# Chapter 20. How to report a protocol and a review

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To cite this chapter, please use:

Noyes J, Flemming K, Booth A, France E, Bianchim MS. Chapter 20. How to report a protocol and a review. Draft version (June 2025) for inclusion in: Noyes J, Harden A, editor(s). *Cochrane-Campbell Handbook for Qualitative Evidence Synthesis*, Version 1. London: Cochrane

**Key points:**

- The use of reporting guidelines raises the standards of review conduct as well as reporting.
- There are common reporting standards across review types and methods specific reporting requirements for Qualitative Evidence Syntheses (QES).
- Cochrane has developed a template and guidance for reporting QES protocols and reviews. This draws on current reporting guidelines and is part of Cochrane's web-based software for managing systematic reviews (Review Manager, also known as RevMan).
- QES reporting guidelines consist of generic tools (for any type of QES), methodology specific ones (e.g. for meta-ethnography), and method/process specific ones (such as for reporting searches).
- Ongoing development of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extensions such as PRISMA-QES reflects novel methodological advances in the field.

## 20.1 Introduction

The focus of this chapter is on reporting protocols and reviews for publication in the Cochrane and Campbell Collaboration Libraries. Cochrane and Campbell reviews play a vital role in decision-making globally via their inclusion in guidelines and consensus statements and therefore the required benchmark that they set for reporting quality is

high. Cochrane and Campbell market their reviews as trusted evidence. Trust is built from several key features such as rigorous methods development and application, robust review conduct, strict conflict of interest policies, strong editorial policies and clear transparent reporting using standardised templates and guidelines. The general guidance outlined in the chapter can also be applied beyond Cochrane and Campbell QESs.

Methodological quality and reporting quality are two distinct types of quality that contribute to the determination of trust in the evidence. Methodological quality refers to the suitability and fit of the methods selected and how well the QES was conducted. Reporting quality refers to how well the QES was reported. It is possible to have a well reported QES that raises concerns about methodological quality and conduct. Decision-makers require a methodologically rigorous, well conducted AND well reported review to inform decision-making.

Templates and guidelines for reporting systematic review protocols and reports help to standardise the quality of what is reported. Their development arose from the acknowledgment of the problems that can arise through inadequate reporting including lack of transparency, clarity, and completeness of the protocol and review, which sit alongside the ethical and moral consequences of inadequate reporting of research (Altman et al 2008; Schultz et al 2010).

Cochrane has endorsed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al 2020) and PRISMA extensions as meeting the reporting requirements of Cochrane reviews. PRISMA reporting statements have been incorporated into Cochrane's web-based software used to manage systematic reviews, Review Manager (RevMan) in the form of templates and guidance for reporting different types of systematic reviews. The Cochrane Qualitative and Implementation Methods Group (CQIMG) have developed the template and guidance for a QES (known in RevMan as the 'Qualitative Review' template). The template is interim as the CQIMG are leading the development of an evidence-based PRISMA extension for QES (PRISMA-QES) following the award of funding from the United Kingdom Medical Research Council Better Methods Better Research scheme to further support high quality reporting.

Monitoring of reporting quality of QESs in the Cochrane library in 2023 showed that reporting has improved over time as new reporting guidance became available and editorial processes and sign-off procedures further evolved to consistently include peer reviewers (see chapter 21) and editors with high level of QES experience. Although the most recently published QESs were generally well reported, some examples were identified where reporting could be further developed (Giltenane et al 2025). For example, some QESs did not include a full report of the method-specific synthesis findings before reporting summarised findings that had been assessed with GRADE CERQual to determine the confidence level (see also Chapter 13). Some QES reports were also lacking an equity, diversity and inclusion lens with little attention given to reporting different perspectives aligned with participant characteristics (such as sex, age, ethnicity), contexts (such as

high, middle-, low income countries), or subgroup analyses (such as women's perspectives and men's perspectives). This deficiency may stem from a lack of the required level of contextual detail within the primary studies (see chapter 6) or because the review authors failed to take account of, or to report, equity considerations and findings in their QES.

