Qualitative Evidence and Qualitative Synthesis in Policy Briefs

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Capacity Building for Development of Policy Briefs: Advanced Training of Trainers Workshop for Researchers and Policy-Developers

29-30 March 2022
Cairo, Egypt

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

What is Qualitative Evidence and Why Is It Essential?

Whereas *quantitative research* asks questions about 'how much' or 'how often', *qualitative research* asks 'what, how, and why' questions.

Ask yourself, what kind of answer does a research method produce? If it produces a number, it is quantitative research. If it produces something besides a number, it is, by definition, qualitative.

Qualitative research most often focuses on things like worldviews and symbols, ideas and discourses, values and norms, language, 'behaviours' (or actions, practices and habits), and the social, economic, political and cultural structures in which we live. In all of these areas, we can ask, w*hat are these things, how do they work and why do they work the way they do?*

What is Qualitative Evidence and Why Is It Essential?

In health, the focus is usually on how the above phenomenon affect, for example, what health risks people face (and why), what health harms they experience (and why), how they understand illness experiences and how and why this understanding affects how they seek relief, how healing systems respond to people living with illnesses and why they respond the way they do (among many other questions!).

NB: Qualitative research is **NOT ONLY** about how people "see the world". Perspectives, attitudes and opinions are an important component of a much wider set of topics covered by qualitative research (which include how/why individuals, communities, systems or structures act and change over time, how/why they are organized the way they are, how/why they operate and function the ways they do, etc.).

What is Qualitative Evidence and Why Is It Essential?

It is hard to imagine confidently recommending a particular health policy option if you don't somehow know the answer to lots of qualitative questions about the health problem and policy option on the table, such as:

- will it be acceptable (and to whom, on what basis, and for how long)?
- is it feasible in our setting (and what are the minimum requirements, key barriers)?
- how might local contexts affect the sustainability or impact of this option?

And yet, many policy recommendations have been grounded solely in quantitative evidence of effectiveness, cost-effectiveness, and safety.

What is Qualitative Evidence and Why Is It Essential?

Question

In cases where only quantitative evidence is used in a policy recommendation, where do the answers to the qualitative questions come from?

Types of Qualitative Evidence

There aren't discrete, well-defined and accepted research "designs" of the kind one might find in epidemiology (case-control, cohort, RCT, etc).

Qualitative *designs* can be:

- Cross-sectional or longitudinal
- Focused on words/ideas/beliefs, focused on observation of action, focused on documentary, visual or material culture, or some combination of the above
- Broad and exploratory, comparative, and/or in-depth/holistic/case-based
- Hypothesis generating or hypothesis testing (explanatory, but not using quantitative methods)

Types of Qualitative Evidence

Qualitative *data collection methods* can include:

- Interviews (once off or longitudinal)
- Focus groups (group interviews)
- Document analysis (including text, visuals, sounds, etc)
- Social network analysis, kinship analysis
- Patient flow mapping, activity mapping
- Ethnography (participant-observation, ‘deep hanging out’)

Types of Qualitative Evidence

Some features of qualitative research designs are considered stronger/more robust than others.

- Longitudinal designs
- Maximum variation sampling (getting lots of different perspectives)
- Multiple methods (what people say, what people do, what context they live in)
- Reflexivity (assessing 'how who matters')
- Iterative analysis, member checking

Although there is no clear equivalent to evidence-based medicine's 'hierarchy of evidence', the ends of the spectrum are usually clear:

Small, cross-sectional interview studies with one type of participant ⟷ *Longer-term, multi-method studies with diverse participants*

Types of Qualitative Evidence

In a policy brief, you may want to include evidence from:

- *Primary studies in*
  - *the peer-reviewed academic literature*
  - *the grey literature*
- *Qualitative evidence syntheses (QESs) – a systematic review of qualitative evidence*

You may also have qualitative input from patient or other stakeholder groups (especially about norms, preferences, values, experiences).

How you balance these different kinds of information can be complex:

- some evidence may be more robust but is not a good match for your setting
- some evidence may speak very directly to your policy option but is not a very strong study/source

Where Can Qualitative Evidence Be Used in a Policy Brief?

Because qualitative research is used to answer a very wide variety of questions, qualitative evidence can be useful in several places in a policy brief:

- Justification: what the problem is and why it is important
- Policy options and their advantages and disadvantages
- Further important considerations

Where Can Qualitative Evidence Be Used in a Policy Brief?

[review examples in Kouyaté et al.]

Where Can Qualitative Evidence Be Used in a Policy Brief?

