



La place des études qualitatives dans les niveaux de preuve

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Médecine factuelle



Déclaration de conflits d'intérêts

Enseignant département de médecine générale ULB
Membre du Cebam
Pas de conflit déclaré





Sommaire

1. Définitions des études qualitatives
2. Exemples d'études qualitatives
3. Niveaux de preuves
4. Niveaux de preuve d'études qualitatives



Les limites de la recherche quantitative

- Très précise mais dans des conditions limitées (exclusions)
-
- Résultat brut, sans indication de comment l'appliquer, manque de contexte



ANALYSIS



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click for updates

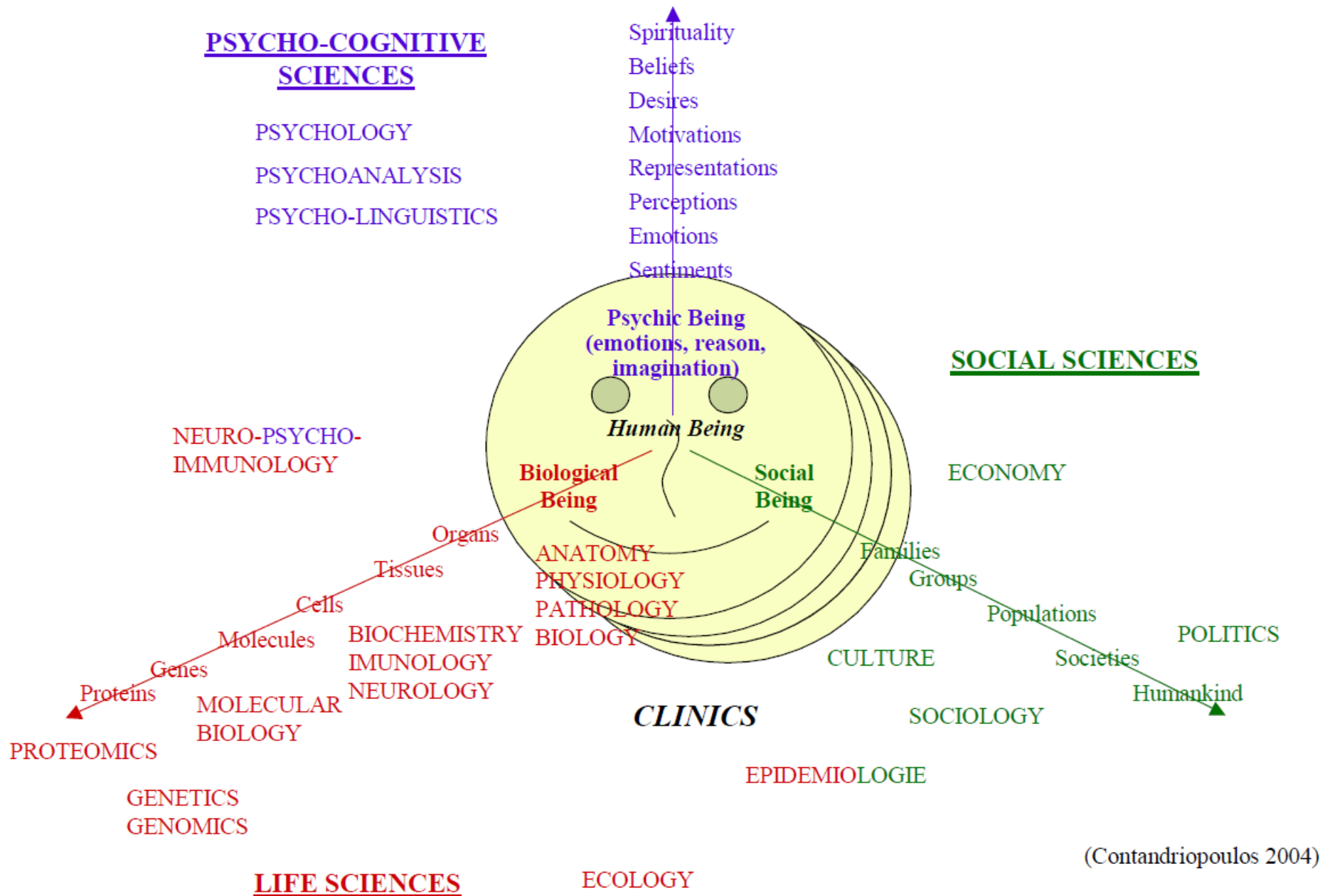
An open letter to *The BMJ* editors on qualitative research

Seventy six senior academics from 11 countries invite *The BMJ's* editors to reconsider their policy of rejecting qualitative research on the grounds of low priority. They challenge the journal to develop a proactive, scholarly, and pluralist approach to research that aligns with its stated mission

	Qualitative	Quantitative
Definitions	a systematic subjective approach used to describe life experiences and give them meaning	a formal, objective, systematic process for obtaining information about the world. A method used to describe, test relationships, and examine cause and effect relationships.
Goals	To gain insight; explore the depth, richness, and complexity inherent in the phenomenon.	To test relationships, describe, examine cause and effect relations
Characteristics	<ul style="list-style-type: none"> • Soft science • Focus: complex & broad • Holistic • Subjective • Dialectic, inductive reasoning • Basis of knowing: meaning & discovery • Develops theory • Shared interpretation • Communication & observation • Basic element of analysis: words • Individual interpretation • Uniqueness 	<ul style="list-style-type: none"> • Hard science • Focus: concise & narrow • Reductionistic • Objective • Logistic, deductive reasoning • Basis of knowing: cause & effect, relationships • Tests theory • Control • Instruments • Basic element of analysis: numbers • Statistical analysis • Generalization



Disciplinary Perspectives in Health



(Contandriopoulos 2004)



Qualitative methods examine the why and how of decision making, not just what, where, when, or "who"

Quoi
Quand
Qui

Pourquoi
Comment



Pourquoi la recherche qualitative

- Comment j'applique ce que me propose cette étude / ce guideline ?
- - Comment informer le patient sur le dépistage du cancer de la prostate/du cancer du sein ?
 -
 - Expliquer le watchful waiting dans le cancer de la prostate ?



