Credibility in data management and meta-synthesis of qualitative research
Setting the Scene: Interpretive and Critical Research Findings as Evidence for Practice

- Strong opposition from some researchers to use the findings of interpretive and critical research as evidence as, they argue, such findings are contextual - “in the moment” - and “non-generalisable”
“Pooling” the Findings of Qualitative Research

- Meta-data-analysis - “the interpretive analysis of findings of primary research studies to identify similarities and discrepancies among them”. (eg: meta-ethnography of Noblit and Hare (1988).

- Metatheory - “the consideration of theoretical frameworks and underlying assumptions of primary research studies in their broader social and theoretical contexts”.
Metasynthesis is not a word that can be found in the dictionary: it is a neologism, which can readily be inferred as describing a high order form of synthesis.

Only interpretive studies that explicitly report findings are appropriate for metasynthesis in a systematic review.
The Qualitative Assessment and Review Instrument (QARI)
QARI is a systematic process mirroring that taken for systematic reviews of quantitative research whilst being sensitive to the nature of qualitative data.
## QARI

Qualitative Assessment and Review Instrument

### Reviews

This page lists the Reviews that are in the system. To add a review, click on the Add button below. To edit or delete a review, click on the name of that review.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Year</th>
<th>Primary</th>
<th>Secondary</th>
<th>Status</th>
</tr>
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<td>Implementation of EBP in Nursing, Midwifery and Allied Health in Australia</td>
<td>Feasibility, Appropriateness and Meanfulness of Strategies Designed to Promote the Implementation of EBP in Nursing, Midwifery and Allied Health</td>
<td>2003</td>
<td>alan</td>
<td>george</td>
<td>Studies</td>
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<td>Wandering in residential care</td>
<td>A review of the implementations used to minimise wandering in residential care</td>
<td>2003</td>
<td>alan</td>
<td>george</td>
<td>Studies</td>
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Records 2

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| Review Description | Feasibility, Appropriateness and Meanfulness of Strategies Designed to Promote the Implementation of EBP in Nursing, Midwifery and Allied Health |
| Review Year | 2003 |
| Primary Reviewer | alan |
| Secondary Reviewer | george |
| Review Status | Studies |

[cancel] [update]
Studies on "Implementation of EBP in Nursing, Midwifery and Allied Health in Australia"

Use this page to manage which Studies will be Reviewed, have Extractions and Findings done against them. Use the drop down box on screen to show either Included or Excluded Studies.

<table>
<thead>
<tr>
<th>Author</th>
<th>Journal</th>
<th>Year</th>
<th>Status</th>
<th>Assessment</th>
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<td>Pearson</td>
<td>Int J of Nursing Practice</td>
<td>2003</td>
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<tr>
<td>Wiechula</td>
<td>Health Care Reports</td>
<td>2003</td>
<td>Extracted</td>
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<th>Value</th>
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<td>Author</td>
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<td>Issue</td>
<td>3</td>
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<td>245-260</td>
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[update]
Critical Appraisal of Evidence arising out of qualitative research
## QARI

Qualitative Assessment and Review Instrument

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</tr>
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<td>Reason =</td>
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<tr>
<td><strong>Secondary Assessment</strong></td>
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<tr>
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</tr>
<tr>
<td>Included = Undefine</td>
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**Final Assessment**

User = alan
Included = Yes
Reason =

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<tr>
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<th>Edit Final</th>
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</thead>
</table>

| Reviews Studies Categorise Synthesis Logout About Secondary Closed |
Critical Appraisal of Interpretive Research

- This focus on limiting bias to establish validity in the appraisal of quantitative studies is antithetical to the philosophical foundations of qualitative approaches to inquiry.
- In interpretive and critical inquiry validity relates to the rigour of the process of inquiry.
- QARI incorporates a checklist to appraise rigour generically.
QARI
Qualitative Assessment and Review Instrument


Type Primary
User: alan
1) There is congruity between the stated philosophical perspective and the research methodology.
2) There is congruity between the research methodology and the research question or objectives
3) There is congruity between the research methodology and the methods used to collect data
4) There is congruity between the research methodology and the representation and analysis of data
5) There is congruity between the research methodology and the interpretation of results
6) There is a statement locating the researcher culturally or theoretically
7) The influence of the researcher on the research, and vice-versa, is addressed
8) Participants, and their voices, are adequately represented
9) The research is ethical according to current criteria or, for recent studies, there is evidence of ethical approval by an appropriate body
10) Conclusions drawn in the research report do appear to flow from the analysis, or interpretation, of the data

