



Cochrane
Effective Practice and
Organisation of Care

EPOC Qualitative Evidence Syntheses: Protocol template

Version 1: 27th April 2018

Cochrane Effective Practice and Organisation of Care Group

This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Suggested citation: Effective Practice and Organisation of Care (EPOC). EPOC Qualitative Evidence Synthesis: Protocol template. EPOC Resources for review authors. Oslo: Norwegian Institute of Public Health; 2018. Available at: <http://epoc.cochrane.org/epoc-specific-resources-review-authors>



Cochrane
Library

Cochrane Database of Systematic Reviews

EPOC protocol template for Qualitative Evidence Synthesis (QES) (Protocol)

Glenton C

Glenton C
EPOC protocol template for Qualitative Evidence Synthesis (QES).
Cochrane Database of Systematic Reviews 2018, Issue 4. Art. No.: CDXXXXXX.
DOI: 10.1002/14651858.CDXXXXXX.

www.cochranelibrary.com

TABLE OF CONTENTS

HEADER	1
ABSTRACT	1
BACKGROUND	1
OBJECTIVES	2
METHODS	2
REFERENCES	6
APPENDICES	7
DECLARATIONS OF INTEREST	10
SOURCES OF SUPPORT	11

For Preview Only

[Qualitative Protocol]

EPOC protocol template for Qualitative Evidence Synthesis (QES)

Claire Glenton¹

¹Norwegian Institute of Public Health, Oslo, Norway

Contact address: Claire Glenton, Norwegian Institute of Public Health, PO Box 7004 St Olavs plass, Oslo, N-0130, Norway. claire.glenton@fhi.no.

Editorial group: Cochrane Effective Practice and Organisation of Care Group.

Publication status and date: New, published in Issue 4, 2018.

Citation: Glenton C. EPOC protocol template for Qualitative Evidence Synthesis (QES). *Cochrane Database of Systematic Reviews* 2018, Issue 4. Art. No.: CDXXXXXX. DOI: 10.1002/14651858.CDXXXXXX.

Copyright © 2018 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

ABSTRACT

This is a protocol for a Cochrane Review (Qualitative). The objectives are as follows:

For guidance on developing a research question for a qualitative evidence synthesis, see [Harris 2017](#). Remember to delete this guidance

Your main objective should use a format appropriate to the purpose and focus of the synthesis. This can be formulated using qualitative or mixed questions frameworks such as PICOC, SPICE and PIDER. Remember to delete this guidance

For some syntheses, you may also want to include secondary objectives. For example, you may want to explore:

- *equity issues, such as whether the data shows differences across different population groups or settings (see for instance <http://methods.cochrane.org/equity/projects/evidence-equity/progress-plus>)*
- *how the synthesis informs, extends or enhances an intervention review Remember to delete this guidance*

See example of EPOC OES objectives in [Appendix 4](#).

Remember to delete this guidance

BACKGROUND

This is a protocol template for qualitative evidence syntheses from Cochrane Effective Practice and Organisation of Care (EPOC). It includes standard text that you can use directly in your protocol or adapt it as applicable - this is denoted by square brackets in the text.

Make sure you delete all highlighted text, unused, or inapplicable text within square brackets, all the guidance text in italics, and the

examples in the Appendices before submitting your protocol.

If you have any questions, please email your allocated managing editor: Julia (jworswick@obri.ca), Emma (emma.tavender@monash.edu), or Liz (ElizabethJ.Paulsen@fhi.no), or your contact editor or information specialist as necessary. Before submitting your protocol for editorial approval, please ensure you have completed all the steps listed in [Appendix 2](#).

Text must be written in the active voice and future tense (e.g. 'We will include all studies..' not 'Studies were included...').

Background references - Claims or statements regarding aspects such as disease burden, morbidity, prevalence and mechanisms of action should be substantiated and, where available, supported by evidence.

Remember to delete this guidance.

Title

Your QES title should be brief, but should closely reflect your main objective. Your title should always end with "qualitative evidence synthesis". Where your QES is linked to a single published Cochrane intervention review, consider using terms similar to that review.

See example of EPOC QES titles in Appendix 3.

Remember to delete this guidance.

Description of the topic

For guidance on developing a research question for a qualitative evidence synthesis, see Harris 2017.

Describe the topic or phenomenon of interest of the syntheses and its significance. This could include a description of the health issue or healthcare system of interest or what this synthesis seeks to understand, explain or describe. This may include characteristics of an intervention or programme, and who might be affected, for example the perspectives of healthcare users, accessibility of health services, and impact on clinical practice guidelines.