Pourquoi la recherche qualitative ?

- Des résultats peu appliqués : la checklist chirurgicale

The rate of death was 1.5% before the checklist was introduced and declined to 0.8% afterward ($P=0.003$). Inpatient complications occurred in 11.0% of patients at baseline and in 7.0% after introduction of the checklist ($P<0.001$).

- Impact sur les professionnels ?
- interactions légales, financières, techniques, organisationnelles (hiérarchie, routines)
- Conclusions : demande de nouvelles formes de coopération et de communication entre chirurgiens, anesthésistes et infirmières.

Bergs et al. « Barriers and Facilitators Related to the Implementation of Surgical Safety Checklists: A Systematic Review of the Qualitative Evidence ». *BMJ Quality & Safety* 24, n° 12 (décembre 2015): 776-86.



Pourquoi la recherche qualitative ?

- Emettre de nouvelles hypothèses
-
- Impact ?
 - Pourquoi 20 ans pour appliquer une nouveauté sur le terrain ?
 - Expliquer les succès et les échecs



Pourquoi la recherche qualitative ?

-
- Recommandation violence conjugale
- - Prévalence : entre 1 femme sur 7 et 1/10
 - Incidence : 1/5 subit des violences graves (2010)
 -
 - Dépistage/diagnostic
 - Sujet sensible : Comment l'aborder ?
 -
 - Traitement : comment le prendre en charge ?
 - Comment en parler ?
 -



Le débat au Cebam

- Violence conjugale
 - Beaucoup de notions qualitative (Comment faire)
 - Peut-on en faire une recommandation ?
 -
- « Territoire inexploré »
 - Il faut bien commencer par quelque part !
 -

