior to synthesis but the specific conditions for exclusion were inconsistent across the tools and the reviews.

3.2.3 Methods of synthesis

Guidance [176] on selecting methods of qualitative evidence synthesis issued by the Cochrane Collaboration Qualitative Methods Group in 2011 suggested that methods were still evolving but choice should be guided by:

- the type of research question (exploratory or focused)
- the nature of the included evidence
- the extent to which findings are aggregated or interpreted
- the expertise and resources available to the research team.

To date, Cochrane reviews of qualitative evidence (Appendix A) have used thematic synthesis (8 reviews), framework synthesis (5 reviews), narrative summary (1 review) and narrative synthesis (1 review) as well as more quantitative approaches including qualitative comparative analysis (1 review) and content analysis (1 review).

Others have reported that qualitative evidence synthesis methods rarely fall into one category[177]. Amalgamation of methods is common, and there is confusion as to how the various methods compare and also in the terms used to

describe the different methods[3]. For example, a recent review of 32 studies found that the term ‘meta-ethnography’ was applied and reported in many different ways[4].

In our selection of reviews, terminology used to describe the approach to synthesis varied, with some reviews using more than one term. Meta-ethnography, meta-synthesis, and thematic synthesis/thematic analysis (the latter terms potentially include a range of different approaches with shared principles) were the most frequently reported, and the popularity of these terms appeared to increase from 2011. It was noticeable amongst the other terms used, that many appeared to be variants of the main three methods (for example, meta-study[156] meta-summary[95]) or combinations (for example, thematic meta-ethnography[70] and thematic meta-synthesis[44]). Many other terms were used to describe the approaches to analysis and/or synthesis, such as content analysis, constant comparative approach, framework synthesis, interpretive description, narrative synthesis, and more. JBI-QARI was used in two reviews[85, 121]. One review did not describe the approach, but it appeared that a form of thematic analysis had been adopted[33].

3.2.4 Quality of reporting in reviews

Calls have been made for standardisation of reporting in qualitative research[178-180]. Reporting standards exist for related types of research; for example, the PRISMA statement[181] for systematic reviews of effects; the RAMESES publication standard for realist synthesis and meta-narrative reviews evaluating complex interventions[182, 183]. A new standard (eMERGE) is being developed for reporting meta-ethnographies[184].

A framework for reporting the synthesis of qualitative studies was developed in 2012: ENTREQ (Enhancing transparency in reporting the synthesis of qualitative research)[3]. It comprises 21 items grouped into five domains

(introduction, methods and methodology, literature search and selection, appraisal, and synthesis of findings). ENTREQ encourages researchers to improve both the conduct and reporting of syntheses of qualitative studies and clarifies some of the overlapping concepts and terms used. ENTREQ is best suited for reporting less complicated methods that do not entail highly complex synthesis processes.

We assessed whether reviews included in our summary referred to the use of any reporting tool or guideline. PRISMA was reported in seven reviews[49, 76, 78, 100, 121, 137, 148] and four reviews published between 2013 and 2014 reported that ENTREQ guidelines had been followed[70, 98, 155, 157].

Examining the reviews that did not use a reporting guideline revealed that whilst some aspects of reporting were good (e.g., all reviews gave a clear description of the intervention), other aspects were poor. For example, 23 reviews failed to describe the setting in which the interventions were delivered, 13 reviews did not clearly define their population of interest (i.e., we defined as “public”) and 16 reviews did not report the location of primary studies.

4. Discussion

4.1 Nature of the evidence

We identified a steady increase in the number of systematic reviews of qualitative studies published between 2009 and 2014 and included on DARE. This is similar to what has been reported for the years 2001 to 2010[3]. The reason for this upward trend is unclear, but it might reflect the increasing importance given to patient experiences of health and social care, which are best explored using qualitative methods. In the context of the United Kingdom NHS and social services, a greater voice for patients is called for in the Health and Social Care Act[185]. A key objective in the Government’s mandate to NHS England (2014-2015)[186] is to measure and understand how people feel about

the care they receive with the “Friends and Family Test”[187] providing opportunities for patients and families to give feedback on the services received.

Given the emphasis in the UK on patient experiences of health and social care, it is not surprising that 44% of the systematic reviews were carried out by UK-based authors with consistency across the six- year timeframe. Comparatively few reviews originated in the United States, perhaps reflecting a greater emphasis on the use of quantitative research methods. Authorship of a single review often spanned several countries, as is the case with reviews of effects (quantitative studies).

Reviews of interventions in the community setting appeared to grow rapidly over time. Findings from these reviews are likely to be useful in understanding patient experience of care in the context of policy, within the UK and other countries, that seeks to transform health care services out of acute care and into the community[188]. We found few reviews focusing on residential or hospice care. Current UK policy to improve standards in care homes[189] and the renewed focus on good end of life care[188, 190] may drive further synthesis activities in these areas.

Although a number of included reviews focused on delivery of care, the strong policy focus in the UK on improving standards following the Francis enquiry into serious failings in care at the Mid Staffordshire NHS Foundation Trust [191] and other present directives for health service system change[188, 192], suggests that more reviews addressing delivery of care may be warranted.

Overall, many different interventions were studied and the only discernible patterns over time or by country of review authors were those relating to new measures or novel interventions, such as Patient Reported Outcome Measures (PROMs) in the UK[62], influences on shared-decision making[17], family-centred models of hospital care[14], computer-based nursing records[100] and

mindfulness-based interventions[69, 72]. Reviews of these interventions featured towards the latter part of the six year timescale, possibly linked to timing of implementation in practice.

A variety of terms were used to describe outcomes relating to “experiences” with no discernible patterns over time. More standardised use of terms to describe service user experience may be warranted. Not all reviews provided sufficient detail to determine the setting and this should be a feature of future reporting.

4.2 Review methodology

Search dates were well reported in most of the reviews, but the rationale for these was rarely given. It is unclear why many reviews have search dates going back to the early 1800's, or from early to mid-1900. Given that context is often an important feature of qualitative evidence syntheses, not all available primary studies may be temporally relevant. Therefore, choice of search dates should typically be linked to when a particular intervention or policy was introduced [193].

Over half of the reviews had English language only restrictions and there is a theoretical justification for restricting inclusion to English language to minimise the potential for translational bias (misinterpretation of the raw data and the context in which it was generated). Resource limitations may also necessitate language restrictions. Our analysis shows that since 2012 reviews have tended to include non-English language as well as English language studies. The reason for this is unclear and warrants further investigation. Nearly 20% of included reviews did not state whether language restrictions were applied and it is unclear whether this reflects an absence of studies in languages other than English, non-use of other than English database sources or whether non-English language studies were excluded. This aspect should be clearly reported in future

reviews. The number of identified (but not included) non-English language papers should be documented in future reviews[2].

Critical appraisal now seems to be common within systematic reviews of qualitative evidence[5]. Therefore, the debate appears to have shifted from *whether* quality assessment should be performed, to *how* it should be carried out and used within the synthesis[194]. There seems little agreement on standard criteria to assess individual study quality and selection may be a matter of choice according to context of the review and the perspective and expertise of the reviewer[163, 179].

Most of the included reviews reported carrying out some form of quality assessment and, where quality assessment tools were used, they were clearly specified in most cases. Many different tools were applied, including some that were developed by review authors for a specific purpose. Six approaches to quality assessment in our included reviews were identified in the 29 frameworks reviewed in 2003[164]. A further 30 unique references were found in our analysis, indicating substantial growth, and a lack of consensus, in the use of other criteria or adapted tools. More standardised use of quality assessment tools may be warranted.