The interim RevMan template and guidance for reporting QES protocols and reviews noted above has been designed to further standardise reporting quality for Cochrane and Campbell QESs. In addition, most chapters in this handbook include guidance on reporting specific methods and should be consulted in conjunction with this chapter. For example, Chapter 6 provides the first customised version of a PRISMA flow diagram for QES.

Review authors should also refer to the Conflict of Interest, Integrity, use of Artificial Intelligence, Authorship and Rejection policies on the respective Cochrane and Campbell Collaboration websites. In addition to the full report of the review, it is also worth noting that QES or mixed-methods reviews can be produced in several different formats for dissemination to different audiences, such as clinical summaries, podcasts, webinars, visual abstracts and plain language versions. Additional guidance for disseminating findings to different audiences is available on the Cochrane and Campbell websites.

The chapter signposts review authors to the software, templates and guidance available to report their QES protocol and review. Suggestions are made as to how to report mixed-methods reviews, including Realist and Meta-narrative reviews, using current templates. Initial guidance is also offered for reporting some of the newer evolving approaches to QES, including updating QESs, living QESs and overviews of QESs. The chapter offers a steer as to what a well reported QES using currently available reporting guidelines looks like. The chapter completes by outlining review author reflexivity, consumer and involvement, and equity, diversity and inclusion considerations concerning reporting conduct and practice.

### 20.2 Cochrane RevMan template for QES

ReviewManager (RevMan) is Cochrane's bespoke software for managing and reporting Cochrane and Campbell reviews in a standardised way. RevMan is also available for reporting non-Cochrane and Campbell reviews. Further information and training videos can be found on the Cochrane Training website. RevMan has been designed to integrate with other systematic review software and new features and updates are added regularly. See sections 20.2.2-4 on other software that integrates with RevMan.

RevMan templates and guidance include all the mandatory and optional headings and subheadings tailored for each review type. Each template also includes headings for the abstract and plain language summary. Accompanying guidance provides review authors with links to additional resources and cites the corresponding handbook chapters and reporting guidance for the review type.

Development of the interim QES template and guidance in RevMan (named the 'Qualitative review' template) was informed by Cochrane's desire to standardise key reporting domains across review types and by current published guidance for reporting QES protocols and reviews. Of note, it was not possible to individualise all standardised headings specifically for a QES. For example, all Cochrane RevMan templates have a main 'Results' heading, whereas it is more usual and methodologically coherent to refer to 'findings' when reporting a QES. The Qualitative review template does have some flexibility so that review authors can add additional subheadings in addition to the mandatory and optional headings.

To support evidence-based development of an interim version prior to the availability of PRISMA-QES, convenors of the CQIMG mapped all reporting statements from all relevant reporting guidelines covering QES. They first determined which PRISMA 2020 statements could be used without adaption, which needed adaptation and those statements that did not apply to a QES using a green, amber, red traffic light system (Page et al., 2020). Those statements not needing adaptation were transferred to the guidance. Those needing minor adaptation were adapted and transferred to the guidance with a note to indicate that they were adapted. Where gaps were identified in key QES reporting requirements not covered by current or adapted PRISMA statements, these were supplemented with statements from Enhancing Transparency in Reporting the synthesis of Qualitative research (ENTREQ), Meta-Ethnography Reporting Guidelines (eMERGe) and the Effective Practice and Organisation of Care (EPOC) template (Tong et al 2012, France et al 2019, Glenton et al 2021). In many instances, similar reporting statements featured in ENTREQ, eMERGe and the EPOC template so the clearest and most concise version was selected and transferred to the guidance. Where gaps remained in reporting statements, a narrative steer was provided. In addition, the RevMan template and guidance for QES draws on other relevant reporting guidance such as STARLITE mnemonic (sampling strategy, type of study, approaches, range of years, limits, inclusion and exclusions, terms used, electronic sources) for reporting search strategies (Booth 2006), Guidance for Reporting Involvement of Patients and the Public (Version 2) (GRIPP2) and the ACTIVE (Application of Categories of Types of Involvement, Values, Examples) framework for reporting patient and public involvement (Staniszewska et al 2017; Pollock et al 2019) and PRISMA extensions for reporting equity (Welch et al. 2016). For each heading and subheading, review authors are also signposted to relevant chapters in this handbook where further guidance on methods and reporting can be found. Once PRISMA-QES becomes available, the Cochrane RevMan template and guidance for QES will be further updated.

