



Discussing methodological issues of qualitative research: experiences with a context-specific study on obstacles to implementing Evidence-Based Practice (EBP)

Karin Hannes
Senior Researcher, PhD,
Belgian Centre for EBM
Belgian Cochrane Branch-Belgian Campbell Group
Joanna Briggs Institute, Adelaide, Australia



POLLE: born on Friday the 13th, Febr. 2009

http://www.nrw.interscience.wiley.com.gateway.scribnia.net - Diet or exercise, or both, for we... Microsoft Internet Explorer

Back Forward Stop Home Search Favorites 92 blocked Check Autolink Send to Settings

Wiley InterScience Home | About Cochrane | Access to Cochrane | For Authors | Help | Save Title to My Profile

The Cochrane Library Evidence for healthcare decision-making

Wiley InterScience

BROWSE
Cochrane Reviews: [By Topic](#) | [New Reviews](#) | [Updated Reviews](#) | [A-Z](#) | [By Review Group](#)
Other Resources: [Other Reviews](#) | [Clinical Trials](#) | [Methods Studies](#) | [Technology Assessments](#) | [Economic Evaluations](#)

SEARCH
Enter search term Title, Abstract or Keywords Go
[Advanced Search](#) | [MeSH Search](#) | [Search History](#) | [Saved Searches](#)

[[Intervention Review]]
Diet or exercise, or both, for weight reduction in women after childbirth

Amanda R Amorim¹, Yvonne M Linné², Paulo Mauricio C Lourenco³

¹Epidemiology, UERJ-IMS, Rua São Francisco Xavier, Rio de Janeiro, Brazil. ²Obesity Unit, Karolinska University Hospital, Stockholm, Sweden. ³Department of Epidemiology, University of State of Rio de Janeiro, Rio de Janeiro, Brazil

Contact address: Miss Amanda R Amorim, PhD Student, Epidemiology, UERJ-IMS, Rua São Francisco Xavier, 524 7^o andar Bloco D e E, Maracanã, Rio de Janeiro, CEP: 20559-900 RJ, Brazil. amanda@ims.uerj.br aa@igpm.regionalh.dk (Editorial group: [Cochrane Pregnancy and Childbirth Group](#))

Cochrane Database of Systematic Reviews, Issue 3, 2008 (Status in this issue: Edited, commented)
Copyright © 2008 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd
DOI: 10.1002/14651858.CD005627.pub2
This version first published online: 18 July 2007 in Issue 3, 2007. Re-published online with edits: 4 February 2008 in Issue 2, 2008. Last assessed as up-to-date: 22 April 2007. ([Dates and statuses?](#))

This record should be cited as: Amorim AR, Linné YM, Lourenco PMC. Diet or exercise, or both, for weight reduction in women after childbirth. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD005627. DOI: 10.1002/14651858.CD005627.pub2

Abstract

Background
Weight retention after pregnancy may contribute to obesity. It is known that diet and exercise are recommended components of any weight loss programme in the general population. However, strategies to achieve healthy body weight among postpartum women have not been adequately evaluated.

Objectives
The objectives of this review were to evaluate the effect of diet, exercise or both for weight reduction in women after childbirth, and to assess the impact of these interventions on maternal body composition, cardiorespiratory fitness, breastfeeding performance and other child and maternal outcomes.

Search strategy
We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (September 2006) and LILACS. We scanned secondary references and contacted experts in the field.

Selection criteria
All published and unpublished randomised controlled trials (RCT) and quasi-randomised trials of diet or exercise or both, among women during the postpartum period.

Data collection and analysis
Three review authors independently assessed trial quality and extracted data. Results are presented using relative risk for categorical data and weighted mean difference (WMD) for continuous data. Data

Start | Inbox - Microsoft Outlook | Microsoft PowerPoint - [...] | Home - Microsoft Internet... | <https://www.nrw.inte...> | Internet | 17:06

- Women who exercised did not lose significantly more weight than women in the usual care group.
- Women who took part in a diet or diet plus exercise programme, lost significantly more weight than women in the usual care.
- There was no difference in the magnitude of weight loss between diet and diet plus exercise group.
- The interventions seemed not to affect breastfeeding performance adversely.