Study quality and identification of methodological limitations can be difficult to assess because studies are often poorly reported and not necessarily poor quality. The findings from studies that are poorly reported[162] often contribute less to the overall synthesis[195]. We found that only 18% of reviews excluded studies from the review or the synthesis on the basis of quality. This indicates that filtering for quality was not a prime consideration in the reviews we analysed over the six year time period.

A variety of methods and approaches to the synthesis of qualitative research have been reported in our selection of reviews, using many different terms. Rarely was the rationale reported for decisions and choices in relation to these. It was often unclear as to whether the chosen approach achieved what it set out to do, or whether the process reflected accurately any guidance set out in the methodological literature. These concerns are echoed in an article by France et al [4]. Others have highlighted the need for pragmatic guidance on the synthesis of evidence from different study designs including qualitative studies [196, 197] and a call for international collaboration to clarify emerging approaches to synthesis has been made[198]. Future systematic reviews that include qualitative evidence would benefit from clear reporting of rationale for choice of approaches and synthesis methods.

Despite repeated calls for improved reporting of reviews of qualitative studies, we found that fewer than 8% of reviews published and included on DARE between 2009 and 2014 followed any reporting guideline. However, given that ENTREQ has only been available since 2012, use of this guideline was not an option up until that date. Future reviews would benefit from improved reporting and adherence to existing and emerging reporting standards.

4.3 Funding sources in UK reviews

Thirty (47%) of the 64 reviews conducted by UK authors were supported by external research funding perhaps reflecting the growing interest in understanding patient experiences of health and social care. Fourteen reviews (22%) were funded by the National Institute for Health Research (NIHR) [32, 35, 37, 41, 42, 47, 52, 53, 61, 65, 68, 74, 77, 78]; three reviews by the National Institute for Health and Care Excellence (NICE) [22, 25, 59]; three reviews by Hospital Foundation Trusts[40, 50, 77]; and ten reviews were funded by other organisations, including charities and medical condition-specific groups[26, 34,

44, 48, 50, 56, 62, 71, 73, 81]. Some reviews received more than one source of funding.

4.4 Strengths and limitations of our approach

We provide a descriptive overview of systematic reviews of qualitative evidence published between 2009 and 2014 identified via DARE. We highlight where evidence is currently available and where more research may be needed. Poor reporting of many systematic reviews limits the detail we could provide.

The use of DARE to identify reviews brings with it several strengths. DARE is a repository of quality-assessed systematic reviews of interventions relating to health and social care. The broad search strategy used to identify reviews for inclusion on DARE was developed originally to capture all systematic reviews of interventions and the search terms allow ample opportunity to retrieve systematic reviews of qualitative evidence. DARE criteria means that the included systematic reviews have met a pre-specified quality standard and all reviews were selected for inclusion independently by two reviewers[12]. DARE has been used previously to assist with analysing methods or reporting quality in systematic reviews of (for example) network meta-analyses[199], adverse events[200], and diagnostic tests[201].

We acknowledge that DARE is a distinct sample of systematic reviews of qualitative evidence and may not represent fully the wider collection available in other sources, such as MEDLINE. We began adding this type of review to DARE in January 2009 and continued up until December 2014 (after which the database ceased to be updated). Therefore, this is not a comprehensive overview of systematic reviews of qualitative evidence, but a reliable snapshot of those published between 2009 and 2014 and included on DARE.

Whilst DARE offers international coverage of systematic reviews, as UK-based review authors we were particularly interested in the profile of, and trends within, UK-based systematic reviews of qualitative evidence. The number of UK outputs within our selection of reviews suggests that the interaction between health and social care policy, research priorities and research synthesis activity in the UK may offer an informative exemplar for other countries that are pursuing patient focused health systems. Indeed, many of the topics, characteristics, and methodological issues found in UK-based reviews were also seen in reviews produced by authors in the USA, Canada, other European countries, and (specifically) those from the Joanna Briggs Institute in Australia.

5. Conclusions/Implications

The number of systematic reviews of qualitative evidence in health and social care continues to grow across a wide topic range. Future reviews might usefully focus on community-based and service delivery interventions as well as residential and hospice settings to fill identified gaps in the evidence base. Methodological quality is improving, but we identified a need for standardised use of quality assessment tools and better reporting. Existing and emerging reporting guidelines should help to address reporting deficits. Ongoing developments which should provide further refinements include methods for cross-language interpretative synthesis and integration of qualitative syntheses with corresponding reviews of intervention effectiveness.

Authors' contributions

Jane Dalton (Research Fellow, CRD) selected reviews for inclusion, carried out the data extraction, analysis, and write up of the report.

Andrew Booth (Reader in Evidence Based Information Practice, SchARR, University of Sheffield) and **Jane Noyes (Professor of Health and Social**

Services Research and Child Health, University of Bangor) commented on final drafts of the report and provided expert opinion on review methodology.

Amanda Sowden (Deputy Director, CRD) contributed to all stages of the review, commented on drafts of the report and took overall responsibility for the project.

(WEB ONLY) APPENDIX A - Cochrane Reviews and Protocols utilising qualitative synthesis methods (December 2015)

First Author (Year)	Title	Review Group	Status	Synthesis Methods	Role of Qualitative Research
Ames et al (2015)[202]	Parents' and informal caregivers' views and experiences of routine early childhood vaccination communication: qualitative evidence synthesis	Consumers and Communication	Protocol	Thematic synthesis	Views and experiences of parents and informal carers
Aslam et al (2015)[203]	Interventions for preventing unintended repeat pregnancies among adolescents	Fertility Regulation	Protocol	Thematic synthesis (with Realist synthesis)	Barriers and facilitators to the acceptability, uptake and implementation of interventions
Harris et al (2015)[204]	School-based self-management interventions for asthma in children and adolescents: a mixed methods systematic review	Airways	Protocol	Qualitative Comparative Analysis (QCA)	Effects and processes of self-management interventions
Jordan et al (2015)[205]	Factors that impact on the use of mechanical ventilation weaning protocols in critically ill adults and children: a qualitative evidence-synthesis	Anaesthesia	Protocol/ Review Pending	No details	Contextual factors (barriers and facilitators)
Munabi-Babigumira et al (2015)[206]	Factors that influence the provision of intrapartum and postnatal care by skilled birth attendants in low- and middle-income countries: a qualitative evidence synthesis	EPOC	Protocol	Framework synthesis	Attitudes, views, experiences and behaviours of skilled birth attendants and those who support them

Odendaal et al (2015)[207]	Healthcare workers perceptions and experience on using mHealth technologies to deliver primary healthcare services: qualitative evidence synthesis	EPOC	Protocol	Framework synthesis	Healthcare workers' perceptions and experiences regarding use of mHealth technologies to provide and support the delivery of primary healthcare services.
Lins et al (2014)[208]	Efficacy and experiences of telephone counselling for informal carers of people with dementia	Dementia	Review	Thematic synthesis	Carers' and counsellors' experiences
Hurley et al (2013)[209]	Exercise interventions and patient beliefs for people with chronic hip and knee pain: a mixed methods review	Musculoskeletal	Protocol	Thematic synthesis	Participants' experiences, opinions and preferences
Glenton et al (2013)[210]	Barriers and facilitators to the implementation of lay health worker (LHW) programmes to improve access to maternal and child health: qualitative evidence synthesis	EPOC	Review	Framework thematic synthesis with Logic Model	Factors affecting implementation of LHW programmes
Horey et al (2013)[211]	Interventions for supporting pregnant women's decision-making about mode of birth after a caesarean	Pregnancy and Childbirth	Review	Narrative synthesis	Interviews with women and health professionals provided information about acceptability of the decision support and feasibility of implementation.
Mischke et al (2013)[212]	Occupational safety and health enforcement tools for preventing occupational diseases and injuries	Occupational Health	Review	Narrative summary with Logic Model	Workers views of enforcement