Qualitative evidence can provide:

- Information in the absence of quantitative data
  - E.g. task shifting can reduce clinician workload in this context, PR campaigns can modify attitudes on this specific issue
- Information about what, how and why that quantitative evidence can't provide
  - E.g. why an option is acceptable or not to a particular group, or what enables successful implementation of private sector services, or what kind of information should be part of PR campaigns

Where Can Qualitative Evidence Be Used in a Policy Brief?

Qualitative evidence can provide information on:

- What the underlying problem is, where it comes from and how it is understood locally
- How options are perceived and experienced (not just 'degree' of acceptability)
- What might affect implementation (feasibility issues, implementation process, key barriers/enablers)
- How local contexts (social, cultural, economic, political) might affect sustainability and outcomes

Exercise

We are going to put you in 10 (random) groups and would like each group to review a 'finding' from a QES on lay health worker programs for maternal and newborn health (Glenton et al 2013).

Groups 1-2

4.	LHWs were compared favourably with health professionals, whom recipients often regarded as less accessible, less friendly, more intimidating, and less respectful.

Exercise

You can find the 5 sample findings (and which groups should respond to which finding) in the document we emailed to you.

Read your finding and think about:

- **where** in the policy brief it might be useful,
- **how** you would package/present/use that finding, and
- **what other information** (besides the finding itself) you might need to know more about before using in your brief.

Exercise

[Feedback and Discussion]

What Qualitative Evidence Can (and Can't) Do

Qualitative evidence can point you to possible (and sometimes probable) patterns, relationships, practices, structures, barriers, processes, dilemmas, experience, etc., etc., *that policy actors should take account* of…

…but it can't tell you exactly what the people in your local setting will think, feel and do in relation to your policy option.

This is because:

- The available evidence is often only indirectly relevant to your exact setting and set of policy options
- Things (i.e. people and systems and cultures) change!

What Qualitative Evidence Can (and Can't) Do

Qualitative evidence is often seen as answering a different set of questions than effectiveness or cost-effectiveness questions.

This is true, but quantitative effectiveness often depends on the qualitative pieces of the puzzle.

- An RCT of a certain kind of CHW program may show it's effective, but that effectiveness often depends on the *acceptability* of the program, the kind of *resources* that were put into it, *how it was implemented* and managed, how it related (successfully) to the *local context*, etc.
- We know, for example, that even though we have an 'efficacious' biomedical cure for TB, many countries have failed to make this cure 'effective' for a wide number of biomedical reasons.

What Qualitative Evidence Can (and Can't) Do

Qualitative evidence therefore offers critical information on these underlying drivers of effectiveness.

Qualitative evidence can be used in policy briefs to help policy actors:

- understand both the problem and the proposed solution, and
- identify those factors that they need to pay close attention to in their local setting if they want a policy option to be effective.

How Can We Appraise QES Findings Used in Our Policy Brief?

Critical appraisal of the evidence base is a vital step in the knowledge translation process

Critical appraisal can be complex and require specialist knowledge of specific research designs and traditions.

To support this process, the GRADE-CERQual approach offers a way for those conducting QESs to systematically and transparently assess their confidence in the individual findings from a QES.