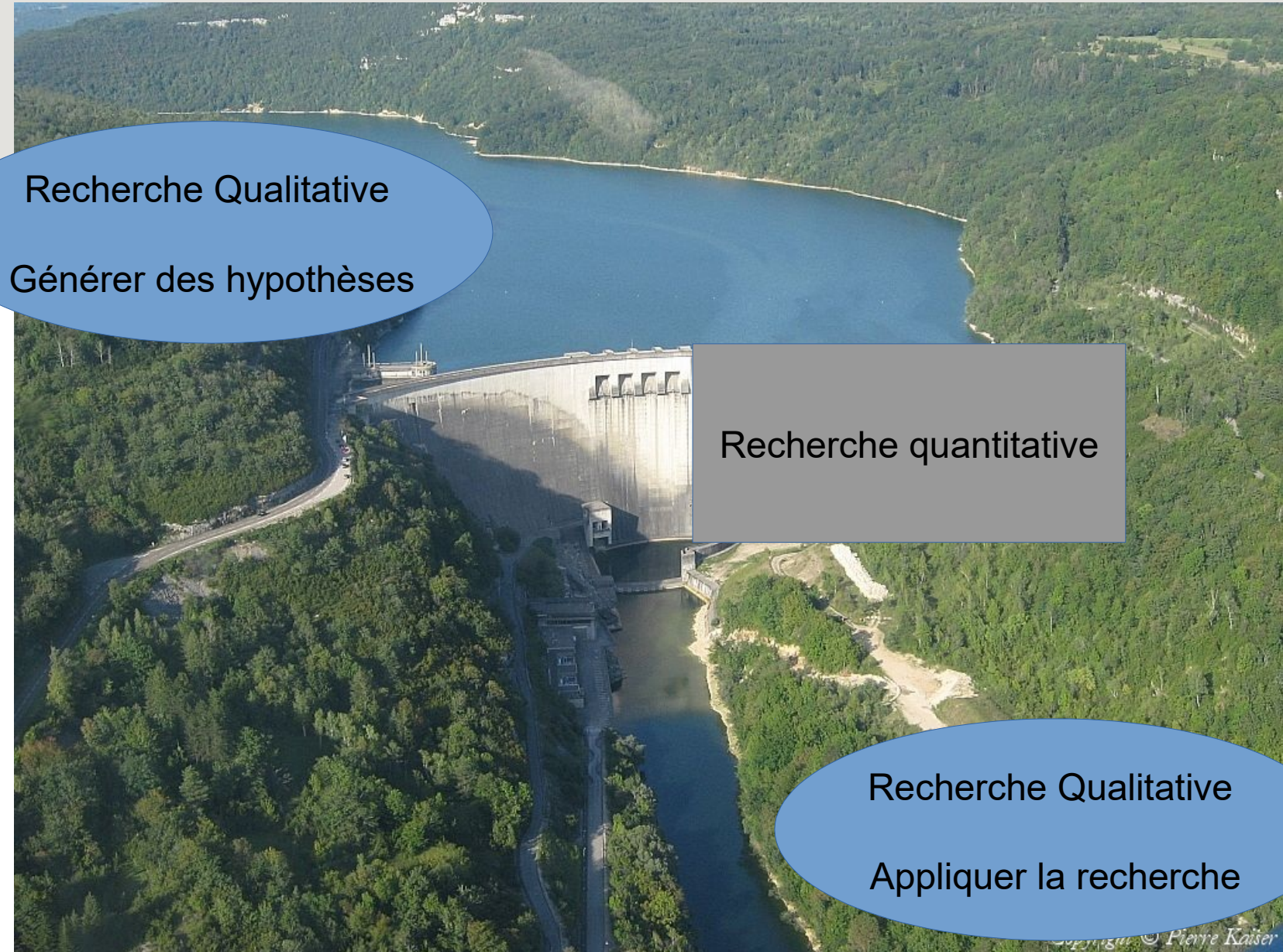


5.3 Quelles sont les interventions immédiates (médicales, psychologiques ou sociales) efficaces, une fois les violences révélées ?

Recommandations

Lors de la révélation de violences, apporter un soutien de première ligne basé sur les principes de soins suivants :

- Ecouter avec respect l'histoire de la personne et être soutenant, dans le non-jugement – **GPP**
- Reconnaître la révélation et valider l'expérience : la reconnaissance par le médecin peut être le point de départ d'un changement de la situation – **GPP**
- Informer de la chronicité des violences et de son impact sur la santé – **GPP**
- Apporter les soins et l'aide en réponse aux besoins identifiés en respectant les souhaits de la personne et lui permettre d'évoluer à son rythme – **GPP**
- Prévoir des mesures de protection : la sécurité doit être une préoccupation continue au vu du déficit familial à ce niveau – **GPP**
- Informer à propos des services adaptés à sa situation et orienter (Voir question 4) – **GRADE 1B**
- Assurer la confidentialité pour autant que cela n'entraîne pas d'effets nuisibles pour la personne ou ses proches – **GRADE 1C**
- Documenter la situation – **GPP**
- Envisager, voire organiser des rendez-vous de suivi – **GRADE 2B**



Recherche Qualitative
Générer des hypothèses

Recherche quantitative

Recherche Qualitative
Appliquer la recherche

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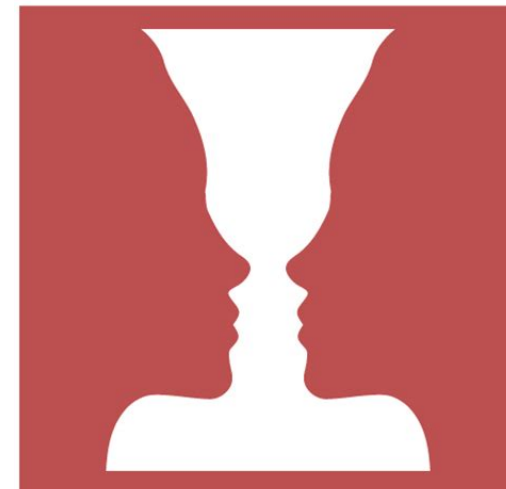
11.1 Qu'est-ce que la recherche qualitative ?

La direction du pendule s'inverse. Il y a dix ans, alors que je débutais dans mon premier emploi de chercheur, un collègue de travail blasé me donna le conseil suivant : « Trouve quelque chose à mesurer et continue de le mesurer jusqu'à ce que tu obtiennes un bon paquet de données. Puis, arrête les mesures et commence la rédaction du rapport. »