Rashidian et al (2013)[213]	Barriers and facilitators to the implementation of doctor-nurse substitution strategies in primary care: qualitative evidence synthesis	EPOC	Protocol	Framework synthesis	Factors affecting the implementation of initiatives to substitute doctors with nurses in primary care
Sartore et al (2013)[214]	Peer support interventions for parents and carers of children with complex needs	Consumers and Communication	Protocol	Thematic synthesis	To collect and report data related to barriers to participation
Thomson et al (2013)[215]	Housing improvements for health and associated socio-economic outcomes <hr/>	Public Health	Review	Framework synthesis (Logic Model)	Views of housing improvements
Turley et al (2013)[216]	Slum upgrading strategies involving physical environment and infrastructure interventions and their effects on health and socio-economic outcomes	Public Health	Review	Thematic synthesis	Perceived needs for improvements and satisfaction with interventions
Campbell et al (2013)[217]	Interventions to improve transition of care for adolescents from paediatric services to adult services	EPOC	Protocol	Thematic synthesis	To explore experiences of adolescents, family, parents or guardians in terms of barriers and facilitators
Leiknes et al (2013)[218]	Electroconvulsive therapy (ECT) for depression	Depression Anxiety & Neurosis	Protocol	Content Analysis	Self-reported experiences of patients receiving ECT

Ryan et al (2011)[219]	Notification and support for people exposed to the risk of Creutzfeldt-Jakob disease (CJD) (or other prion diseases) through medical treatment (iatrogenically)	Consumers and Communication	Protocol	Thematic synthesis	Policy implementation and consumer experiences
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(WEB ONLY) APPENDIX B DARE search strategy

DARE MEDLINE strategy (9th May 2014) using OVIDSP - [download as PDF](#)

1. systematic\$ review\$.ti,ab.
 2. meta-analysis as topic/
 3. meta-analytic\$.ti,ab.
 4. meta-analysis.ti,ab,pt.
 5. metanalysis.ti,ab.
 6. metaanalysis.ti,ab.
 7. meta analysis.ti,ab.
 8. meta-synthesis.ti,ab.
 9. metasyntesis.ti,ab.
 10. meta synthesis.ti,ab.
 11. meta-regression.ti,ab.
 12. metaregression.ti,ab.
 13. meta regression.ti,ab.
 14. (synthes\$ adj3 literature).ti,ab.
 15. (synthes\$ adj3 evidence).ti,ab.
 16. integrative review.ti,ab.
 17. data synthesis.ti,ab.
 18. (research synthesis or narrative synthesis).ti,ab.
 19. (systematic study or systematic studies).ti,ab.
 20. (systematic comparison\$ or systematic overview\$).ti,ab.
 21. evidence based review.ti,ab.
 22. comprehensive review.ti,ab.
 23. critical review.ti,ab.
 24. quantitative review.ti,ab.
 25. structured review.ti,ab.
 26. realist review.ti,ab.
 27. realist synthesis.ti,ab.
 28. or/1-27
 29. review.pt.
 30. medline.ab.
 31. pubmed.ab.
 32. cochrane.ab.
 33. embase.ab.
 34. cinahl.ab.
 35. psyc?lit.ab.
 36. psyc?info.ab.
 37. (literature adj3 search\$).ab.
 38. (database\$ adj3 search\$).ab.
 39. (bibliographic adj3 search\$).ab.
 40. (electronic adj3 search\$).ab.
 41. (electronic adj3 database\$).ab.
 42. (computeri?ed adj3 search\$).ab.
 43. (internet adj3 search\$).ab.
 44. included studies.ab.
 45. (inclusion adj3 studies).ab.
 46. inclusion criteria.ab.
 47. selection criteria.ab.
 48. predefined criteria.ab.
 49. predetermined criteria.ab.
 50. (assess\$ adj3 (quality or validity)).ab.
 51. (select\$ adj3 (study or studies)).ab.
 52. (data adj3 extract\$).ab.
 53. extracted data.ab.
 54. (data adj2 abstracted).ab.
 55. (data adj3 abstraction).ab.
 56. published intervention\$.ab.
 57. ((study or studies) adj2 evaluat\$).ab.
 58. (intervention\$ adj2 evaluat\$).ab.
-

59. confidence interval\$.ab.
60. heterogeneity.ab.
61. pooled.ab.
62. pooling.ab.
63. odds ratio\$.ab.
64. (Jadad or coding).ab.
65. or/30-64
66. 29 and 65
67. review.ti.
68. 67 and 65
69. (review\$ adj4 (papers or trials or studies or evidence or intervention\$ or evaluation\$)).ti,ab.
70. 28 or 66 or 68 or 69
71. letter.pt.
72. editorial.pt.
73. comment.pt.
74. 71 or 72 or 73
75. 70 not 74
76. exp animals/ not humans/
77. 75 not 76
78. limit 77 to yr="2010 -Current"
79. limit 78 to medline
80. limit 78 to "pubmed not medline"
81. 79 or 80

DARE EMBASE strategy (7th May 2014) using OVIDSP - [download as PDF](#)

1. systematic\$ review\$.ti,ab.
2. systematic\$ literature review\$.ti,ab.
3. "systematic review"/
4. "systematic review (topic)"/
5. meta analysis/
6. "meta analysis (topic)"/
7. meta-analytic\$.ti,ab.
8. meta-analysis.ti,ab.
9. metanalysis.ti,ab.
10. metaanalysis.ti,ab.
11. meta analysis.ti,ab.
12. meta-synthesis.ti,ab.
13. metasynthesis.ti,ab.
14. meta synthesis.ti,ab.
15. meta-regression.ti,ab.
16. metaregression.ti,ab.
17. meta regression.ti,ab.
18. (synthes\$ adj3 literature).ti,ab.
19. (synthes\$ adj3 evidence).ti,ab.
20. (synthes\$ adj2 qualitative).ti,ab.
21. integrative review.ti,ab.
22. data synthesis.ti,ab.
23. (research synthesis or narrative synthesis).ti,ab.
24. (systematic study or systematic studies).ti,ab.
25. (systematic comparison\$ or systematic overview\$).ti,ab.
26. (systematic adj2 search\$).ti,ab.
27. systematic\$ literature research\$.ti,ab.
28. (review adj3 scientific literature).ti,ab.
29. (literature review adj2 side effect\$).ti,ab.
30. (literature review adj2 adverse effect\$).ti,ab.
31. (literature review adj2 adverse event\$).ti,ab.
32. (evidence-based adj2 review).ti,ab.
33. comprehensive review.ti,ab.
34. critical review.ti,ab.
35. critical analysis.ti,ab.
36. quantitative review.ti,ab.
37. structured review.ti,ab.