The RevMan reporting templates and guidance are web-based and free to access for anyone with a Cochrane account. Cochrane and Campbell review authors can log in to the RevMan Knowledge Base to view the dashboard, select the appropriate template for their review type, download a practice template and guidance, and edit their reviews online. Once downloaded, review authors will see that the RevMan template for QES

(named 'Qualitative review' template) provides mandatory and optional headings and subheadings under which review authors can populate their own text. To avoid duplicative text with high similarity to other published reviews, review authors are encouraged to report their protocols and reviews using their own words. If needed, review authors can add additional subheadings when populating each section with text. Headings and subheadings can be populated with text relating to any QES protocol or review type using the reporting statements adapted or taken from current reporting guidelines.

## 20.3 Reporting a QES or a mixed methods review with a QES component

### *20.3.1 Reporting a protocol*

Cochrane and Campbell require the publication of a protocol as a prerequisite to undertaking a review. Preparing, reporting and publishing a protocol is a marker of best practice that ensures the protocol is retrievable, that its methods are transparent and that helps to reduce research waste. It is also possible to register the protocol in the International Prospective Register of Systematic Reviews (PROSPERO). PROSPERO will register systematic reviews undertaken in health and social care, welfare, public health, education, crime, justice, and international development, where the review has a health-related outcome or phenomenon of interest.

The purpose of the protocol is to outline the importance of the topic, explain why a qualitative or mixed-method evidence synthesis is appropriate, and coherently illustrate the relationship between the review question, design and methods (Harris et al 2018).

Cochrane RevMan QES template headings and subheadings in the methods section form the protocol and are written in future tense. The accompanying guidance outlines what to report in each section alongside the relevant reporting statements from existing guidelines. It is worth noting that QES protocols are not always determined entirely a priori and often do not share the linearity of protocols for intervention effect reviews. In general, protocols for QES tend to be iterative and a guide rather than a prescriptive route map, particularly when the review questions are exploratory and open ended (Harris et al 2018). The iterative nature of protocol development requires a flexible approach because it is not always possible to report the precise methods until the QES completes specific stages (see Table 20.1). Key principles require that authors should ensure that their reporting is transparent and that they make clear what potential choices they face regarding selection of methods and at what point, during the conduct of the review, they will make these decisions. Whilst building in flexibility for methods selection and iteration, the protocol should still aim for transparency (Harris et al 2018). This transparency can be maintained by committing to a statement that deviations from the original specification will be documented and justified in the review report.

**Table 20.1 - Emergent stages of the protocol that require methodological flexibility.**

| Protocol stage | Reporting consideration | Protocol solutions |
|---|---|---|
| Development of scope and formulation of questions | The initial scope of a QES can be widened or narrowed depending on the amount of available evidence.<br>A QES question can serve as an anchor or a compass (see Chapter 2). It is not uncommon to develop subsequent review questions (especially if the QES is integrated with an intervention effect review) | Set out the initial scope and questions, and update the protocol iteratively if things change |
| Selection of studies for inclusion | It is usually not possible to state with certainty if a comprehensive or purposive sampling strategy will be used as the type and number of studies meeting the inclusion criteria is not known at protocol stage. | Report different flexible options for each scenario |
| Selection of method of synthesis | The synthesis method is commonly selected when the type and number of eligible studies are known and in combination with decisions about whether to comprehensively or purposively sample. | |
| Selection of method of quantitative and qualitative data integration (if integrating the QES with an intervention effect review) | It can be helpful to know the results of the intervention effect review and the findings from the QES before selecting a method of quantitative and qualitative data integration. | |

*20.3.2 Reporting the review*

The review report is written in the past tense using the relevant headings and subheadings in the Cochrane RevMan template for QES, with additional details presented in figures, tables, illustrations, diagrams, supplemental files and appendices. This process entails going back and rewriting the protocol sections in the past tense and acknowledging any changes or additions that have been made and then incorporated within relevant sections of the RevMan Qualitative review template. The accompanying RevMan template

guidance outlines what to report in each section drawing on the relevant reporting statements from current guidelines.