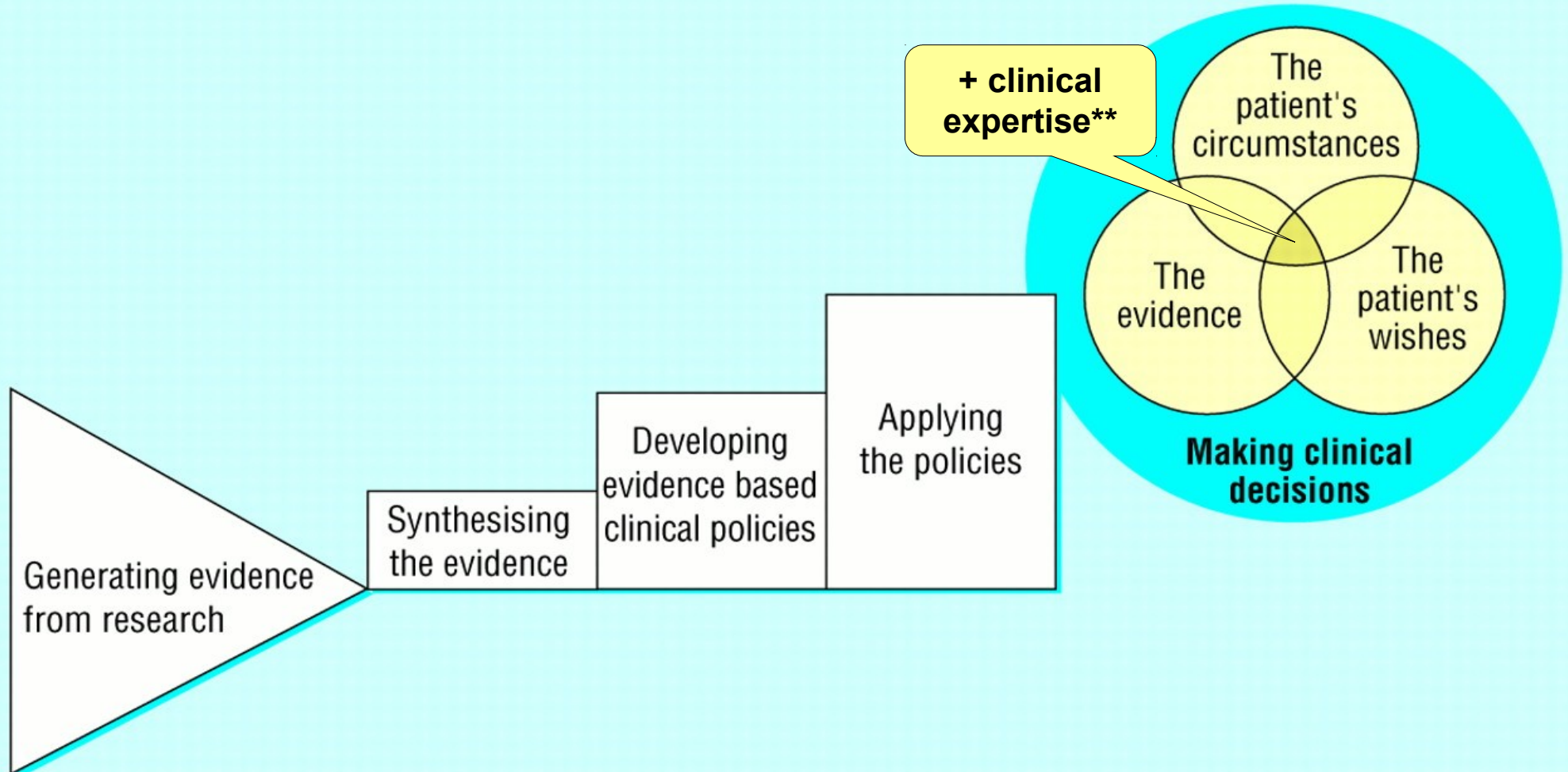
« Mais que devrais-je mesurer ? », demandai-je.

« Cela n'a pas beaucoup d'importance », répondit-il cyniquement.

- Combien de fumeur ont déjà essayé d'arrêter ?
-
- Qu'est-ce qui empêche les gens de réussir leur sevrage ?



From evidence to practice



*Haynes RB, Haines A. BMJ 1998;317:273-6.

**Haynes RB, et al. EBM 2002;7:36-8.



Induction et déduction

Encadré 11.2 Recherches quantitatives et qualitatives : caricature des différences [4]

	Recherche qualitative	Recherche quantitative
Théorie sociologique	Action	Structure
Méthodologie	Observation, entretien	Expérimentation, enquête
Question	Qu'est-ce que X ? (classification)	Combien de X ? (décompte)
Raisonnement	Inductif	Déductif
Méthode d'échantillonnage	Théorique	Statistique
Point fort	Validité	Fiabilité

Validité
(validity)

validité interne
(reliability)

Les types d'études qualitatives



+ Triangulation



Théorie et méthodologies

- Constructivisme (induction)
- Phénoménologie : étude des expériences vécues
- Ethnographie
- Théorie ancrée : analyse du discours
- Recherche action (démarche qualité)