38. realist review.ti,ab.
 39. realist synthesis.ti,ab.
 40. (pooled adj2 analysis).ti,ab.
 41. (pooled data adj6 (studies or trials)).ti,ab.
 42. (medline and (inclusion adj3 criteria)).ti,ab.
 43. (search adj (strateg\$ or term\$)).ti,ab.
 44. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19
 or 20 or 21 or 22 or 23 or 24 or 25
 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or
 43
 45. medline.ab.
 46. pubmed.ab.
 47. cochrane.ab.
 48. embase.ab.
 49. cinahl.ab.
 50. psyc?lit.ab.
 51. psyc?info.ab.
 52. lilacs.ab.
 53. (literature adj3 search\$).ab.
 54. (database\$ adj3 search\$).ab.
 55. (bibliographic adj3 search\$).ab.
 56. (electronic adj3 search\$).ab.
 57. (electronic adj3 database\$).ab.
 58. (computeri?ed adj3 search\$).ab.
 59. (internet adj3 search\$).ab.
 60. included studies.ab.
 61. (inclusion adj3 studies).ab.
 62. inclusion criteria.ab.
 63. selection criteria.ab.
 64. predefined criteria.ab.
 65. predetermined criteria.ab.
 66. (assess\$ adj3 (quality or validity)).ab.
 67. (select\$ adj3 (study or studies)).ab.
 68. (data adj3 extract\$).ab.
 69. extracted data.ab.
 70. (data adj2 abstracted).ab.
 71. (data adj3 abstraction).ab.
 72. published intervention\$.ab.
 73. ((study or studies) adj2 evaluat\$).ab.
 74. (intervention\$ adj2 evaluat\$).ab.
 75. confidence interval\$.ab.
 76. heterogeneity.ab.
 77. pooled.ab.
 78. pooling.ab.
 79. odds ratio\$.ab.
 80. (Jadad or coding).ab.
 81. evidence-based.ti,ab.
 82. or/45-81
 83. review.pt.
 84. 82 and 83
 85. review.ti.
 86. 82 and 85
 87. (review\$ adj10 (papers or trials or trial data or studies or evidence or intervention\$ or evaluation\$
 or outcome\$ or findings)
).ti,ab.
 88. (retriev\$ adj10 (papers or trials or studies or evidence or intervention\$ or evaluation\$ or
 outcome\$ or findings)).ti,ab.
 89. 44 or 84 or 86 or 87 or 88
 90. letter.pt.
 91. editorial.pt.
 92. 90 or 91
 93. 89 not 92
 94. (animal/ or nonhuman/) not exp human/

95. 93 not 94
96. ("cochrane database of systematic reviews\$" or "the cochrane database of systematic reviews").jn.
97. 95 not 96
98. conference abstract.pt.
99. 97 not 98
100. limit 99 to yr="2010 -Current"

DARE PsycINFO strategy (7th May 2014) using OVIDSP - download as PDF

1. metaanaly*.ti,sh.
2. meta-analy*.ti,sh.
3. cochrane*.ti.
4. (review or overview).ti.
5. meta analysis/
6. meta analysis.md.
7. (review adj2 literature).ti.
8. "literature review".md.
9. "systematic review".md.
10. (synthes* adj3 (literature* or research or studies or data)).ti.
11. pooled analys*.ti,ab.
12. ((data adj2 pool*) and studies).ti,ab.
13. ((hand or manual* or database* or computer* or electronic*) adj2 search*).ti,ab.
14. ((electronic* or bibliographic*) adj2 (database* or data base*)).ti,ab.
15. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14
16. (comment reply or editorial or letter or "review book" or "review media" or "review software other").dt.
17. (electronic collection or dissertation abstract or encyclopedia).pt.
18. (rat or rats or mouse or mice or hamster or hamsters or animal or animals or dog or dogs or cat or cats or bovine or sheep).ti,ab,sh.
19. 16 or 17 or 18
20. 15 not 19
21. limit 20 to yr="2010 -Current"

DARE PubMed search strategy (9th May 2014) - download as PDF

CRD uses NLM's "Systematic Reviews" [sb] search filter. This is intended to retrieve "citations identified as systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, guidelines, and citations to articles from journals specializing in review studies of value to clinicians."

http://www.nlm.nih.gov/bsd/pubmed_subsets/sysreviews_strategy.html

(systematic review [ti] OR meta-analysis [pt] OR meta-analysis [ti] OR systematic literature review [ti] OR (systematic review [tiab] AND review [pt]) OR consensus development conference [pt] OR practice guideline [pt] OR cochrane database syst rev [ta] OR acp journal club [ta] OR health technol assess [ta] OR evid rep technol assess summ [ta] OR drug class reviews [ti]) OR (clinical guideline [tw] AND management [tw]) OR ((evidence based[ti] OR evidence-based medicine [mh] OR best practice* [ti] OR evidence synthesis [tiab]) AND (review [pt] OR diseases category[mh] OR behavior and behavior mechanisms [mh] OR therapeutics [mh] OR evaluation studies[pt] OR validation studies[pt] OR guideline [pt] OR pmcbook)) OR ((systematic [tw] OR systematically [tw] OR critical [tiab] OR (study selection [tw]) OR predetermined [tw] OR inclusion [tw] AND criteri* [tw]) OR exclusion criteri* [tw] OR main outcome measures [tw] OR standard of care [tw] OR standards of care [tw]) AND (survey [tiab] OR surveys [tiab] OR overview* [tw] OR review [tiab] OR reviews [tiab] OR search* [tw] OR handsearch [tw] OR analysis [ti] OR critique [tiab] OR

appraisal [tw] OR (reduction [tw]AND (risk [mh] OR risk [tw]) AND (death OR recurrence)))
AND
(literature [tiab] OR articles [tiab] OR publications [tiab] OR publication [tiab] OR bibliography [tiab] OR bibliographies [tiab] OR published [tiab] OR unpublished [tw] OR citation [tw] OR citations [tw] OR database [tiab] OR internet [tiab] OR textbooks [tiab] OR references [tw] OR scales [tw] OR papers [tw] OR datasets [tw] OR trials [tiab] OR meta-analy* [tw] OR (clinical [tiab] AND studies [tiab]) OR treatment outcome [mh] OR treatment outcome [tw] OR pmcbook))
NOT
(letter [pt] OR newspaper article [pt] OR comment [pt])
(updated Feb 2014)

DARE CINAHL search strategy (7th May 2014) using EBSCO - [download as PDF](#)

#	Query
S25	S23 NOT S24 Limiters - Published Date: 20100101-
S24	SO COCHRANE DATABASE OF SYSTEMATIC REVIEWS
S23	S21 NOT S22
S22	PT BOOK REVIEW
S21	S1 or S2 or S3 or S4 or S5 or S6 or S7 or S8 or S9 or S10 or S11 or S12 or S13 or S14 or S15 or S18 or S19 or S20
S20	AB systematic* N10 overview* or AB methodologic* N10 overview* or AB quantitative* N10 overview* or AB research* N10 overview* or AB literature* N10 overview* or AB studies N10 overview* or AB trial* N10 overview* or AB effective* N10 overview*
S19	AB systematic* N10 review* or AB methodologic* N10 review* or AB quantitative* N10 review* or AB research* N10 review* or AB literature* N10 review* or AB studies N10 review* or AB trial* N10 review* or AB effective* N10 review*
S18	S17 and S16
S17	AB systematic* or AB methodologic* or AB quantitative* or AB research* or AB literature* or AB studies or AB trial* or AB effective*
S16	PT review
S15	TX electronic* N2 database* or TX electronic* N2 data base* or TX bibliographic* N2 database* or TX bibliographic* N2 data base*
S14	(MH "Reference Databases+") or (MH "Reference Databases, Health+")
S13	TX hand N2 search* or TX manual N2 search* or TX database* N2 search* or TX computer* N2 search*
S12	TX pooled analy* or TX data N2 pool*
S11	TX medline or medlars or embase or scisearch or psycinfo or psychinfo or psychlit or psychlit
S10	TX synthes* N3 literature* or TX synthes* N3 research or TX synthes* N3 studies or TX synthes* N3 data
S9	(MH "Literature Searching+") or (MH "Computerized Literature Searching+")
S8	(MH "Literature Review+")
S7	TI review* or TI overview*
S6	PT systematic review
S5	PT nursing interventions
S4	AB cochrane or TI cochrane
S3	TI meta-analy* or AB meta-analy*