The full findings of the synthesis are generally the most detailed version of the synthesis product. Cochrane and Campbell review authors are afforded a generous word count which means that they are able to provide more detail than typically found in a journal article. Most importantly, the findings of the full synthesis should align with the method of synthesis used. For example, if reporting a Best Fit Framework Synthesis, authors should include the updated and finalised Best Fit Framework (see chapter 9).

If review authors are reporting a specific method such as meta-ethnography (chapter 11), the Qualitative review template and guidance directs authors to follow the eMERGe statements and guidance. Similarly, if review authors are reporting a QES method such as thematic synthesis (chapter 10), review authors are directed towards ENTREQ statements.

Whatever the method of synthesis used, QES findings are commonly presented as themes, a thematic framework, or as a new theory evidenced by verbatim data extractions from participant and/or researcher interpretations from the studies contributing to the full review finding. Visual methods and products (chapter 12) can help to support the presentation of findings.

*20.3.3 Reporting mixed-methods reviews with a QES component*

Where an intervention review and a QES are outlined in a single protocol the current Cochrane convention is to use the RevMan template and guidance for intervention reviews to report the intervention review, and to use the Qualiative review template to report the QES (see chapter 14). The QES template includes additional optional domains for reporting the integrated synthesis of quantitative results and qualitative findings. A few review authors have been able to report their mixed-methods reviews developed using a single protocol and reported using the RevMan intervention template by adding additional subheadings. For example, Harris et al 2019 reported an intervention review and Qualitative Comparative Analysis (see chapter 18) using the intervention template alone. Vasudevan et al 2021 reported their mixed-methods review using the intervention template and by subdividing their text to report their review using the primary and secondary questions as a framework. O'Cathain et al (2008) devised the Good Reporting of Mixed-Method Studies checklist that can be used in addition to PRISMA and the RevMan template for QES when reporting a mixed-methods synthesis (see Table 10.2).

**Table 10.2 – Checklist for reporting a mixed-methods synthesis (Reproduced from O'Cathainet al 2008).** Permission to use required.

| Guideline | Section: page |
|---|---|
| Describe the justification for using a mixed-methods approach to the research question | |
| Describe the design in terms of the purpose, priority and sequence of methods | |
| Describe each method in terms of sampling, data collection and analysis | |
| Describe where integration has occurred, how it has occurred and who has participated in it | |
| Describe any limitation of one method associated with the present of the other method | |
| Describe any insights gained from mixing or integrating methods | |

The following items, adapted from Jimenez et al (2018) and which map onto the respective Cochrane RevMan templates for intervention reviews and QES, should be reported in mixed-methods reviews:

● The rationale for integrating mixed-methods acknowledging any limitations of qualitative and quantitative approaches in addressing the review question(s) and/or study objective(s)

● A theory of change and/or or logic model articulating the intervention components and outcomes, and underlying assumptions, contexts and organisations/people with a key interest (consumers) (chapters 3 and 4)

● Study search flow diagrams indicating how quantitative evidence and qualitative evidence eligible for inclusion have been sourced. These may require two separate study search flow diagrams if the qualitative searches have been conducted separately from the quantitative searches (chapter 6)

● Assessment of each included quantitative and qualitative study for risk of bias or methodological limitations, assessed using appropriate tools for quantitative and qualitative evidence (chapter 7)

● Separate reporting of results of quantitative and qualitative synthesis, followed by, where possible, an integrated synthesis drawing on the theory of change or other method of data integration and presentation

● Transparent reporting of the approach used to draw conclusions (especially implications for policy and practice) from the results and findings (chapter 14) – including summary of findings tables drawing on GRADE and GRADE-CERQual assessments (chapter 13)

Visual representation of findings can also enhance this type of review (Chapter 12). For example, Husk and colleagues (2013) produced an infographic to show the proposed links between conservation activities and health outcomes in their mixed-methods Cochrane review (Fig 20.1).