Special K

With all this variety, see how easy it is to lose 1 inch from your waist in 2 weeks.*

Click Here To Create Your Own Personalized Challenge Plan

STEP 1
Kick start your day with either a serving of Special K® Cereal (any variety) with 2/3 cup skim milk, or a serving of Special K® Waffles drizzled with 2 Tbsp of light syrup. Enjoy either option with fruit.

STEP 2
Replace another meal with the delicious new Special K™ Protein Meal Bar or another serving of your favorite Special K® Cereal with 2/3 cup of skim milk and fruit.

STEP 3
Eat your third meal as you normally do.

Snacks!
Enjoy 2 great-tasting snacks everyday:
Special K™ Protein Snack Bars
Special K® Protein Water and More
Special K® Cereal Bars
Special K™ Snack Cakes

*When part of the Special K Challenge. Consult your physician before starting any diet or exercise program. Average waist circumference reduction when replacing meals with two cereal meals is 1.3 inches. Weight loss may vary.

A recent study in the Journal of the America College of Nutrition found that those who ate cereals were lower in weight compared to those who ate meat and eggs or skipped breakfast.

Logic:

- Diet leads to a significant loss of weight after pregnancy.
- Cereals have proven to be an effective diet.
 - After having consumed cereals at breakfast for three months
 - I still weigh 4 kg more than I used to.
- Cereals lead to weight gain after pregnancy

THE QUESTION!

- If the effectiveness of a diet and cereals as a part of it have been proven...
- THEN V
ME!
 - It gave me less satisfaction than a regular bread meal → more snacks
 - I often finished my bowl before the family had breakfast → missed out on the fruit(shakes)
 - CONTEXT IS IMPORTANT

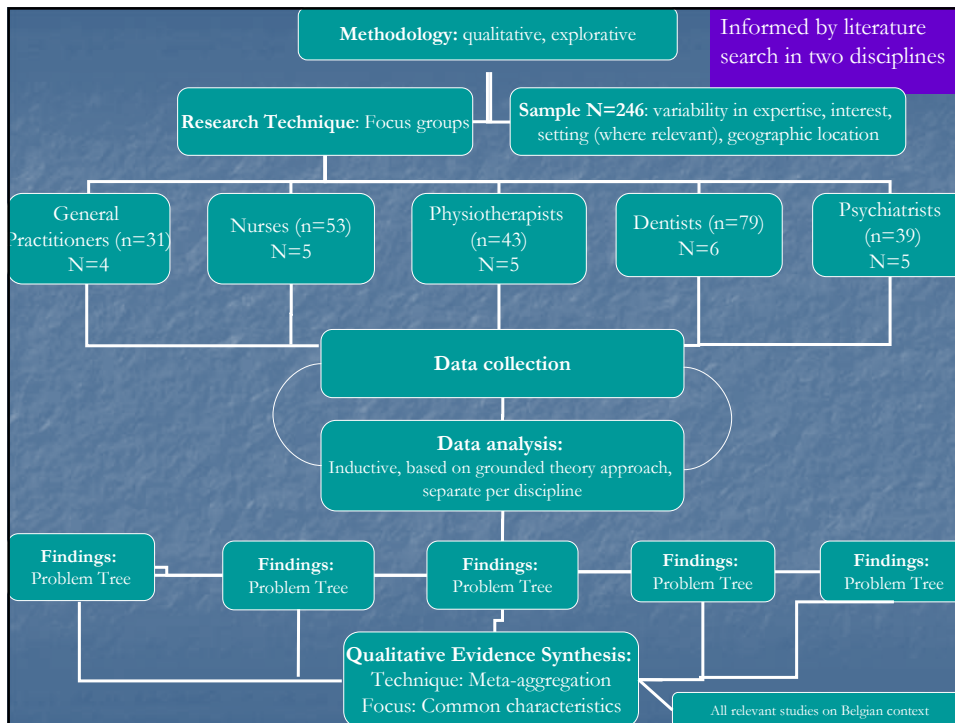
Research project on implementing EBP

- **A context-specific study on obstacles to implementing Evidence-Based Practice (EBP) in Belgium**
- To identify and link obstacles for a range of different health care disciplines and synthesize these in order to inform policy and practice on potential strategies to bridge them