Remember to delete this guidance.

Why is it important to do this synthesis?

Summarise relevant existing evidence to help the reader understand the importance of the synthesis question. You may need to include related systematic reviews, health technology assessments, or other reports. Refer to the document Identifying Cochrane and non-Cochrane reviews relevant to your EPOC topic for guidance on how to identify systematic reviews. If you have not found another relevant systematic review, then state this explicitly. Remember to delete this guidance.

How the intervention might work / How this synthesis links to the intervention

Where your synthesis is linked to an intervention review, you may want to consider additional sub-headings in this section, for example "how the intervention might work" or "how this synthesis links to the intervention review". In these sections you should provide an overview of the evidence describing theoretical and empirical reasoning for why the intervention might work, including how it might differ for different populations and how the qualitative evidence synthesis might

inform, extend, enhance, or supplement the intervention review. To do this, you might want to include a framework or logic model to illustrate relationships and to show where the qualitative evidence syntheses questions fit in (see Harris 2017).

If including subgroups for analysis, provide the rationale here.

Remember to delete this guidance.

OBJECTIVES

For guidance on developing a research question for a qualitative evidence synthesis, see Harris 2017. Remember to delete this guidance

Your main objective should use a format appropriate to the purpose and focus of the synthesis. This can be formulated using qualitative or mixed questions frameworks such as PICOC, SPICE and SPIDER. Remember to delete this guidance

For some syntheses, you may also want to include secondary objectives. For example, you may want to explore:

- equity issues, such as whether the data shows differences across different population groups or settings (see for instance <http://methods.cochrane.org/equity/projects/evidence-equity/progress-plus>)
- how the synthesis informs, extends or enhances an intervention review Remember to delete this guidance

See example of EPOC QES objectives in Appendix 4.

Remember to delete this guidance

METHODS

Review author reflexivity

The purpose of reflexive accounting is to optimize the trustworthiness of the synthesis by providing clarity about the prior views, beliefs and philosophies of the review team, in relation to the topic of the synthesis. The reflection that goes into creating a reflexive account also allows the review team to consider and control for the extent to which their prior position might influence some of the choices they make in terms of, for example, inclusion criteria, which data to include, and how to interpret the findings. Remember to delete this guidance

See example of EPOC QES reflexivity in Appendix 5. Remember to delete this guidance

Suggested text:

[Throughout the data synthesis, the authors were aware of their own positions and reflected on how these could influence the study design, search strategy, inclusion decisions, data extraction, analysis, and synthesis, and interpretation of the findings.]

Then state the outcome of this reflexive exercise, and how you intend to control for the prior beliefs of the review team in your study (see examples in [Appendix 5](#)).

Remember to delete this guidance

Criteria for considering studies for this synthesis

Types of studies

For guidance on types of studies to be included in a qualitative evidence synthesis, see [Harris 2017](#).

Include a short text justifying your choice of study designs.

Primary studies should be included irrespective of their publication status and language of publication, unless exclusion is explicitly justified. Remember to delete this guidance

Suggested text:

[We will include primary studies that use qualitative study designs such as ethnography, phenomenology, case studies, grounded theory studies and qualitative process evaluations. We will include studies that use both qualitative methods for data collection (e.g., focus group discussions, individual interviews, observation, diaries, document analysis, and open-ended survey questions) and qualitative methods for data analysis (e.g. thematic analysis, framework analysis, grounded theory). We will exclude studies that collect data using qualitative methods but do not analyse these data using qualitative analysis methods (e.g., open-ended survey questions where the response data are analysed using descriptive statistics only). We will include studies irrespective of their publication status and language of publication.]

Specify whether you will include data from mixed methods studies in which qualitative methods were used.

Suggested text:

[We will include mixed methods studies where it is possible to extract the data that were collected and analysed using qualitative methods.]

Specify whether you will include qualitative studies directly linked to effectiveness studies included in a review of intervention effectiveness.

These are sometimes referred to as 'sibling studies'. For further guidance, see [Harris 2017](#). Remember to delete this guidance

Suggested text for syntheses that only include qualitative studies directly linked to effectiveness studies:

[We will include only qualitative studies linked to the studies included in the intervention review of the effectiveness of [specify the intervention] and cite the intervention effectiveness review]. These will include qualitative studies conducted before the effectiveness studies as part of the intervention design process, qualitative studies (e.g., process evaluations) conducted alongside or within the effectiveness studies, and qualitative studies that were conducted after completion of the effectiveness studies but utilising the same groups of participants (e.g., studies of people's views of the intervention received).]