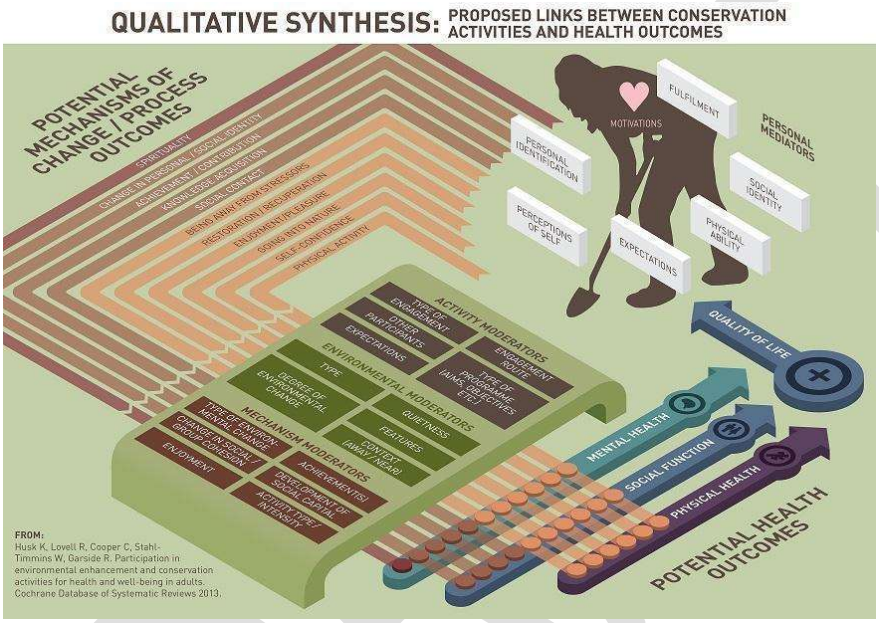


*Figure 20.1. Visual representation of findings from a QES linked with an intervention effect review.* Permission to use required.

### 20.4 Reporting realist, meta-narrative and intervention implementation reviews

The RevMan guidance for QES does not currently include guidance on reporting mixed-methods review types such as Realist (Chapter 16), Meta-narrative reviews (Chapter 19) or intervention implementation reviews (Chapter 17). Specific reporting guidance for realist and meta-narrative reviews (Wong et al 2013a; Wong et al 2013b) can be used to populate the headings and subheadings of the ReVMan template for QES.

This following section on intervention implementation reviews is reproduced from Flemming et al 2018. See also chapter 17. No standard guidance for reporting intervention implementation in systematic reviews currently exists. In some circumstances, review authors will need to consult more than one reporting guideline supplemented with an implementation checklist or index, preferably as early as the protocol design stage. It is

worth noting that whilst PRISMA is the principal guideline used to report systematic reviews of quantitative studies, none of its items specifies either the nature of the interventions or their implementation. An extension developed to the PRISMA statement for complex interventions (PRISMA-CI), similarly does not address qualitative methods.

It is therefore recommended that review authors consider using current implementation

checklists and indexes to identify relevant implementation constructs when extracting, synthesising, and reporting in their review. ‘‘Process evaluation’’ or ‘‘implementation assessment’’ subheadings in systematic reviews can help highlight procedures and/or measures used to extract and synthesise evidence on implementation. Use of such

headings may help end users to interpret and apply findings from a QES on implementation (Flemming 2018)