Outline of presentation

- 1. Overview of the research process
- 2. Qualitative evidence synthesis
 - A. Background
 - B. Method used
 - (Findings)
- 3. Methodological choices made
 - Pragmatic choices
 - Published papers vs all papers
 - Findings supported by quotes vs all findings
 - EBP Main focus of study vs EBP part of study
 - All inclusive syntheses vs context-specific syntheses
 - Transferability of findings

1. Overview of the research process



2. Qualitative Evidence Synthesis

■ A. Background

Background

- A general literature search on barriers to the implementation of EBP:
 - Some obstacles are universal → time, access
 - Some obstacles relate to the unique identity of certain disciplines → financial issues, authority issues, defining outcome measures
 - Some indications are found that barriers might be context-specific → Lack of role models for practicing EBP (dev. Countries)

Background

- Search for qualitative evidence syntheses:
 - No evidence synthesis on barriers to EBP
 - Syntheses found
 - Aimed at informing policy and practice
 - Summarised findings from one particular, well-defined target group
 - Some explained or complemented insights from quantitative reviews
 - Others stood on their own
 - Gave a broader international perspective

Noyes & Popay, 2006; Marston & King, 2006; Greenhalgh, 2007; Kane, 2007

Background

- Syntheses summarised insights from different disciplines or target groups living or working in the same environment and/or between the boundaries of a national, social-economic and political system are scarce.
- I opted for a synthesis based on findings of scientific studies addressing barriers of health care practitioners from all health care disciplines, functioning in the Belgian health care system.

Background

- Goals are three-fold:
 - What do **Belgian** health care practitioners have in common (→ inform Belgian policy)?
 - Which obstacles relate to characteristics of the **Belgian health care system** (as compared to other countries in an additional literature search)?
 - **What methodological lessons would I learn from choosing a context-specific synthesis.**

3. Qualitative Evidence Synthesis

B. Methods used

- Inclusion criteria
- Search Strategy
- Quality appraisal
- Data analysis: aggregation of findings

Qualitative Evidence Synthesis: Methods

- Inclusion criteria:
 - Study type: qualitative, empirical papers
 - Phenomenon of interest: obstacles to EBP
 - Population: health care practitioners working within the Belgian health care system
- 8 studies met our inclusion criteria (5 focus group based papers and 3 additional studies conducted in Belgium) (May 2008)

Qualitative Evidence Synthesis: Methods

- Systematic Search Strategy:
(1990-May 2008)
 - Major databases + Federal Research Actions Database(s) + reports + consultation of Belgian experts + editors local journals
 - Keywords associated with EBP, limited to Belgium or parts + filter on qualitative research where possible

Qualitative Evidence Synthesis: Methods

- My original studies were retrieved via databases
- The three additional studies were retrieved via local databases or contacts
 - All commissioned by government
 - EBP research part of a larger problem addressed

Qualitative Evidence Synthesis: Methods

- Quality assessment: an overall judgment approach to quality assessment has been undertaken, no checklist
 - Synthesis conducted by lead researcher of five of the included papers (conflict of interest)
 - Synthes
 - Author che
 - lead resear
 - Inclusion o (JBI,2004)
- | |
|--|
| Unequivocal: evidence beyond reasonable doubt that may include findings that are matter of fact, directly reported/observed and not open to challenge. |
| Credible: evidence that is, albeit an interpretation, plausible in the light of the data and theoretical framework. The interpretations can be logically inferred from the data but, because the findings are essentially interpretive, they can be challenged. |
| Unsupported: when none of the other level descriptors apply and when, most notably, findings are not supported by data. |