Suggested text for syntheses that include qualitative studies regardless of whether they are directly linked to effectiveness studies:

[We will include studies regardless of whether or not they were conducted alongside studies of the effectiveness of [specify the intervention and cite the intervention effectiveness review] or are linked to an intervention.]

Specify whether you will use a 'quality threshold' for including studies in the synthesis (i.e. after you have assessed the methodological limitations of the included studies). Will you include studies that do not meet certain standards or levels? If you plan to use a quality threshold, you need to both justify this decision and describe how this will be implemented in your synthesis. Remember to delete this guidance

Suggested text for using an additional quality threshold for included studies:

[We will include all studies that are graded C or higher on the [specify the tool] for assessing the methodological limitations of qualitative studies (reference the tool), and are therefore assessed as not having important limitations (see 'Appraisal of the methodological limitations of included studies' for more details). This will ensure that we do not include in the synthesis studies with important methodological limitations that may compromise the credibility or trustworthiness of the study findings.]

Suggested text where not using an additional quality threshold for included studies:

[We will not exclude any studies based on our assessment of methodological limitations, but will utilise this information to assess our confidence in the synthesis findings.]

Topic of interest

For guidance on specifying and describing the topic of interest in a qualitative evidence synthesis, see [Harris 2017](#).

Specify and describe the topic or phenomenon of interest for the synthesis, i.e. the issue that is the focus of the qualitative evidence synthesis. This description should include the types of participants (e.g., adolescents aged 11 to 19 years), settings (e.g., primary health centres for adolescents and youth), interventions (where relevant, e.g., provision of family planning information) and health issues (where relevant (e.g., sexual and reproductive health)). Alternatively, these aspects of the topic of interest can be described under separate sub-headings. You should:

- define the key aspects of the topic of interest (e.g., what is meant by 'adolescent')
- provide a justification for any inclusion / exclusion criteria related to the topic of interest (e.g., the synthesis will focus on primary health centres as these are the sites through which most family planning information is provided to adolescents. We will not include studies of family planning provision in hospital settings).

See examples of "Criteria for considering studies for this synthesis - Topics of interest" in [Appendix 6](#).

Search methods for identification of studies

For guidance on search methods in a qualitative evidence synthesis see [Harris 2017](#). Also refer to EPOC guidance on how to [develop and report a search strategy](#), as well as a [template for the search log](#). Even if you have the support of an information specialist you should contact EPOC Information Specialists, Paul Miller (paul.miller@ndph.ox.ac.uk) or Marit Johansen (Marit.Johansen@fhi.no) for guidance.

Electronic searches

Suggested text:

[The EPOC Information Specialist will develop the search strategies in consultation with the review authors.

[We will search PDQ-Evidence (pdq-evidence.org) for related reviews in order to identify eligible studies for inclusion, as well as the following electronic databases.]

- MEDLINE Ovid (1946 to date of search).
- Embase Ovid (1974 to date of search).]

The databases listed above are the minimum requirement for Cochrane (qualitative) reviews (MEDLINE and Embase must be listed in the order above - additional databases are to follow Embase).

Authors are strongly encouraged to search one or more topic-related databases in addition. Some examples are listed below. Discuss with your Information Specialist which databases should be searched.

- [AIM (African Index Medicus; XX to date of search).]
- [CINAHL EBSCO (Cumulative Index to Nursing and Allied Health Literature; 1982 to date of search).]
- [ProQuest Dissertations and Theses Global database (1861 to date of search).]
- [LILACS (Latin American and Caribbean Health Sciences Information database; 1982 to date of search).]
- [PAHO (Pan American Health Organization) database; XX to date of search).]
- [Science Citation Index and Social Sciences Citation Index (1975 to date of search).]

• [Web of Science, Conference Proceedings Citation Index - Science (1990 to date of search).]

• [WHOLIS (World Health Organization Library Information System; XX to date of search).]

• British Nursing Index and Archive, 1985 to May 2011,

OvidSP

- Global Health, Ovid
 - PORTAL N4Health
 - PsycINFO
 - AMED
 - AJOL
 - Anthropology Plus (EbscoHost).
 - ProQuest Dissertations and Theses
 - Web of Science Conference Proceedings Citation index, ISI
- Web of Knowledge
- World Health Organization Reproductive Health Library

- World Health Organization Global Health Library for WHO databases (Regional Indexes)

Suggested text:

[Using guidelines developed by the Cochrane Qualitative Research Methods Group for searching for qualitative evidence ([Harris 2017](#)), we will develop search strategies for each database. We will not apply any limits on language, date or geographic location (there may be some instances where you would restrict for these - see guidance in [Harris 2017](#)). We will search all databases from [date] to the date of search, we will include a methodological filter for qualitative studies (there may be some instances where you would not use these filters - see guidance in [Harris 2017](#))

See [Appendix X](#) for the MEDLINE search strategy, which we will adapt for other databases. We will provide appendices for all strategies used.