## 20.5 Reporting updates, overviews and living of QES reviews

*20.5.1 QES updates*

See also Chapter 15 on conducting time-sensitive reviews. Updating QES is an emerging field; the sparse guidance on how to update a QES focuses mainly on meta-ethnography (France et al 2016, Rodríguez-Prat et al 2017, Germeni et al 2021). Currently, there is no specific reporting guidance for a QES update. However, review authors can use the Cochrane RevMan Qualitative review template to inform reporting of a QES update since it requires review authors to transparently describe their aim; synthesis methodology; literature search strategy and approaches; primary study screening, selection and assessment of methodological limitations; how the data coding, extraction and analysis were conducted and by whom; and present a synthesis output that does more than summarise the primary studies. It is also important to report any deviations from or changes to the original QES methods and methodology. For instance, the methodology for the update may differ from the original, as in the case of a National Institute for Health and Care Excellence (NICE) guideline group who updated a meta-ethnography on medication adherence (National Collaborating Centre for Primary Care, 2009; France et al 2016). The NICE guideline described their update of a meta-ethnography by Pound et al (2005) as ‘*a narrative review which discusses the studies found in the update particularly where the findings add to the existing synthesis*’ (p164). The update compared how well the findings of new relevant studies fitted with the findings of the meta-ethnography looking for similarities, differences or new findings. In addition, the search strategy may be amended to reflect, for example, a revised review question, changes in the availability or index terms of databases, or a new study context to be included (such as a different country or healthcare setting), and so on. For instance, Booth et al (2019) updated a prior QES by conducting two individual syntheses, each focused on a country that was not included in the original; deviations from the original methods were reported fully.

Many of the eMERGe reporting guidance criteria also apply when updating a meta-ethnography (France, Cunningham et al 2019), indeed eMERGe incorporated the guidance

on updating meta-ethnographies available at the time (France et al 2016). One of the eMERGe reporting criteria (criterion 1) specifically refers to updates and recommends that review authors specify reasons for updating the meta-ethnography. The remaining criteria do not specifically refer to reporting an updated meta-ethnography but can be used for this purpose. For instance, for an initial or updated meta-ethnography, the guidance suggests that reporting should include:

- any changes to the review question
- the methods for the literature search strategy and processes, for selecting primary studies, for assessing methodological limitations in included studies, for reading and data extraction, for determining how included studies are related, and for conducting the analytic synthesis (the translation and synthesis)
- the outcomes of study selection and of the analytic synthesis (the translation and synthesis)
- a summary of findings
- the strengths, limitations, and reflexivity
- and recommendations and conclusions.

As with other QES updates, review authors should report any changes to the methods compared to the original meta-ethnography. Review authors updating a meta-ethnography should describe their specific choice of methods for updating the analytic synthesis, given competing possibilities (see Chapter 11 on conducting a meta-ethnography). They should also specify whether the review team was the same or different from the original team since this might influence the synthesis output (France et al 2016, Rodríguez-Prat et al 2017, Germeni et al 2021).

*20.5.2 Overviews of QES*

See also chapter 15. Specific reporting guidance does not yet exist for overviews of QES. While there is a stand-alone reporting guideline for Overviews of Reviews ('Preferred Reporting Items for Overviews of Reviews' (PRIOR), it is designed for reviews of intervention effect and not QES. As a consequence only a few reporting items apply to QES (Pollock et al 2019).

Implications for QES overviews include the need to report transparently the characteristics of the sample of included reviews, particularly their methodological limitations. Eligibility criteria and review selection principles are particularly poorly reported in overviews (Li et al 2012). Extending the use of extracted data reported in included reviews to a further level of abstraction in an overview of QES remains to be resolved.

*20.5.3 Living QES*

See also chapter 15. Reporting practices for living QES are in development. In principle, living QES should adhere to all the elements required when reporting conventional QESs, as detailed in the Cochrane RevMan template for QES. However, protocols and final reports for living QES should also reflect the distinctive methodology associated with a living approach. For example, the rationale for choosing a living approach over a conventional QES approach should be clearly outlined (Khamis et al 2019). Further requirements include a clear description of how frequently updates are planned, the editorial and peer review process, and how the transition from a conventional to a living QES was managed, where applicable (Khamis et al 2019). In particular, time-critical features should be reviewed each time the review is updated, including the review version, the date of last searches and any current awareness sources used for systematic updating. Authors should recognise that the most recent version of a "living QES" will be viewed as a *de facto* current state of the field so gaps in reporting may be misconstrued as an absence of new evidence.