S2	TI metaanaly* or AB metaanaly*
S1	(MH "Meta Analysis")

NHS EED

NHS EED MEDLINE using OvidSP - [download as PDF](#)

```

1 Economics/
2 exp "costs and cost analysis"/
3 Economics, Dental/
4 exp economics, hospital/
5 Economics, Medical/
6 Economics, Nursing/
7 Economics, Pharmaceutical/
8 (economic$ or cost or costs or costly or costing or price or prices or pricing or
pharmacoeconomic$).ti,ab.
9 (expenditure$ not energy).ti,ab.
10 value for money.ti,ab.
11 budget$.ti,ab.
12 or/1-11
13 ((energy or oxygen) adj cost).ti,ab.
14 (metabolic adj cost).ti,ab.
15 ((energy or oxygen) adj expenditure).ti,ab.
16 or/13-15
17 12 not 16
18 letter.pt.
19 editorial.pt.
20 historical article.pt.
21 or/18-20
22 17 not 21
23 exp animals/ not humans/
24 22 not 23
25 bmj.jn.
26 "cochrane database of systematic reviews".jn.
27 health technology assessment winchester england.jn.
28 or/25-27
29 24 not 28
30 limit 29 to yr="2010 -Current"

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NHS EED EMBASE using OvidSP - [download as PDF](#)