Searching other resources

The following are suggested in addition to searching databases and should be added where applicable:

Suggested text:

[We will review the reference lists of all the included studies and key references (i.e. relevant systematic reviews). We will conduct a cited reference search for all included studies in ISI Web of Science and Google Scholar.]

[We will check the bibliography of effectiveness studies that were included in the intervention review in order to identify any qualitative studies that were linked to these studies.]

[We will contact authors of included studies to clarify reported published information and to seek unpublished results/data. We will contact researchers with expertise relevant to the synthesis topic to request studies that might be eligible.]

Grey literature

Searching grey literature can be relevant depending on the topic of the synthesis. To be discussed with your Information Specialist. The following are examples.

Suggested text:

[We will conduct a grey literature search to identify studies not indexed in the databases listed above.] (to be deleted/amended as necessary)

- [OpenGrey (www.opengrey.eu; to date of search).]
- [Grey Literature Report (New York Academy of Medicine; www.greylit.org; to date of search).]
- [Agency for Healthcare Research and Quality (AHRQ; www.ahrq.gov; to date of search).]
- [National Institute for Health and Clinical Excellence (NICE; www.nice.org.uk; to date of search).]
- Eldis: <http://www.eldis.org>

Data collection, management and synthesis

In this section you should clearly describe and reference the approach you will use to collect, manage and synthesise the data in the order in which the work will be conducted. You should adhere to the stages normally recognised within the approach chosen. (For example if a framework synthesis approach is used, you should follow the recognised stages for that approach and clearly describe each stage). This section should typically include the following sub-headings: selection of studies, translation of languages other than English, sampling of studies, data extraction, and management and synthesis). However, these sub-headings can be modified depending on your approach. Remember to delete this guidance

Selection of studies

In this section you should describe how decisions will be made regarding which studies to include from the search results, the process by which review authors (at least two) will be involved and whether they worked independently, and how you will deal with disagreements.

Suggested text:

[Two review authors will independently assess the titles and abstracts of the identified records to evaluate eligibility. The full text of all the papers identified as potentially relevant by one or both review authors will be retrieved. These papers will then be assessed independently by two review authors. Disagreements will be resolved via discussion or, when required, by seeking a third review author's opinion. Where appropriate, we will contact the study authors for further information.]

[We will include a table listing the studies excluded from our synthesis at the full text stage and the main reason for exclusion.]

[Where the same study, using the same sample and methods, has been presented in different reports, we will collate these reports so that each study (rather than each report) is the unit of interest in the review.]

[We will include a PRISMA flow diagram to show our search results and the process of screening and selecting studies for inclusion.]

Translation of languages other than English

This section should indicate how the review team will assess and translate studies that are not published in English. The default should not be to exclude studies on the basis of the language of publication.

Suggested text:

[For papers that are not published in a language that can be understood by the review authors (i.e. other than X, Y, Z), the abstract will be subject to initial translation through open source software (Google Translate). If this indicates inclusion, or if the translation is inadequate to make a decision, we will ask members of the multilingual networks associated with the research teams of the review to translate the full-text. If this cannot be done for a study in a particular language, the study will be listed as 'studies

awaiting classification', to ensure transparency in the review process.] Remember to delete this guidance

Sampling of studies

For guidance on sampling studies in a qualitative evidence synthesis, see Noyes 2017 Remember to delete this guidance

If the review team anticipates that sampling of studies may need to be used, a separate sub-heading should be added "Sampling of studies".

Note: studies that are identified from the search strategy should be referred to as "eligible studies". Studies that are included in the syntheses after purposive sampling should be referred to as "sampled studies". Remember to delete this guidance

Suggested text:

[As qualitative evidence synthesis aims for variation in concepts rather than an exhaustive sample, and because large numbers of studies can impact the quality of the analysis, we will select a sample of studies if more than [number] studies are eligible for inclusion.] Then describe the sampling approach you will use.

See examples of sampling approaches in Cochrane QES in Appendix 7.