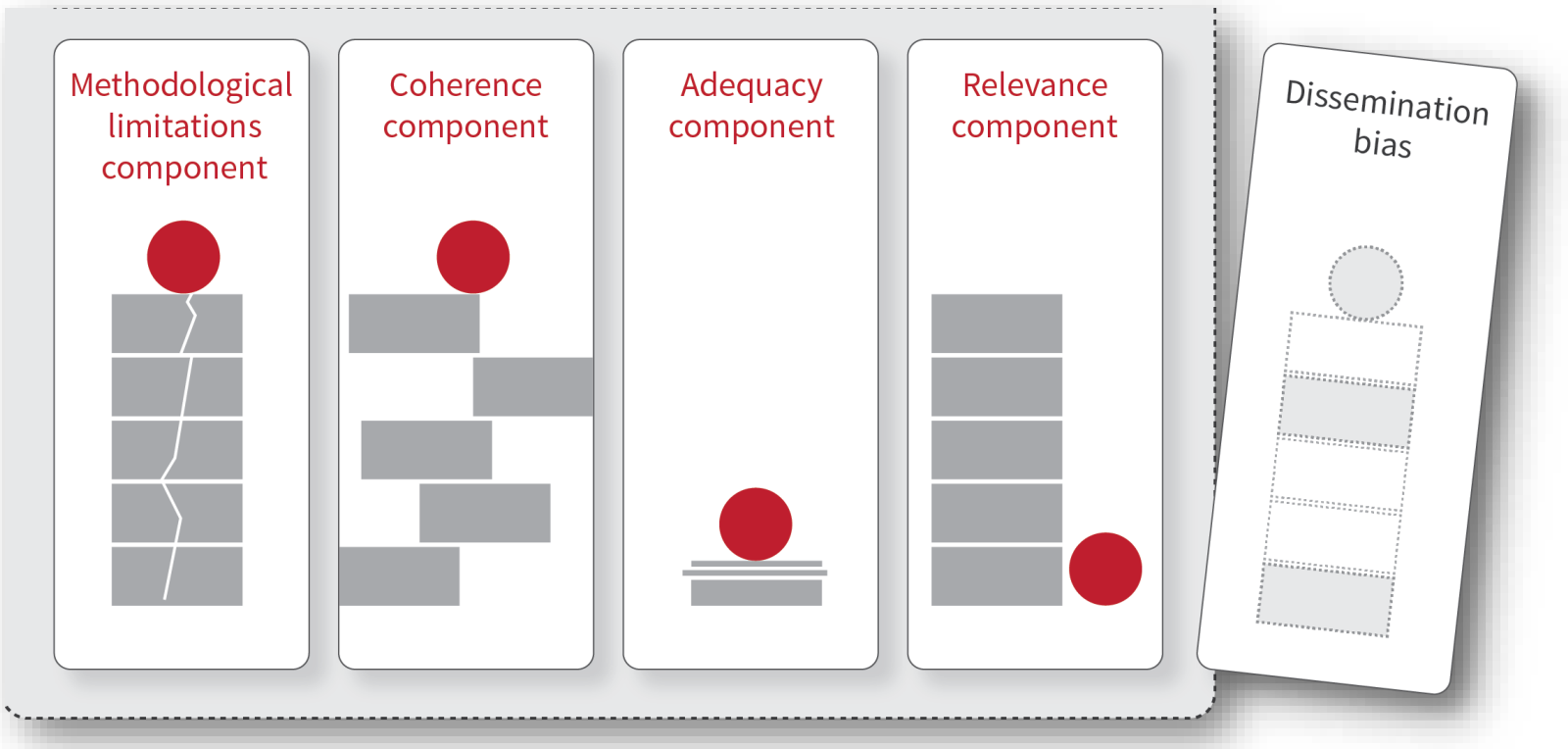
How Can We Appraise QES Findings Used in Our Policy Brief?

CERQual stands for ‘Confidence in the Evidence from Reviews of Qualitative Evidence’

Here, ‘confidence’ means…

> *The extent to which a review finding is a reasonable representation of the phenomenon of interest (i.e. the phenomenon of interest is unlikely to be substantially different from the research finding)*

How Can We Appraise QES Findings Used in Our Policy Brief?



How Can We Appraise QES Findings Used in Our Policy Brief?

High confidence

It is highly likely that the review finding is a reasonable representation of the phenomenon of interest

Moderate confidence

It is likely that the review finding is a reasonable representation of the phenomenon of interest

Low confidence

It is possible that the review finding is a reasonable representation of the phenomenon of interest

Very low confidence

It is not clear whether the review finding is a reasonable representation of the phenomenon of interest.

How Can We Appraise QES Findings Used in Our Policy Brief?

Summary of review findings	Studies contributing to the review finding	CERQual assessment of confidence in the evidence	Explanation of CERQual assessment
Theme 1:Women's and health professionals' beliefs			
Deep rooted fear of labour pain and vaginal birth: "Fear" was reported frequently by most of the women as one of the most important influencing factor on choosing mode of delivery; and fear from pain was the most common cause of fear	[109, 110–120, 122–125, 127, 129, 131, 132]	Moderate confidence	Due to minor concerns about methodological limitation and coherence
Irreversible damage to body and sexual function: Women believed that vaginal delivery would damage their genitalia and caused vaginal relaxation that led them to undergo genital cosmetic/medical surgeries. They believed that CS was an ideal method to maintain their figure and sexual satisfaction. Women believed that these kinds of damages would hurt their sexual function	[109–111, 113, 114, 120–123, 125, 129, 131–133]	Moderate confidence	Due to minor concerns about methodological limitations; No or very minor concerns about coherence and adequacy; and moderate concern about relevance

Shirzad et al 2021

How Can We Appraise QES Findings Used in Our Policy Brief?

Like the GRADE tool in quantitative reviews, GRADE-CERQual provides valuable information about how confident QES reviewers are about each of their individual findings.

This can provide critical guidance to those writing policy briefs as they decide how to incorporate findings from qualitative evidence into their recommendations.

Questions??