```

1. Health Economics/
2. exp Economic Evaluation/
3. exp Health Care Cost/
4. pharmacoeconomics/
5. 1 or 2 or 3 or 4
6. (econom$ or cost or costs or costly or costing or price or prices or pricing or
pharmacoeconomic$).ti,ab.
7. (expenditure$ not energy).ti,ab.
8. (value adj2 money).ti,ab.
9. budget$.ti,ab.
10. 6 or 7 or 8 or 9
11. 5 or 10
12. letter.pt.
13. editorial.pt.
14. note.pt.
15. 12 or 13 or 14
16. 11 not 15
17. (metabolic adj cost).ti,ab.
18. ((energy or oxygen) adj cost).ti,ab.
19. ((energy or oxygen) adj expenditure).ti,ab.
20. 17 or 18 or 19

```

21. 16 not 20
22. animal/
23. exp animal experiment/
24. nonhuman/
25. (rat or rats or mouse or mice or hamster or hamsters or animal or animals or dog or dogs or cat or cats or bovine or sheep).ti,ab,sh.
26. 22 or 23 or 24 or 25
27. exp human/
28. human experiment/
29. 27 or 28
30. 26 not (26 and 29)
31. 21 not 30
32. 0959-8146.is.
33. (1469-493X or 1366-5278).is.
34. 1756-1833.en.
35. 32 or 33 or 34
36. 31 not 35
37. conference abstract.pt.
38. 36 not 37
39. limit 38 to yr="2010 -Current"

NHS EED PsycINFO using OvidSP - download as PDF

1. "costs and cost analysis"/
2. "Cost Containment"/
3. (economic adj2 evaluation\$).ti,ab.
4. (economic adj2 analy\$).ti,ab.
5. (economic adj2 (study or studies)).ti,ab.
6. (cost adj2 evaluation\$).ti,ab.
7. (cost adj2 analy\$).ti,ab.
8. (cost adj2 (study or studies)).ti,ab.
9. (cost adj2 effective\$).ti,ab.
10. (cost adj2 benefit\$).ti,ab.
11. (cost adj2 utili\$).ti,ab.
12. (cost adj2 minimi\$).ti,ab.
13. (cost adj2 consequence\$).ti,ab.
14. (cost adj2 comparison\$).ti,ab.
15. (cost adj2 identificat\$).ti,ab.
16. (pharmacoeconomic\$ or pharmaco-economic\$).ti,ab.
17. or/1-16
18. (task adj2 cost\$).ti,ab,id.
19. (switch\$ adj2 cost\$).ti,ab,id.
20. (metabolic adj cost).ti,ab,id.
21. ((energy or oxygen) adj cost).ti,ab,id.
22. ((energy or oxygen) adj expenditure).ti,ab,id.
23. or/18-22
24. (animal or animals or rat or rats or mouse or mice or hamster or hamsters or dog or dogs or cat or cats or bovine or sheep or ovine or pig or pigs).ab,ti,id,de.
25. editorial.dt.
26. letter.dt.
27. dissertation abstract.pt.
28. or/24-27
29. (0003-4819 or 0003-9926 or 0959-8146 or 0098-7484 or 0140-6736 or 0028-4793 or 1469-493X).is.
30. 17 not (23 or 28 or 29)
31. limit 30 to yr="2010 -Current"

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- | | |
|----|--------------------------|
| #1 | economic evaluation*[ti] |
| #2 | economic analy*[ti] |
| #3 | cost analy*[ti] |
-

#4 cost effectiveness[ti]
 #5 cost benefit*[ti]
 #6 cost utilit*[ti]
 #7 (#1 OR #2 OR #3 OR #4 OR #5 OR #6)

NHS EED CINAHL using EBSCO - [download as PDF](#)

S1 MH "Economics+"
 S2 MH "Financial Management+"
 S3 MH "Financial Support+"
 S4 MH "Financing, Organized+"
 S5 MH "Business+"
 S6 S2 OR S3 or S4 OR S5
 S7 S1 NOT S6
 S8 MH "Health Resource Allocation"
 S9 MH "Health Resource Utilization"
 S10 S8 OR S9
 S11 S7 OR S10