Data extraction

This section should include information about what data you plan to extract from each study. This includes specific domains of the data extraction form, such as study setting, sample characteristics, objectives, guiding framework, design, data collection and analysis methods, qualitative themes/findings/supporting quotations, and conclusions. Remember to delete this guidance

Management and synthesis

This section should include a description of and reference to the proposed analysis approach, and the order in which the analysis will be conducted. See Noyes 2017 for guidance on synthesis methods. If you plan to use software to assist in data management and/or analysis, it should be mentioned here. Remember to delete this guidance

Assessment of the methodological limitations in included studies

For guidance on assessing methodological limitations in a qualitative evidence synthesis, see Noyes 2017 Remember to delete this guidance

Suggested text:

[Two] review authors [or more; initials here] will independently assess methodological limitations for each study using [name of tool, e.g. CASP tool] [Reference]. We will resolve any disagreements by discussion or by involving a third review author [initials here]. We will assess methodological limitations according to the following domains [list domains included in chosen tool]:

- [domain]
- [domain]

- [domain]
- [domain]

We will report our assessment of methodological limitations for each study in the Characteristics of Included Studies tables.

Assessment of confidence in the synthesis findings

For guidance on assessing confidence in qualitative synthesis findings using GRADE-CERQual, see the [Implementation Science series from 2018](#). Remember to delete this guidance

Two [or more] review authors [initials] will use the GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research) approach to summarise our confidence in each finding (Lewin 2018b). CERQual assesses confidence in the evidence, based on the following four key components.

1. Methodological limitations of included studies: the extent to which there are concerns about the design or conduct of the primary studies that contributed evidence to an individual review finding.

2. Coherence of the review finding: an assessment of how clear and cogent the fit is between the data from the primary studies and a review finding that synthesises those data. By cogent, we mean well supported or compelling.

3. Adequacy of the data contributing to a review finding: an overall determination of the degree of richness and quantity of data supporting a review finding.

4. Relevance of the included studies to the review question: the extent to which the body of evidence from the primary studies supporting a review finding is applicable to the context (perspective or population, phenomenon of interest, setting) specified in the review question.

After assessing each of the four components, we will make a judgement about the overall confidence in the evidence supporting the

review finding. We will judge confidence as high, moderate, low, or very low. The final assessment will be based on consensus among the review authors. All findings start as high confidence and will then be graded down if there are important concerns regarding any of the CERQual components.

Summary of qualitative findings table

For guidance on developing Summary of Qualitative Findings tables, see [Lewin 2018a](#). Remember to delete this guidance

Suggested text:

Our findings will be presented in the Summary of Qualitative Findings. The table will also provide our assessment of confidence in the evidence as well as an explanation of this assessment, based on the GRADE-CERQual approach (Lewin 2018b).

Linking the synthesised qualitative findings to a Cochrane intervention review

For guidance on different ways of linking qualitative evidence syntheses to intervention reviews, see [Paper 4, QIMG guidance](#)

When linking a Cochrane qualitative evidence synthesis to a Cochrane intervention review, describe what your main aim in doing so is (for instance, to explore why an intervention was or was not effective, or to explore how an intervention might best be designed or implemented). Describe and reference the approach that you aim to use in order to achieve this aim (e.g. a matrix approach; an approach that uses a logic model or other conceptual framework; or the identification of hypotheses that can be tested in the intervention review). You may want to postpone your final decision about which approach to use until the data has been analysed.

See example of Cochrane QES that link the synthesised qualitative findings to a Cochrane intervention review in [Appendix 8](#). Remember to delete this guidance

REFERENCES

Additional references

Ames 2017

Ames JMR, Glenton C, Lewin S. Parents' and informal caregivers' views and experiences of communication about routine childhood vaccination: a synthesis of qualitative evidence. *Cochrane Database of Systematic Reviews* 2017, Issue 2. DOI: 10.1002/14651858.CD011787.pub2

Bohren 2016

Bohren MA, Munthe-Kaas H, Berger BO, Allanson EE, Tunçalp Ö. Perceptions and experiences of labour companionship: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2016, Issue 12. DOI: 10.1002/14651858.CD012449

Downe 2016

Downe S, Finlayson K, Tunçalp Ö, Gülmezoglu AM. Factors that influence the uptake of routine antenatal services by pregnant women: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2016, Issue 10. DOI: 10.1002/14651858.CD012392

Glenton 2013

Glenton C, Colvin CJ, Carlsen B, Swartz A, Lewin S, Noyes J, Rashidian A. Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2013, Issue 10. DOI: 10.1002/14651858.CD010414.pub2

Harris 2017

Harris JL, Booth A, Cargo M, Hannes K, Harden

A, Flemming K, et al. Cochrane Qualitative and Implementation Methods Group guidance paper 6: methods for question formulation, searching, and protocol development for qualitative evidence synthesis. *Journal of Clinical Epidemiology* 2017; Available at: [http://www.jclinepi.com/article/S0895-4356\(17\)31355-0/fulltext#sec6](http://www.jclinepi.com/article/S0895-4356(17)31355-0/fulltext#sec6).