Include: Yes
Reason:

Update  Cancel

Select
Detail
Assessment
Extraction
Finding

Reviews Studies Categorise Synthesis Logout About Secondary Closed

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
(Undefined)
✓ Yes
No
Unclear
Practicum:

- Critical Appraisal of Evidence arising out of qualitative research
- Working in pairs, choose one paper and review against the criteria
Introduction to Data Extraction and Meta-synthesis
Data Extraction
**QARI**

Qualitative Assessment and Review Instrument

---

**Extraction Details:** Pearson - Int J of Nursing Practice (2003)

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Action Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method</td>
<td>Participative Group Work/Fild Notes/ Group Transcripts</td>
</tr>
<tr>
<td>Interventions</td>
<td>Action Planning/Action Taking</td>
</tr>
<tr>
<td>Setting</td>
<td>Acute Medical Ward</td>
</tr>
<tr>
<td>Geographical</td>
<td>Australia</td>
</tr>
<tr>
<td>Cultural</td>
<td>Multi</td>
</tr>
<tr>
<td>Participants</td>
<td>Adult Patients with a general medical condition</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>Content analysis</td>
</tr>
<tr>
<td>Authors Conclusion</td>
<td>Change requires participative,</td>
</tr>
<tr>
<td>Reviewers Comments</td>
<td>Well described study demonstrating succesful, sustained implementation of EBI</td>
</tr>
<tr>
<td>Complete</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

---

**Select Detail Assessment Extraction Finding**
a significant proportion of qualitative work is not designed to address questions or issues of an immediate practical nature

this is consistent with the traditions from which many qualitative methodologies are derived

SR can only include reports that can be regarded as offering valid and useful evidence
Practicum:

- Extract methods, methodological approach, method of analysis, setting and context, geographical context, cultural context, participant descriptions and numbers and interventions (or phenomena of interest)
Extracting Findings

- The units of extraction in this process are specific findings and illustrations from the text that demonstrate the origins of the findings

- In QARI a finding is defined as: A conclusion reached by the researcher(s) and often presented as themes or metaphors

Finding:
EBP is understood more fully if clinicians are exposed to training in the systematic review process

Illustration from Publication:
"We didn't really trust the findings of SR reports and BPISs until we learnt how complex and rigorous the SR process is"

Evidence:

Category:

Include:
Yes

Update  Cancel
Assigning a Level of Credibility to Qualitative Evidence
- Unequivocal - relates to evidence beyond reasonable doubt which may include findings that are matter of fact, directly reported/observed and not open to challenge.

- Credible - those that are, albeit interpretations, plausible in light of data and theoretical framework. They can be logically inferred from the data. Because the findings are interpretive they can be challenged.

- Not Supported - when 1 nor 2 apply and when most notably findings are not supported by the data.

Findings:

EBP is understood more fully if clinicians are exposed to training in the systematic review process

Illustration from Publication:
(Include Page Reference)

“We didn’t really trust the findings of SR reports and BPISSs until we learnt how complex and rigorous the SR process is”

Evidence:

- Unequivocal

Category:

Include:

- Yes

Update  Cancel
Practicum:

- Extract findings from your chosen paper
Meta-Synthesis illustrated

- The analysis and synthesis of qualitative studies is commonly termed meta-synthesis, and like meta-analysis, it is based on processed data.

- The aim of meta-synthesis is to assemble findings; categorise these findings into groups on the basis of similarity in meaning; and to aggregate these to generate a set of statements that adequately represent that aggregation. These statements are referred to as synthesised findings - and they can be used as a basis for evidence based practice.
Data Synthesis Involves

- Step 1: Identifying findings
- Step 2: Grouping findings into categories; and
- Step 3: Grouping categories into synthesised findings
The synthesis provides an understanding that is based on a range of populations, settings and circumstances. This broad base for generation of evidence on a phenomenon allows for greater confidence in the evidence.