 S12 TI (cost or costs or economic* or pharmacoeconomic* or price* or pricing*) OR AB (cost or costs or economic* or pharmacoeconomic* or price* or pricing*)
 S13 S11 OR S12
 S14 PT editorial
 S15 PT letter
 S16 PT commentary
 S17 S14 or S15 or S16
 S18 S13 NOT S17
 S19 MH "Animal Studies"
 S20 (ZT "doctoral dissertation") or (ZT "masters thesis")
 S21 S18 NOT (S19 OR S20)
 S22 PY 2009-
 S23 S21 AND S22

(WEB ONLY) Appendix C: 145 systematic reviews of qualitative evidence by publication year, country of origin and intervention focus

Publication Year	Country of Origin (number of reviews)	Type of Intervention and review reference
2009	UK (3)	PR[16] TR SD[21, 51]
	UK/Australia (1)	TR SD DG[127]
2010	UK (1)	TR SD[80]
2011	UK (7)	DG[25] PR[22] PR SD[24] PR TR[30] TR[20, 52] TR SD[23]
	UK/Australia (1)	SD[141]
	Australia (2)	DG[83] TR[82]
	Belgium (1)	PR[94]
	Canada (1)	TR[107]
	Netherlands (1)	TR[95]
	Spain (1)	TR[96]
	USA (1)	TR[115]
2012	UK (18)	TR[26, 27, 29, 31-33, 35, 39-42, 45, 81] DG TR [38] PR[37] SD TR[28, 34, 36]
	UK/Ireland (1)	TR SD[129]
	UK/Colombia/Spain (1)	TR PR SD DG[148]
	Australia (2)	TR[84] SD TR[85]
	Australia/Canada (2)	TR PR[131] TR[133]
	Australia/Netherlands (1)	TR[130]
	Australia/New Zealand (1)	TR[132]
	Canada/USA (1)	TR[128]
	Germany (1)	TR[18]
	Hong Kong (1)	TR[126]
	New Zealand (1)	SD[123]
	Spain (1)	SD[97]
	Sweden, Ireland, Germany, Norway (1)	TR SD[135]
	USA (2)	TR[118, 120]
	Unclear (1)	TR[13]
2013	UK (16)	TR[19, 43, 44, 48, 50, 54, 55, 57] DG[49] DG SD[53, 58] PR[56, 59] SD[60] SD TR[47] TR DG [46]
	UK/Australia/Norway/Switzerland/Germany/Greece (1)	TR[134]
	UK/USA (1)	TR[139]
	UK/South Africa/USA/Norway/Iran (1)	SD[136]
	UK/Canada (1)	SD[149]
	UK/Canada/Australia (1)	TR SD[137]
	UK/Canada/USA (1)	TR SD[138]

	UK/Belgium (1)	TR[147]
	UK/Australia (1)	TR PR[145]
	Australia (5)	TR[87, 88] TR SD[86, 89] SD [90]
	Australia/USA (1)	TR[144]
	Canada (5)	TR[108] TR SD[109, 111] TR PR SD [110] Service Development [112]
	China/Taiwan (1)	TR[146]
	Denmark (1)	TR[103]
	Denmark/Norway/Germany (1)	SD TR[143]
	Ireland (1)	TR [98]
	New Zealand (1)	TR[124]
	Norway/India/Australia (1)	TR [140]
	Singapore (1)	TR[125]
	Spain/Brazil/Belgium (1)	TR[142]
	Sweden (1)	TR[104]
	USA (2)	TR[116, 117]
2014	UK (19)	TR [61, 63, 64, 66, 68, 71, 72, 74-79]DG TR [65] PR [70, 73] SD [62, 67] SD PR TR[69]
	UK/Saudi Arabia (1)	TR[154]
	Australia (6)	TR[15, 91] TR SD[14, 17, 92, 93]
	Australia/Italy/Sweden/New Zealand (1)	TR [157]
	Australia/New Zealand (1)	Recovery [153]
	Brazil (2)	TR [122] PR[121]
	Canada (2)	TR SD[113, 114]
	Canada/Australia/Scotland (1)	TR[151]
	Denmark (1)	TR SD[105]
	Germany (1)	SD [100]
	Netherlands (3)	DG [99] TR [101] SD TR [102]
	Norway/Denmark (1)	SD[150]
	Spain/Australia (1)	PR [152]
	Sweden (1)	SD [106]
	Sweden/Brazil (1)	TR[156]
	USA (1)	TR SD [119]
	USA/Switzerland (1)	SD [155]

Key	Diagnostic: DG	Treatment: TR
	Prevention: PR	Service Delivery: SD

(WEB-ONLY) APPENDIX D: BIBLIOGRAPHIC REFERENCES FOR THE 145 INCLUDED REVIEWS

- [13] Kesseli M, Hantikainen V. Nurses' experiences of their role in palliative care. *Pflegewissenschaft* 2012;14:658-66.