Lewin 2018a

Lewin S, Bohren M, Rashidian A, Munthe-Kaas H, Glenton C, Colvin CJ, et al. Applying GRADE-CERQual to qualitative evidence synthesis findings-paper 2: how to make an overall CERQual assessment of confidence and create a Summary of Qualitative Findings table. *Implementation Science* 2018;**13**(Suppl 1):10. Available at: <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0689-2>.

Lewin 2018b

Lewin S, Booth A, Glenton C, Munthe-Kaas H, Rashidian A, Wainwright M, et al. Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series. *Implementation Science* 2018;**13**(Suppl 1):2. Available at: <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0688-3>.

Munabi-Babigumira 2017

Munabi-Babigumira S, Glenton C, Lewin S, Fretheim A, Nabudere H. Factors that influence the provision of intrapartum and postnatal care by skilled birth attendants

in low- and middle-income countries: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2017, Issue 11. DOI: 10.1002/14651858.CD011558.pub2

Noyes 2017

Noyes J, Booth A, Flemming K, Garside R, Harden A, Lewin S, et al. Cochrane Qualitative and Implementation Methods Group guidance paper 3: methods for assessing methodological limitations, data extraction and synthesis, and confidence in synthesized qualitative findings. *Journal of Clinical Epidemiology* 2017;**Dec 13**, ii: S0895-4356(17)30719-9. Available at: [http://www.jclinepi.com/article/S0895-4356\(17\)30719-9/fulltext](http://www.jclinepi.com/article/S0895-4356(17)30719-9/fulltext).

Odendaal 2015

Odendaal W, Cougle J, Griffiths F, Tomlinson M, Leonard N, Daniels L. Healthcare workers' perceptions and experience on using mHealth technologies to deliver primary healthcare services: qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2015, Issue 11. DOI: 10.1002/14651858.CD011942

Xyriacis 2017

Xyriacis A, Mackintosh NJ, Terblanche M, Bench S, Philippou J, Sandall J. Healthcare stakeholders' perceptions and experiences of factors affecting the implementation of critical care telemedicine (CCT): qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2017, Issue 11. DOI: 10.1002/14651858.CD012876

Indicates the major publication for the study

APPENDICES

Appendix 1. MEDLINE search strategy

Insert draft search strategy here

Appendix 2. Before submitting your protocol for editorial approval

1. Make sure you delete all highlighted text, unused, or inapplicable text within square brackets, all the guidance text in italics, and the examples in the appendices before submitting your protocol.
2. Complete a validation check in RevMan (File menu > Reports > Validation report), and make corrections where possible. Check there are no Errors and review the Warnings and address as needed. Note that protocols cannot be published with validation errors.
3. Complete a spell check in RevMan (Tools menu > Check spelling).
4. Proofread the Cochrane Protocol carefully in accordance with the Cochrane Style Manual.
5. See to it that all the authors listed have had a chance to read and approve the final version and take full responsibility for the accuracy of the contents, and that the Contribution of authors section is completed.
6. Check that the authors are listed in the correct order, and with correct affiliations. Note: authors can at any time log into Archie and update their own contact details; if you have problems accessing Archie contact your Managing Editor (ME).
7. Complete the 'Date next stage expected' (which refers to when the full review will be submitted for publication), which ideally should be no longer than 12 months from the publication of the protocol - this can be adjusted in the protocol nearer to the publication date.

8. Finally, complete the Author pre-submission checklist for protocols and send it to the ME of your review, when submitting your review for editorial approval. You can do this by uploading additional files when you use the 'submit for editorial approval' feature in RevMan.

Appendix 3. QES titles - examples

Example of EPOC QES title and its relationship to the main objective (adapted from [Odendaal 2015](#)).

Title: Healthcare workers' perceptions and experiences on using mHealth technologies to deliver primary healthcare services: qualitative evidence synthesis

Main objective: To explore healthcare workers' perceptions and experiences regarding their use of mHealth technologies to provide and support the delivery of primary healthcare services

Appendix 4. Objectives - examples

Example 1 (adapted from [Odendaal 2015](#)):

Main objective: To explore healthcare workers' perceptions and experiences regarding use of mHealth technologies to provide and support the delivery of primary healthcare services

Secondary objective: To identify hypotheses, for subsequent consideration and assessment in effectiveness reviews, about why some technologies are more effective than others.