Exemples : le dossier informatisé

Family Practice—The International Journal for Research in Primary Care

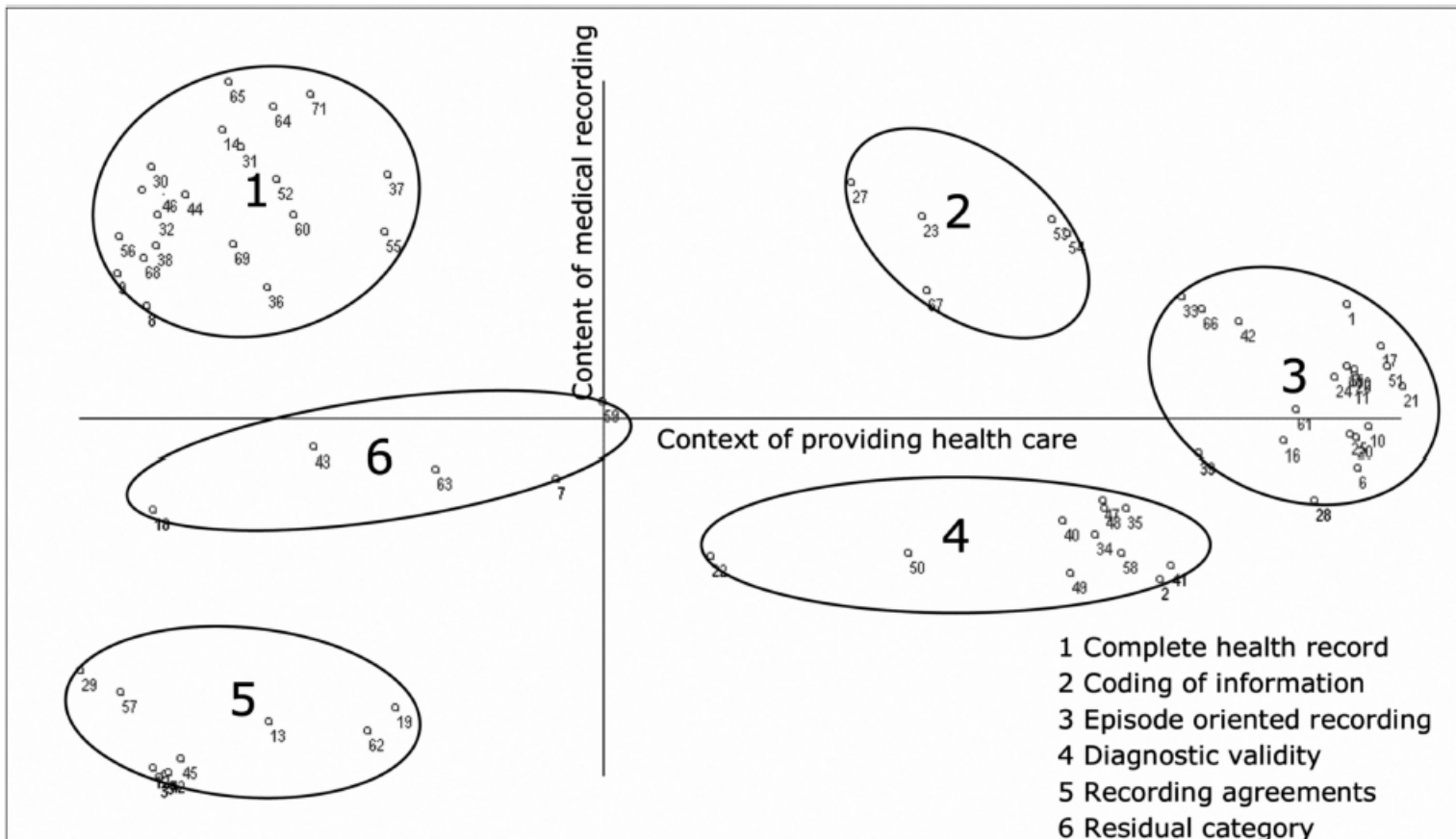


FIGURE 1 *Concept map—quality aspects of general practice-based data*



- [Challenges and Recommendations to Recruiting Women Who Do Not Adhere to Follow-Up Gynecological Care.](#)

5.

Wordlaw-Stinson L, Jones S, Little S, Fish L, Vidal A, Smith JS, Hoyo C, Moorman PG.

Open J Prev Med. 2014 Mar 20;4(3):123-128.

PMID: 24991485 **Free PMC Article**

[Similar articles](#)

- [Cervical cancer screening adherence among HIV-positive female smokers from a comprehensive HIV clinic.](#)

6.

Fletcher FE, Vidrine DJ, Tami-Maury I, Danysh HE, King RM, Buchberg M, Arduino RC, Gritz ER.

AIDS Behav. 2014 Mar;18(3):544-54. doi: 10.1007/s10461-013-0480-6.

PMID: 23605155 **Free PMC Article**

[Similar articles](#)



[Prev Med](#). 2010 Apr;50(4):165-72. doi: 10.1016/j.ypmed.2010.02.003. Epub 2010 Feb 11.

How equitable are colorectal cancer screening programs which include FOBTs? A review of qualitative and quantitative studies.

[Javanparast S¹](#), [Ward P](#), [Young G](#), [Wilson C](#), [Carter S](#), [Misan G](#), [Cole S](#), [Jiwa M](#), [Tsourtos G](#), [Martini A](#), [Gill T](#), [Baratiny G](#), [Matt MA](#).

+ Author information

Abstract

OBJECTIVE: To review published literature on the equity of participation in colorectal cancer screening amongst different population subgroups, in addition to identifying factors identified as barriers and facilitators to equitable screening. Studies were included in the review if they included FOBT as at least one of the screening tests.

METHOD: Relevant published articles were identified through systematic electronic searches of selected databases and the examination of the bibliographies of retrieved articles. Studies of the association with colorectal cancer screening test participation, barriers to equitable participation in screening, and studies examining interventional actions to facilitate screening test participation were included. Data extraction and analysis was undertaken using an approach to the synthesis of qualitative and quantitative studies called Realist Review.

RESULTS: Sixty-three articles were identified that met the inclusion criteria. SES status, ethnicity, age and gender have been found as predictors of colorectal cancer screening test participation. This review also found that the potential for equitable cancer screening test participation may be hindered by access barriers which vary amongst population sub-groups.

CONCLUSION: This review provides evidence of horizontal inequity in colorectal cancer screening test participation, but limited understanding of the mechanism by which it is sustained, and few evidence-based solutions.

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Table 2. Barriers to and facilitators of access and utilisation of CRC screening.