Qualitative Evidence Synthesis: Aggregative approach using QARI software

- Step 1: Extracting findings
 - Originally reported themes in the result sections as a basis to start from
 - Each theme screened for emergent obstacles labelled as findings
- Step 2: Categorizing findings
 - Based on themes that cut across the papers and their similarity in meaning
- Step 3: Synthesizing categories
 - Comprehensive set of synthesized findings that can inform policy and practice – give (a) direction
- Nine categories resulted in 4 syntheses

3. Qualitative evidence synthesis (QES)

C. Findings

- 1. Evidence might have a limited role in decision making processes in daily practice (evidence-practitioner v. -patient v.)
- 2. Aspects other than quality of care steer the EBP agenda (financial/commercial interests-governmental regulations)
- 3. Although intended to serve all practitioners, some users benefit less from EBP than others (physician's power display-scientific setting vs. practice setting)
- 4. There is a lack of competences to implement EBP (knowledge, skills, attitudes)

3. Methodological choices made

- Pragmatic choices
- Published papers vs all papers
- Findings supported by quotes vs all findings
- EBP Main focus of study vs EBP part of study
- All inclusive syntheses vs context-specific syntheses
- Transferability

Pragmatic choices

- One researcher only (not recommendable)
 - Ideally spoken a team and multidisciplinary → additional insights
 - Be clear on the researcher's background, affiliation, potential conflicts of interest that might influence her interpretation
 - Do an author check to verify your interpretation → brings more sensitivity

Published papers vs all papers

- Pro= enables readers to evaluate the thrustworthiness of the synthesis by referring to basic findings of original authors (broad definition of 'published').
- Con= not sure whether all relevant findings have been included (even for Belgium)

Findings supported by quotes vs all findings

- Pro= All potential relevant insights are included.
 - Many findings not backed up due to limited word space in journals.
 - Double check on unsupported statement in our original database and found evidence for all of them. → stimulate researchers to back up and editors to allow for it (electronic publ.)
- Con= Some might be the authors 'imagination' → Risk for bias

EBP main focus vs EBP part of study

- Pro= No exclusion of potential relevant insights
- Con= More complex search strategy and screening exercise. Obstacles might not be intentionally labelled by researchers in the context of implementing EBP.

All inclusive syntheses vs context-specific syntheses

- Pro=
 - Local reviewers have better access to local databases and information sources → three of five sources would probably not have been retrieved by international researchers.
 - Pays specific attention to issues related to the local health care system that otherwise might have been 'downplayed' → more relevant to politicians

All inclusive syntheses vs context-specific syntheses

- Hierarchic position of medicals vs allied health practitioners
 - Old fashioned referrals
 - Lack of autonomy
 - Doctors dominate governmental advisory boards
- Fee-for-service system and Belgian nomenclature -> contraproductive for EBM
- Discouraging logistic/organisational support for practitioners willing to engage in research

All inclusive syntheses vs context-specific syntheses

- Con= less relevant to the international community if the synthesis is not picked up in a broader evaluation across countries.
- I have a dream...

Transferability

- Findings are likely transferable to other disciplines in the Belgian health care system.
- Consider transferability with caution. No info on pharmacists, specialists, dieticians,...
- Future updates of this synthesis might include insights from other disciplines and complete the picture.
- Obstacles that do not particularly link to the Belgian health care system might hold true for other countries.
- Countries with health care systems sharing the same features would probably benefit from the insights in this study.

Conclusion

- Important to discuss and/or motivate the methodological choices made, as they might impact on the final result.
- Important to balance pro's and con's of methodological decisions.
- Do we need to focus on common findings across studies, or would we benefit more from looking at particular differences to orient our syntheses?

Conclusion

- Context-specific (local) evidence syntheses do not replace the need for individual studies. They can help sort out policies and practices that work best to resolve issues in individual countries and serve as a basis for international collaboration in the solution of key problems. As such the translation across countries would add to the findings.

Questions?

- Karin Hannes. Understanding the evidence-based movement: a context-specific study on obstacles to implementing Evidence-Based Practice. PhD dissertation, KULeuven, Belgium, 2009.
- Karin.Hannes@cebam.be
- Karin.Hannes@adelaide.edu.au