Example 2 (adapted from [Munabi-Babigumira 2017](#)):

Main objective: To identify the factors influencing the provision of quality antenatal care, according to health care providers

Secondary objective: To explore how these factors relate to, and help to explain the findings of, the related Cochrane intervention reviews.

Appendix 5. Review author reflexivity - examples

Example 1 (adapted from [Bohren 2016](#)):

At the outset of this review, all authors believed that labour companionship was valuable to improve women's experiences of care, but that critical barriers exist to successful implementation of labour companionship, particularly in LMICs. In many contexts of facility-based birth, the provision of clinical procedures and assessments is considered the pinnacle of care, and women's experiences of care, including labour companionship and respectful care, are often forgotten. To minimise the risk that our perspectives as authors influence the analysis and interpretation, we will use refutational analytic techniques, such as exploring and explaining contradictory findings between studies. We will account for these differences, and any other issues that may contribute to the interpretation of the review findings, by describing it in a 'Reflexivity' section when publishing the protocol and review results.

Example 2 (adapted from [Dowling 2015](#)):

All review authors believed at the outset that contact with formal and informal caregivers throughout pregnancy was valuable, but that formal antenatal care provision is generally over-focused on clinical procedures and the assessment of risk/ill-health, with too little focus on psychosocial aspects of pregnancy. We will therefore use refutational analytic techniques ('disconfirming analyses') to minimise the risk that these presuppositions would skew the analysis and the interpretation of the findings.

Example 3 (adapted from [Munabi-Babigumira 2017](#)):

We will maintain a reflexive stance throughout the stages of the review process, from study selection to data synthesis. Progress will be discussed regularly among the team and decisions that are made will be explored critically. As a review team, we have clinical backgrounds: in nursing (AX, NM, SB, JP), medicine (MT) and midwifery (JS). Three review authors have received advanced training in implementation science (NM, SB, JP) and are well versed in relevant theory. NM, AX, MT and JS have been part of a project examining the implementation of CCT at a UK site, but SB and JP are independent of that research. Based on our collective and individual experiences (as clinicians, academics and researchers), we anticipate the findings of our review to reveal a combination of organisational, professional and individual factors influencing the implementation of CCT. We will as a team remain mindful of our presuppositions and support each other to minimise the risk of these skewing our analysis or the interpretation of our findings. As the lead author, AX will keep a reflexive journal throughout the review process in which to document and reflect on progress and decisions made.

Appendix 6. Topic of interest - examples

Example 1 (adapted from Bohren 2016):

Topic of interest

The topic of interest in this synthesis are the perceptions and experiences of women, partners, community members, healthcare providers and administrators, and other key stakeholders of labour companionship during childbirth in health facilities. We define labour companionship as any person providing any type of support to a woman during childbirth. This could include “emotional support (continuous presence, reassurance and praise), information about labour progress and advice regarding coping techniques, comfort measures (such as comforting touch, massage, warm baths/showers, promoting adequate fluid intake and output) and advocacy (helping the woman articulate her wishes to others)” (Hodnett 2013). This includes factors that may influence the feasibility, acceptability and sustainability of implementing a labour companionship intervention.

Types of participants

We will include studies that focus on the perceptions and experiences of:

- women, including those who have had an experience of labour companionship and those who have not;
- partners or other community members who have provided labour support or could potentially provide labour support in the future;
- all cadres of healthcare providers (e.g. doctors, nurses, midwives, lay health workers, doula) who are involved in providing healthcare services to patients; and
- other relevant stakeholders involved in providing or organising care, including administrators and policy-makers.

Settings

We will include studies of labour companionship in any country and in any type of health facility (e.g., health clinics, hospitals, midwife-led clinics).

Example 2 (adapted from Glenton 2013):

Topic of interest

We will include studies where the primary focus is the experience and attitudes of stakeholders towards lay health worker programmes.

Types of participants

We will include studies that focus on the experiences and attitudes of stakeholders about lay health worker programmes in any country. Participants can include lay health workers, patients and their families, policy makers, programme managers, other health workers, or any others involved in or affected by the programmes.

Types of interventions

We will include studies of programmes that are delivered in a primary or community healthcare setting; that intend to improve maternal or child health; and that have used any type of lay health worker, including community health workers, village health workers, birth attendants, peer counsellors, nutrition workers and home visitors.