Total number of studies evaluated barrier to and facilitator of CRC screening **27**

Factors	Number of studies reporting factor as important
----------------	--

Patient barriers

Lack of knowledge	12
-------------------	----

Lack of symptoms	8
------------------	---

Fear of cancer	9
----------------	---

Embarrassment	7
---------------	---

Cost implications	5
-------------------	---

Lack of trust in doctors	5
--------------------------	---



Niveaux de preuve et de recommandation

- Niveaux de preuve: dépend du type et de la qualité de l'étude
-
- Niveaux de recommandation: importance clinique
- Quelques exemples de systèmes de notation
 - GRADE (gradeworkinggroup.org)
 - USPSTF
 - OCEBM
 - SIGN



Niveau de recommandation

-
- Niveau de preuve
- Critère de jugement
 - clinique: mortalité, morbidité
 - biologique: cholestérol, tension
- Rapport bénéfice-risque
- Coût, remboursement
- Valeurs et préférence de la population cible
- Applicabilité

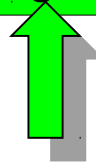


Systeme GRADE

Quality (Level) of Evidence			
A	++++	High	MA-SR, RCT
B	+++	Moderate	Cohort, NRCT
C	++	Low	Case-control
D	+	Very low	Cross-sectional, Case series



Strenght of Recommendation		
1	↑↑	Strong For
2	↑?	Weak For
2	↓?	Weak Against
1	↓↓	Strong Against



Downgrade	Upgrade
↓ Study Limitations (Risk of Bias)	↑ Large Effect Size
↓ Publication Bias	↑ Dose-response Gradient
↓ Inconsistency	↑ Plausible Counfounding
↓ Indirectness	
↓ Imprecision	

Determinants
Balance desirable-adverse effects
Quality of Evidence
Values and preferences
Costs



Grade of recommendation		Trade-offs	Quality of evidence	Implications
1A	Strong recommendation, high quality evidence	Net benefits	RCT's with no limitations, observational studies with very strong association	Strong recommendation, applicable to most patients most of the time
1B	Strong recommendation, moderate quality evidence		RCT's with limitations, observational studies with strong association	Strong recommendation, applicable to most patients most of the time
1C	Strong recommendation, low quality evidence		Observational studies of case studies	Strong recommendation, may change with changing evidence
2A	Weak recommendation, high quality evidence	Trade-off benefits and harms	RCT's with no limitations, observational studies with very strong association	Weak recommendation, actions may differ according to situation, patients of preferences
2B	Weak recommendation, moderate quality evidence		RCT's with limitations, observational studies with strong association	Weak recommendation, actions may differ according to situation, patients of preferences
2C	Weak recommendation, low quality evidence	Uncertain trade-offs	Observational studies of case studies	Very weak recommendation, alternatives may be equally good



[Articles](#) ▾

Volume 13 Supplement 1

Applying GRADE-CERQual to Qualitative Evidence Synthesis Findings

Research

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Edited by Liz Glidewell



The GRADE-CERQual ('Confidence in the Evidence from Reviews of Qualitative research') approach helps decision makers use syntheses of



Niveaux de preuve des études de qualité

Table 3

Descriptions of level of confidence in a review finding in the CERQual approach [16]

Level	Definition
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



Table 4
CERQual Qualitative Evidence Profile—Example B

Summary of review finding	Studies contributing to the review finding	Methodological limitations	Coherence	Adequacy	Relevance ^a	<i>CERQual assessment of confidence in the evidence</i>
1. While regular salaries were not part of many programmes, other monetary and non-	2, 5, 11, 12, 22, 29	Minor methodological limitations (five studies with minor and one study with moderate methodological	Minor concerns about coherence (some concerns about the fit	Minor concerns about adequacy (six studies that together offered	Minor concerns about relevance (studies of lay health worker programmes	Moderate confidence



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

The GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) approach has been developed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group. The a...

Simon Lewin, Meghan Bohren, Arash Rashidian, Heather Munthe-Kaas, Claire Glenton, Christopher J. Colvin, Ruth Garside, Jane Noyes, Andrew Booth, Özge Tunçalp, Megan Wainwright, Signe Flottorp, Joseph D. Tucker and Benedicte Carlsen

Implementation Science 2018 13(Suppl 1):10

Published on: 25 January 2018

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Method

Applying GRADE-CERQual to qualitative evidence synthesis findings—paper 3: how to assess methodological limitations

The GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) approach has been developed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group. The a...

Heather Munthe-Kaas, Meghan A. Bohren, Claire Glenton, Simon Lewin, Jane Noyes, Özge Tunçalp, Andrew Booth, Ruth Garside, Christopher J. Colvin, Megan Wainwright, Arash Rashidian, Signe Flottorp and Benedicte Carlsen