However, unlike meta-analysis, meta-synthesis deals in multiple realities and so provides but one interpretation of the phenomenon.
Executing meta-synthesis using QARI

<table>
<thead>
<tr>
<th>Finding</th>
<th>Illustration from publication</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational systems militate against practice change</td>
<td>&quot;Although we now are keen to change our practices, the hard yakka is to get past the hospital's strict rules on procedures. To change the procedure manual entry is like pullin' teeth&quot;</td>
<td>Credible</td>
</tr>
<tr>
<td>Nurses are not free top make judgements as professionals</td>
<td>&quot;We can't make desions about lots of things because the medical staff see patients in the ward as 'their' patients&quot;</td>
<td>Credible</td>
</tr>
<tr>
<td>Effective multidisciplinary communication enhances the adoption of EBP in nursing</td>
<td>&quot;The thing is, many of our decision affect other members of the MDCT - especiaq;ly medicine - and it's difficult to get the doctors to listen to the evidence - so we give it up as 'too hard'&quot;</td>
<td>Credible</td>
</tr>
</tbody>
</table>
# Qari

## Qualitative Assessment Review Instrument

### Categories for A Comprehensive Systematic Review of Evidence on the Impact of Developing and Sustaining Nursing Leadership on Healthy Work Environments in Health Care

This page allows categories to be managed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses perceive fairness as an important leadership trait</td>
<td>&quot;Good&quot; leaders were described as fair in their approach</td>
</tr>
<tr>
<td>Nurses do not differentiate between leadership and management</td>
<td>Being a good manager is equated to being a good leader</td>
</tr>
<tr>
<td>Nurses associate leadership with being involved in the work</td>
<td>Leaders join in the everyday work of nurses</td>
</tr>
<tr>
<td>Nurses are hierarchical when identifying leadership traits</td>
<td>Leaders are generally not identified as peers</td>
</tr>
<tr>
<td>Preparing leaders</td>
<td>The need for education and training in leadership</td>
</tr>
</tbody>
</table>

Add

Next 5 rows
QARI

Qualitative Assessment Review Instrument

Category Details

This page allows the addition of a Category.

Name

Summary

Update  Cancel
### Categories for A Comprehensive Systematic Review of Evidence on the Impact of Developing and Sustaining Nursing Leadership on Healthy Work Environments in Health Care

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<td>The need for education and training in leadership</td>
</tr>
</tbody>
</table>

Add

Next 5 rows
Qari
Qualitative Assessment Review Instrument


"Being Fair" is a characteristic of leadership

Encouraging nurses to be leaders
Nurses are hierarchical when identifying leadership traits
Nurses associate leadership with being involved in the work
Nurses do not differentiate between leadership and management

- Nurses perceive fairness as an important leadership trait
- Preparing leaders

Findings for Studies
(also include page reference)

Evidence
Category
Include

Update  Delete  Cancel
### Categories for Implementation of EBP in Nursing, Midwifery and Allied Health in Australia

**Findings**

- **EBP is understood more fully if clinicians are exposed to training in the systematic review process**
- **Organisational systems militate against practice change**
- **Resistance to EBP arises out of lack of exposure to the basic processes**
- **Clinical decision making is overly-controlled by system rules**
- **Nursing decision making is overly influenced by medical practices**

**Illustration from publication**

- "We didn't really trust the findings of SR reports and BPISs until we learnt how complex and rigorous the SR process is"
- "Although we now are keen to change our practices, the hard yakka is to get past the hospital's strict rules on procedures. To change the procedure manual entry is like pullin' teeth"
- "We were against EBP and saw it as an attempt to limit our autonomy until we participated in this project a heard how comprehensive the SR and guideline development process is"
- "Of course we want to make decisions in light of the best available evidence. Unfortunately7, we can't go against the nursing policies"
- "..as well, even if we know what the evidence supports, if the doctor doesn't agree, we can't act on the evidence"

**Category**

- Knowledge of EBP and the SR Process promotes implementation
- Organisational systems impact on the implementation of EBP
- Knowledge of EBP and the SR Process promotes implementation
- Organisational systems impact on the implementation of EBP
- Promoting EBP in nursing relies on sanctioning of it by medical practitioners

[Next 5 rows]
Synthesised Findings

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician knowledge of EBP increases their acceptability of it</td>
<td>EBP is seen as a way of controlling clinicians</td>
</tr>
<tr>
<td>Felt need for change</td>
<td>Evidence based guidelines minimise individualised patient care</td>
</tr>
<tr>
<td>Organisational Impacts on the implementation of change</td>
<td>Knowledge of the SR process increases clinician acceptance of EBP</td>
</tr>
<tr>
<td></td>
<td>Clinicians prioritise change projects</td>
</tr>
<tr>
<td></td>
<td>Clinicians will adopt change if they feel it is an important and useful change</td>
</tr>
<tr>
<td></td>
<td>Medical control over decisions impedes change</td>
</tr>
<tr>
<td></td>
<td>Organisational systems can militate against change</td>
</tr>
</tbody>
</table>

**Readiness for Change**

Change can only be successfully promoted and implemented if a readiness or openness exists. This readiness is influenced by a number of factors.