For the purpose of this review, we define a lay health worker as any health worker who:

- performs functions related to healthcare delivery;
- is trained in some way in the context of the intervention, but
- has received no formal professional or paraprofessional certificate or tertiary education degree (Lewin 2005).

We define maternal and child health care as follows:

- child health: health care aimed at improving the health of children aged less than five years
- maternal health: health care aimed at improving reproductive health, ensuring safe motherhood, or directed at women in their role as carers for children aged less than five years (Lewin 2010)

We will include studies where services are delivered in a hospital setting if they also include a primary or community health care component.

Appendix 7. Sampling of studies - examples

Example 1 (adapted from [Ames 2017](#)):

Large numbers of studies can threaten the quality of the analysis in qualitative evidence syntheses. In addition, syntheses of qualitative studies aim for greater variation in concepts as opposed to an exhaustive sample that aims to avoid bias. This review is intended to have an interpretive/configurative approach rather than an aggregative approach. Therefore, if more than 30 to 40 studies are eligible for inclusion, we will select a sample of these. As in primary qualitative research (Silverman 2013), we will utilise purposive sampling to select from the eligible studies. We plan to use a type of purposive sampling called 'maximum variation sampling' with the aim of achieving the broadest possible variation within the parameters described for the review. Key areas of variation within the eligible studies that we may consider include geographic location, type of vaccine, data collection tools, health settings, and population groups (Suri 2011).

Example 2 (adapted from [Odendaal 2015](#)):

As qualitative evidence synthesis aims for variation in concepts rather than an exhaustive sample, and because large numbers of studies can impair the quality of the analysis, we will select a sample of studies if more than 40 studies are eligible for inclusion. To allow for the broadest possible variation within the included studies, we will use maximum variation purposive sampling to select from the eligible studies. Key areas of variation that we may consider will include the study methods, the cadre of healthcare worker, the technology used and the purpose of its use, and the geographical setting. Once these variables have been determined, we will create a sampling frame and will map all eligible studies onto the frame. We will then review the studies in each frame, including their number and level of detail, and reach a decision regarding how many studies in each cell we will include in the review.

Appendix 8. Linking the synthesised qualitative findings to a Cochrane intervention review - examples

Example 1 (adapted from [Xyrichis 2017](#)):

Findings will be used to complement and contextualise a subset of the conclusions of the Flodgren 2016 Cochrane intervention review on interactive telemedicine by looking at CCT in particular. The refined CCT framework developed through this review will be used to explore the appropriateness of linking the review findings with conclusions and outcomes drawn by Flodgren 2016. In particular, using CFIR as a starting point, we will deploy a logic model approach (see Glenton 2013) to develop a logical flow of theoretical connections/hypotheses through which implementation factors could affect CCT effectiveness and outcomes. At least two review authors will work together to develop this. This logic model could allow identification of specific combinations of factors that could lead to the results described in the Flodgren 2016 review. This could help explain variability in effectiveness of CCT, identify factors that need to be considered in future trials and inform the development of future CCT interventions and evaluations.

Example 2 (adapted from [Ames 2017](#)):

As part of data synthesis, we will explore how we can integrate the findings from our review with those of related Cochrane intervention reviews (Kaufman 2013; Saeterdal 2014; Oyo-Ia 2016). We will explore whether the interventions studied in these reviews contained the features of vaccination communication that parents and caregivers identify as important in this synthesis.

To do so, we will use a matrix model approach similar to one used by Candy 2011. To create the matrix we will undertake the following steps: First, we will go through each of the synthesis findings and identify features of communication interventions that parents and informal caregivers perceive as positive or important. Secondly, we will create a table, listing these features, and will then assess whether the interventions in each study included in the intervention reviews reflected these features.

DECLARATIONS OF INTEREST

Authors should report any conflict of interest that might be perceived by others as being capable of influencing their judgments, including personal, political, academic and other possible conflicts, as well as financial conflicts. Authors must state if they have been involved in a study included in the review (see Cochrane's conflict of interest policy). A separate declaration of interest is required for each author. Remember to delete this guidance

Financial conflicts of interest cause the most concern, and should be avoided, but must be reported if there are any. Any secondary interest (such as personal conflicts) that might unduly influence judgements made in a review (concerning, for example, the inclusion or exclusion of studies, assessments of the validity of included studies or the interpretation of results) should be reported. If there are no conflicts of interest, this should be stated explicitly, for example, by writing 'None known' after each author name. Remember to delete this guidance

Example:

Joe Do: none known.

Virgil Soo: none known.

SOURCES OF SUPPORT

Internal sources

- NA, Other.

External sources

- NA, Other.