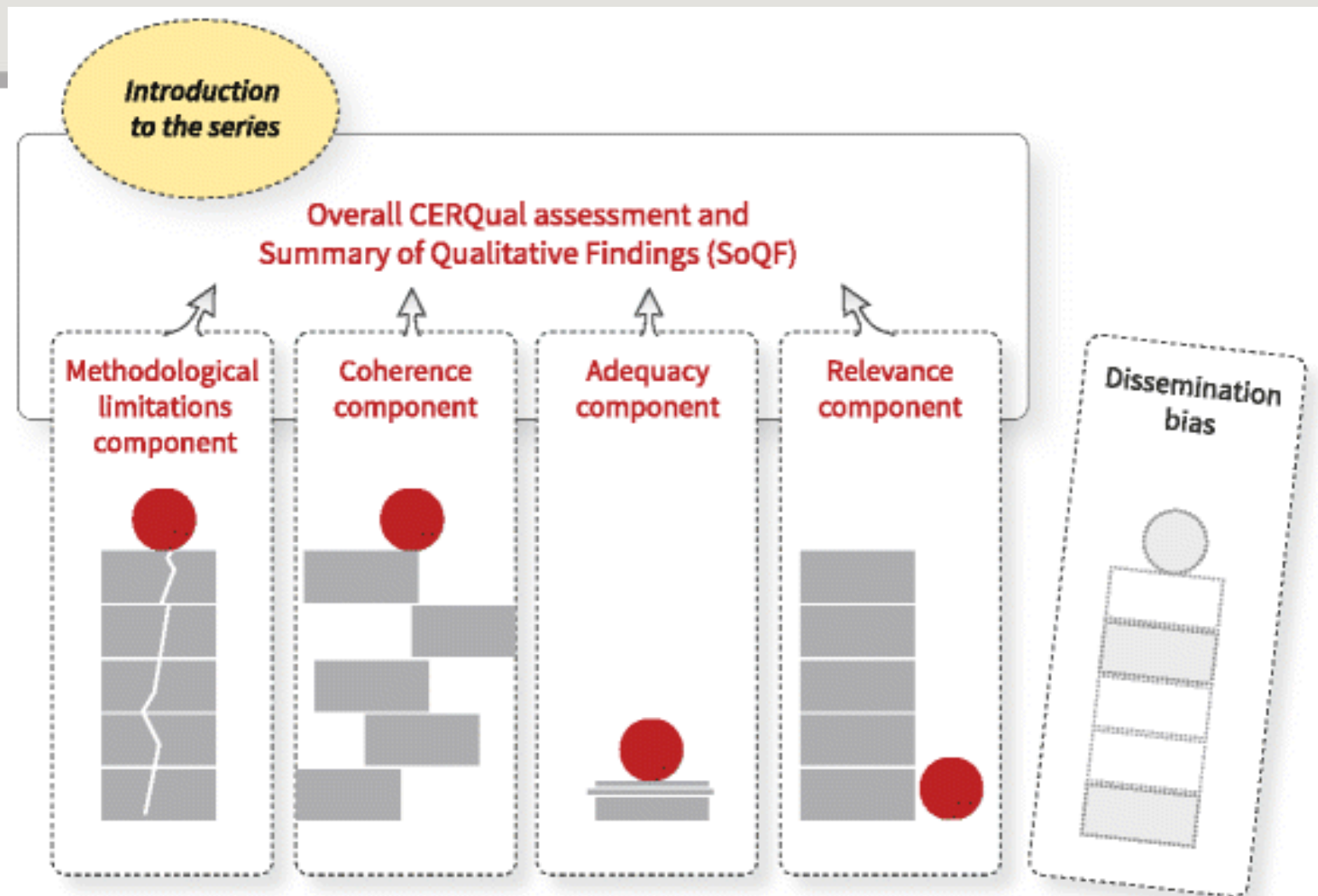
Implementation Science 2018 13(Suppl 1):9

Published on: 25 January 2018

[> Full Text](#) [> PDF](#)

Method

Applying GRADE-CERQual to qualitative evidence synthesis findings—paper 4: how to assess coherence





Critical Appraisal Skills Programme (CASP)

Making sense of evidence

HOME

CRITICAL APPRAISAL

WORKSHOPS

CASP TOOLS & CHECKLISTS

ABOUT CASP

MORE

CASP CHECKLISTS

This set of eight critical appraisal tools are designed to be used when reading research, these include tools for Systematic Reviews, Randomised Controlled Trials, Cohort Studies, Case Control Studies, Economic Evaluations, Diagnostic Studies, Qualitative studies and Clinical Prediction Rule.

These are free to download and can be used by anyone under the [Creative Commons License](#).

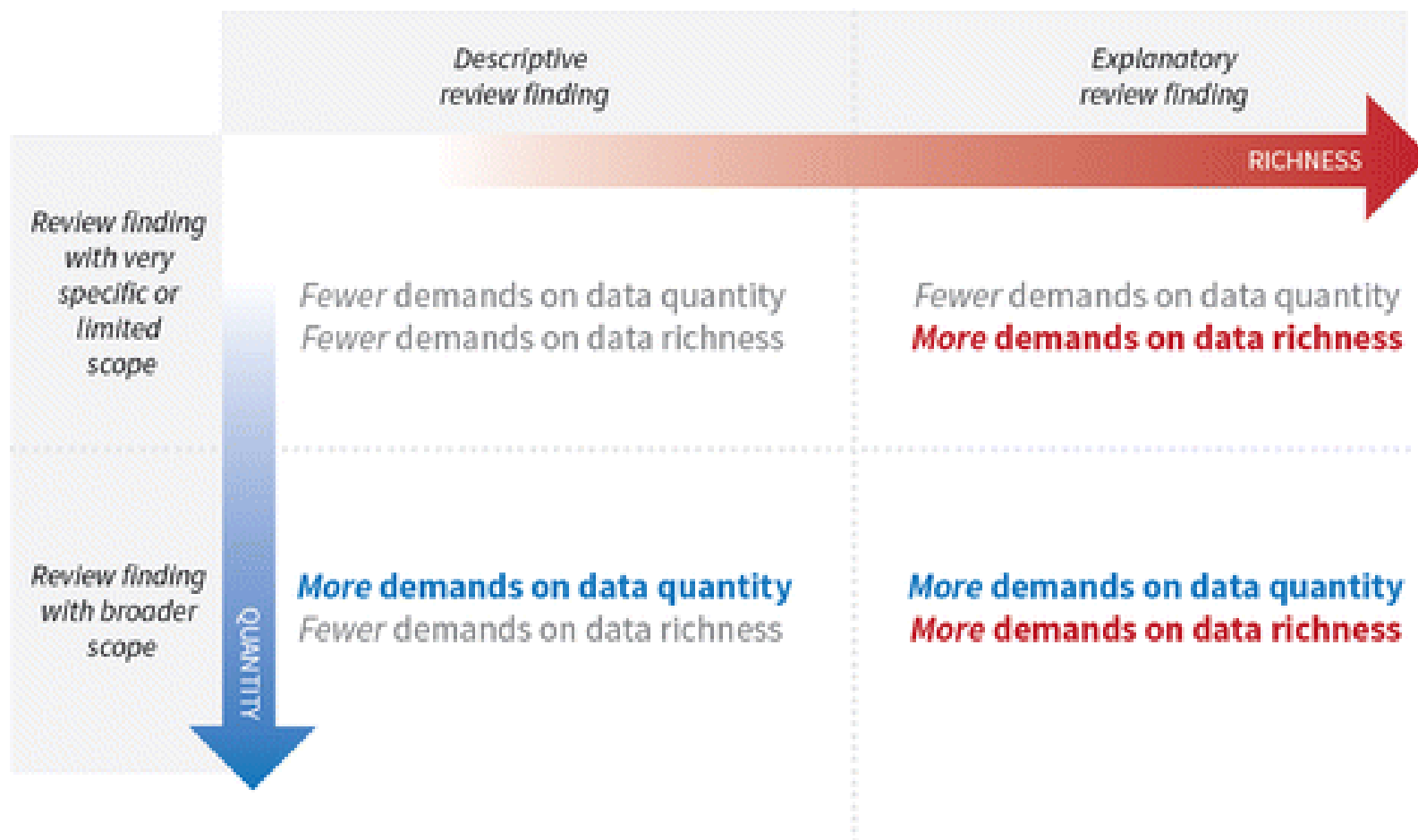
CASP Checklists (click to download)