- [14] Watts RJ, Zhou H, Shields L, Taylor M, Munns A, Ngune I. Family-centered care for hospitalized children aged 0-12 years: a systematic review of qualitative studies. *JBIR Database System Rev Implement Rep* 2014;12:204-83.
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(WEB ONLY) Appendix E: Other approaches to quality assessment used in systematic reviews of qualitative evidence 2009-2014

Publication Year	Review reference	Quality assessment criteria *listed in the review by Spencer et al[164]
2009	Williamson[16]	Attree & Milton 2006; Harden et al 2004; McDermott & Graham 2005
2010	Bench[80]	Paterson et al 2001
2011	Bradley [20]	Spencer et al 2003
	Peoples[95]	Paterson et al 2001
2012	Agudelo-Suarez [148]	Pearson 2004
	Atwal[28]	Popay et al 1998*; Mays & Pope 1996*; Greenhalgh & Taylor 1997*
	Child[37]	Wallace et al 2004
	Gibbins[38]	Letts et al 2007
	Gill[31]	Sandelowski & Barroso 2007*
	Mason[29]	Author commentary on sample; researcher influence; credibility
	Waibel[97]	Mays & Pope 2000*
2013	Brisset[111]	Malterud 2011
	Carroll[56]	Carroll et al 2012
	Colvin[136]	Glenton et al 2013 (CERQual) and CASP 2012*
	Embuldeniya[138]	Letts et al 2007
	Gallacher[139]	Popay et al 1998*
	Haggerty[149]	Walter et al 2004
	Hiles[60]	Elliott et al 1999*
	Jones[53]	Kuper et al 2008
	Koerting[47]	Oakley et al 1996; Harden et al 2006 (EPPI Centre criteria)
	Larsen[103]	Sandelowski & Barroso 2003;2004;2007*
	Luckett[89]	Kitto et al 2008

	Nordenram[104]	Swedish Council on Health Technology Assessment 2006
	Ramey[112]	Sandelowski & Barroso 2002*
	Rosenthal[117]	Kitto et al 2008
	Smith[58]	Gough's Weight of Evidence tool; CASP 2012*
	Wood[57]	Alderson 1995
2014	Afram[102]	Bunn et al 2012
	Anderzen-Carlsson[156]	Paterson et al 2001
	Andregard[106]	Swedish Council on Health Technology Assessment 2011
	Bohren[155]	Glenton et al 2013; Munthe-Kaas et al 2013; Rashidian et al 2013 (CERQual) and CASP 2012*
	Handberg[105]	Malterud 2001
	Hopayian[79]	Thomas et al 2003;2008 (EPPI Centre criteria)
	Iacono[93]	Downs & Black 1998; Letts et al 2007
	Kelly[76]	Hawker et al 2002
	Kilgour[153]	Spencer et al 2003;MacEachen et al 2006
	Wimpenny[71]	Savin-Baden & Major 2007

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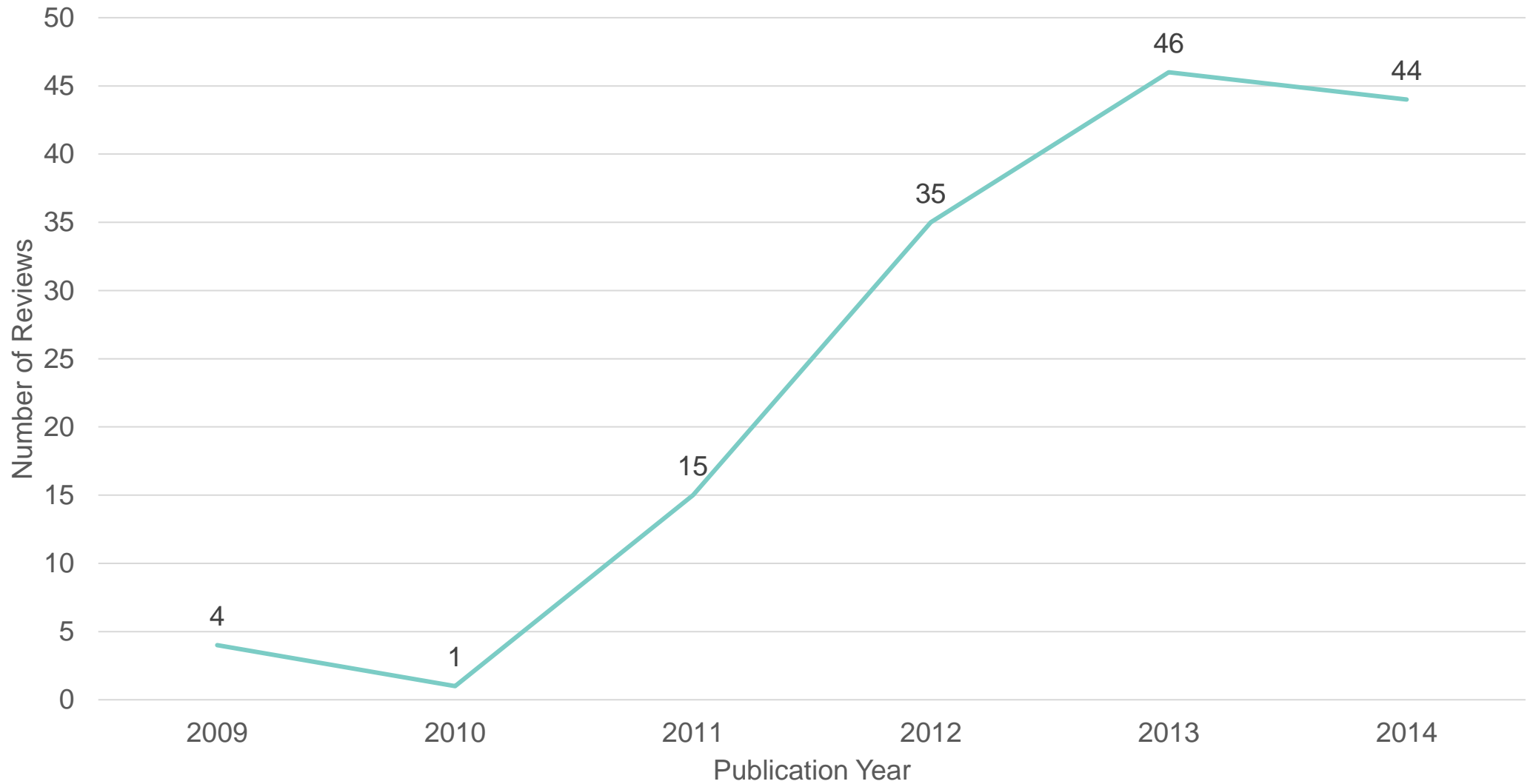
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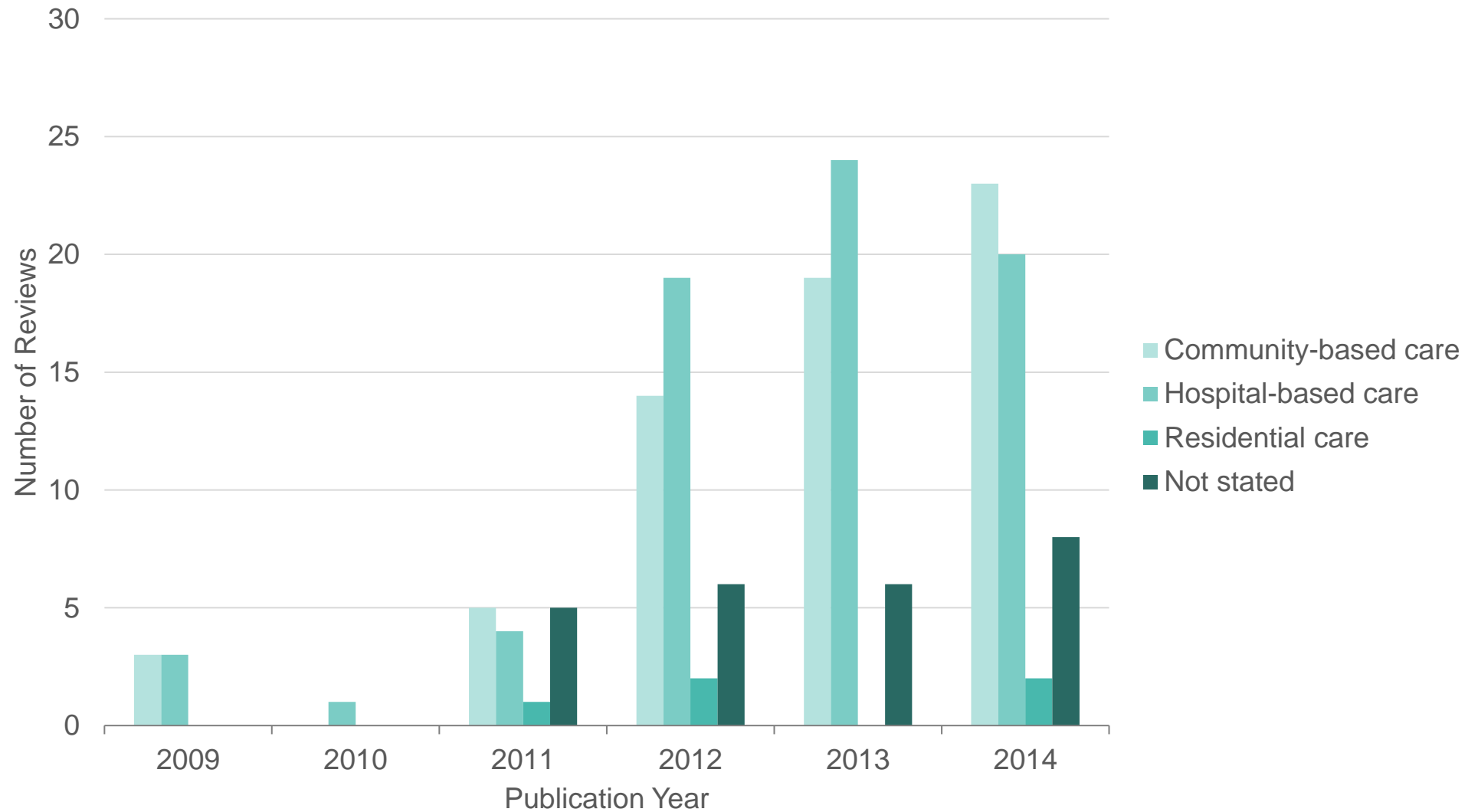
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Systematic reviews of qualitative evidence accepted for DARE by publication year



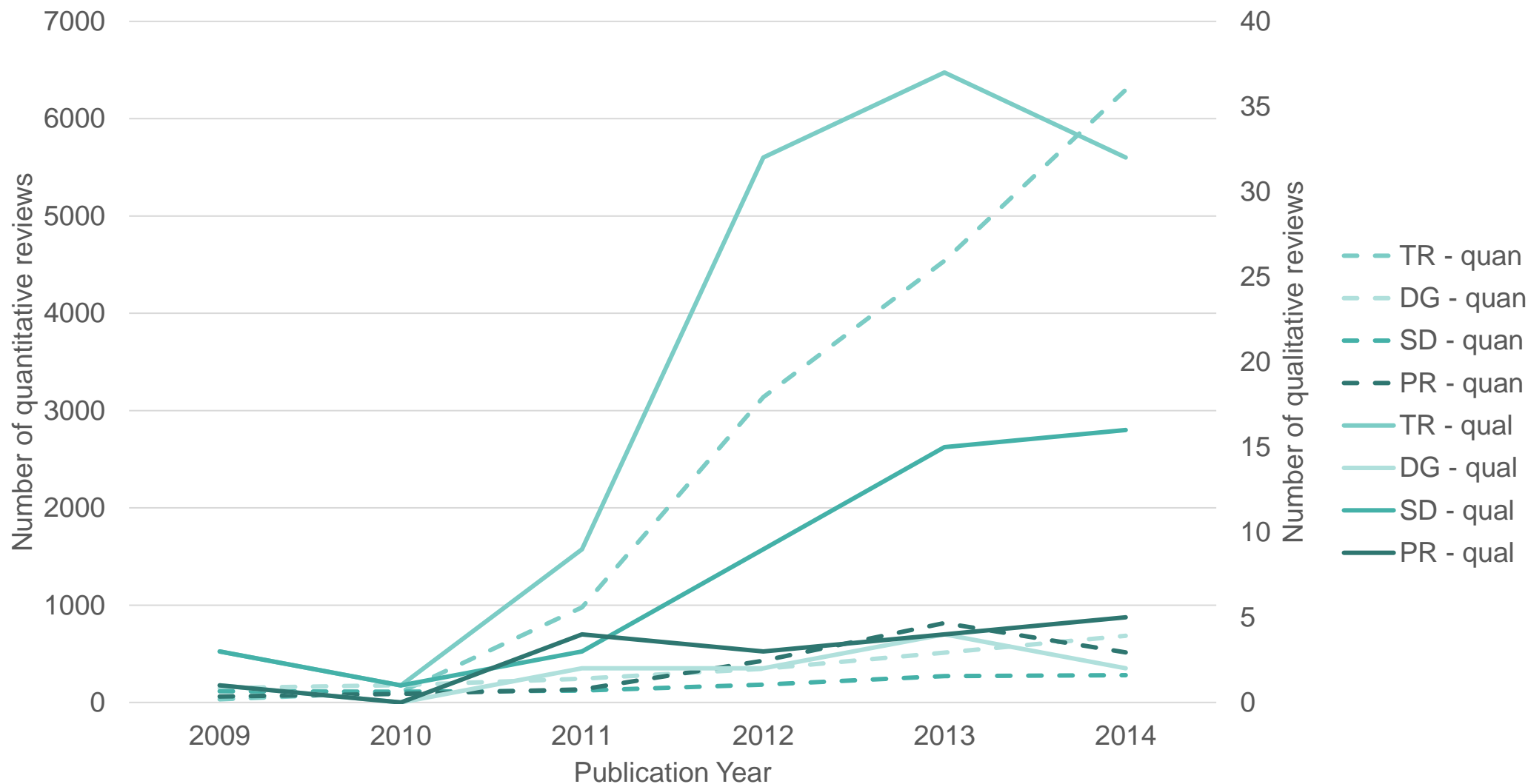
Systematic reviews of qualitative evidence

Setting by publication year



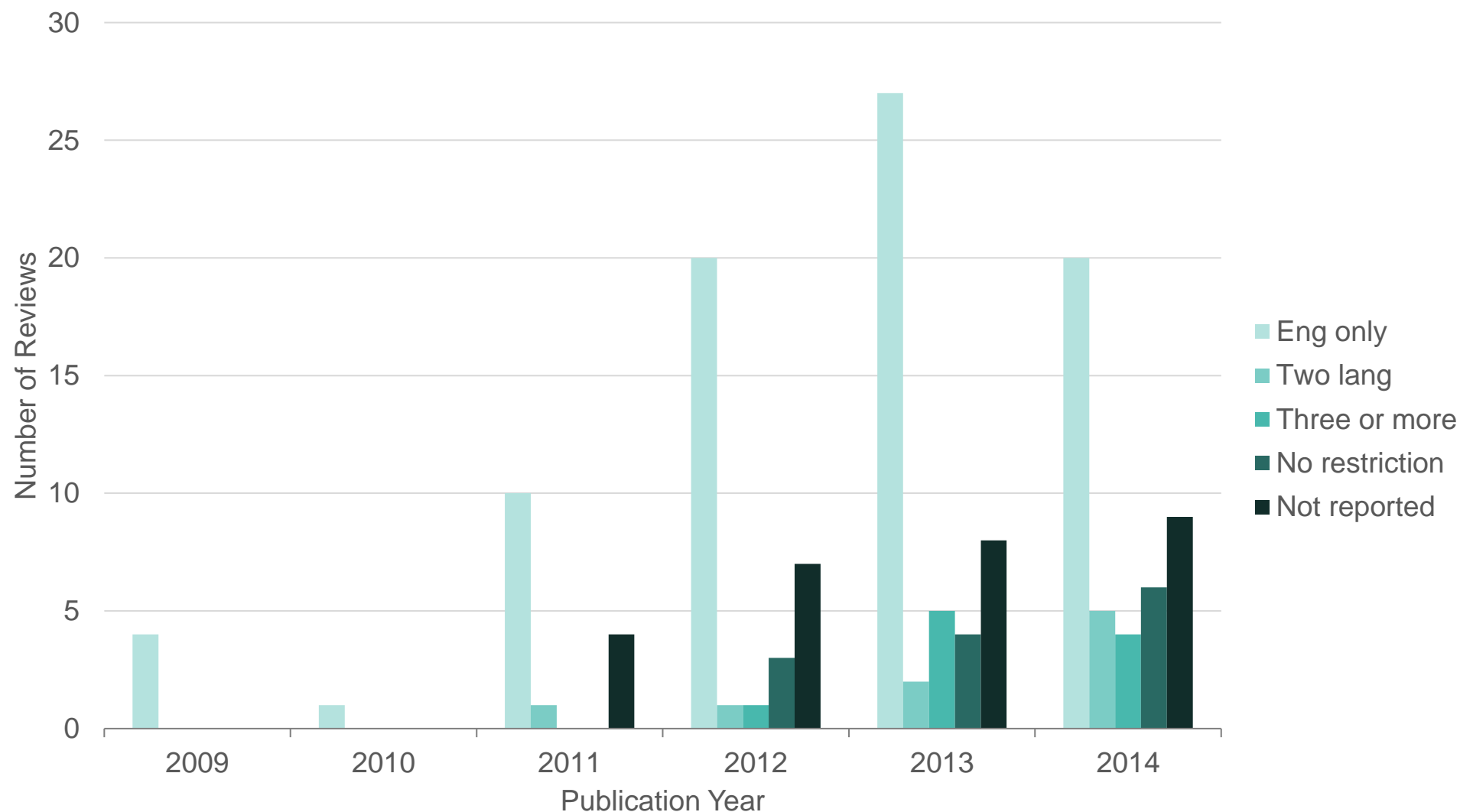
Systematic reviews of qualitative and quantitative evidence

Type of intervention by publication year



Systematic reviews of qualitative evidence

Number of languages included by publication year



Systematic reviews of qualitative evidence

Quality assessment tool by publication year