CASP Systematic Review Checklist	CASP Qualitative Checklist
CASP Randomised Controlled Trial	CASP Case Control Checklist



Adequacy : quantité et saturation





Qui fait de la méthodologie qualitative



Trusted evidence.
Informed decisions.
Better health.

- Resources
- Training Resources
- Contacting convenors
- Group Updates
- Methods Groups ▶

Core Library of Qualitative Synthesis Methodology

- ◆ Supplemental Handbook Guidance
- ◆ Methodology Register
- ◆ Core Library of Qualitative Synthesis
- ◆ Meetings and Minutes
- ◆ Registering Titles and Developing Protocols
- ◆ History, core and elective functions

The following items represent key methodology resources. *NB. No endorsement of individual methods is implied by inclusion in this list. See Supplemental Handbook Guidance.*

Barnett-Page E, Thomas J. **Methods for the synthesis of qualitative research: a critical review.** *BMC Med Res Methodol.* 2009 Aug 11;9:59.

Benoot C., Hannes K., Bilsen J. (2016). **The use of purposeful sampling in a qualitative evidence synthesis: A worked example on sexual adjustment to a cancer trajectory.** *BMC Medical Research Methodology*, 16 (21), 1-12.





Qualitative Research Methods in Health Care

Programme

Registration

Before you come

You are here: [UAntwerp](#) > [Summer Schools](#) > Qualitative Research in Health Care

Qualitative Research Methods in Health Care: a basic course

QUALUA (Qualitative Research in Health Care) of the University of Antwerp organises the 23rd edition of the Summer School on Qualitative Research Methods in Health Care.

This basic course teaches the participants in five days how to start from a research question, conducting a qualitative research and progress to writing a scientific paper in qualitative research.

This international summer school takes place from 27 to 31 August 2018 at the University of Antwerp, city campus.

All info in a nutshell



Past Summer Schools



Programme

Registration



GROUPE UNIVERSITAIRE DE RECHERCHE QUALITATIVE MÉDICALE FRANCOPHONE

Recherche

Coordonnées

GROUMF

3 rue Parmentier
93100 MONTREUIL

Intranet

Identifiant

Mot de
passe

Le GROUM.F

Le GROUM.F est une association indépendante, créée en 2007 pour promouvoir la recherche qualitative en soins primaires. Il regroupe actuellement une cinquantaine de médecins généralistes, enseignants-chercheurs et chercheurs en sciences humaines et sociales.

Pour adhérer, c'est [par ici](#) !

Des séminaires d'initiation à la recherche qualitative sont proposés régulièrement par le CNGE.

Chaque année, le GROUM.F organise ses Journées annuelles de formation.

Les prochaines Journées du GROUM.F auront lieu à l'Île de la Réunion les 18 et 19 mai 2018.

> Journées du GROUMF

Les Journées du GROUM.F

Les 11^e Journées se tiendront les 18 et 19 mai 2018 à la Réunion, au Lux* Hôtel à Saline les Bains.

[en lire plus](#) ▶

> Les autres dates

Les autres dates importantes

Vous trouverez ici les principaux événements en lien avec la recherche qualitative.

[en lire plus](#) ▶



A retenir

- La qualitatif permet d'évaluer les dimensions extra-physiologiques de l'efficacité d'une intervention : facilitateurs/obstacles
-
- Ré-équilibrer quantitatif et qualitatif : impact !
-
- Le qualitatif n'est pas facilement généralisable
-
- Le qualitatif demande moins de moyens financiers
- Le qualitatif vient des sciences sociales
- Le qualitatif est basé sur l'analyse du discours