**20.6 What does a well reported QES look like?**

Reporting quality can in part be assessed by the extent the QES report aligns with current QES reporting guidelines. The challenge is that reporting guidelines evolve over time and current reporting guidelines do not consistently incorporate all novel developments within their guidance. Recent examples relate to the inclusion of patient and public involvement and use of Artificial Intelligence in the conduct and reporting of QESs. Consequently, Giltenane et al 2025 created a composite framework including ENTREQ, eMERGe and the EPOC template statements and assessed the reporting quality of QESs published in the Cochrane Library up until 2023. Cooper et al 2021, Engel et al 2022, Glenton et al 2021, Odentaal et al 2020, Yoshino et al 2023, Houghton et al 2020 and Karimi-Shahanjarini 2019 were all assessed as demonstrating good reporting quality and detailed descriptions mapped against composite reporting statements. Many QESs that predated the publication of recent reporting guidelines fared less well, thereby indicating that reporting templates and guidelines have a key role to play in further improving reporting quality.

Several reporting innovations postdate current guidelines or represent a novel feature of Cochrane reviews. One particular reporting innovation is the inclusion of a set of questions based on the QES findings; this feature developed by Glenton and colleagues is used in the implications for practice section of several Cochrane QESs and is particularly valued by decision-makers. For example, in their recent review of healthcare workers' informal uses of mobile phones and other mobile devices to support their work, Glenton et al 2024 reported a set of questions that aimed to help national, regional and local decision makers think about how to address healthcare workers' personal mobile phone use. The questions were based on the findings of their QES and considered the problems and advantages of personal phone use.

Similarly, France et al (2023) in their meta-ethnography of how children and young people with chronic non-cancer pain and their families experience and understand their condition, pain services, and treatments, reported a table of practical considerations and actions for service providers derived from their findings. This meta-ethnography also provides a good example of the use of visual images to support the presentation of findings (Silveira Bianchim et al 2024).

Looking forward, what a well reported QES looks like will further evolve as systematic review methods and process advance, use of Artificial Intelligence becomes more common, and new reporting guidelines such as PRISMA-QES become available.

## 20.7 Role of other systematic review software in reporting a QES

### *20.7.1 Covidence*

Covidence is software that complements RevMan in the process of Cochrane review production and publication. Covidence allows review authors to collaborate online with tasks such as uploading and sharing search results, screening and selecting studies and data collection. Cochrane Training provides guidance on using Covidence and moving data from Covidence to RevMan to produce the review report

### *20.7.2 Interactive Summary of Qualitative Findings (iSoQ) tool*

As described in Chapter 13, the iSoQ tool is designed to help review authors produce an Evidence Profile table and a Summary of Qualitative Findings table which can be printed and exported to Word or PDF and can be copied and pasted into other systematic review programmes such as RevMan for QES, GRADEpro GDT, or MAGICapp. The iSoQ table can also be published to the iSoQ database, providing the users of qualitative evidence with easy access to review findings and respective confidence assessments. By making iSoQ tables fully public on the iSoQ database, users can access the 'GRADE-CERQual Assessment Worksheets' and interact with the Evidence Profile to understand how confidence assessments were reached.

### *20.7.3 EPPI-Reviewer*

EPPI-Reviewer, developed by the EPPI-Centre at University College London in the UK, is a recommended web-based tool for Cochrane and Campbell authors to support the development of systematic reviews from study screening through data collection, analysis and synthesis. It supports authors and editors in writing all types of reviews, particularly in complex areas including meta-analysis, framework synthesis (Chapter 9), and thematic synthesis (chapter 10). EPPI-Reviewer is free to use for Cochrane and Campbell authors, who can log in using their Cochrane Account via the links to EPPI Reviewer and the EPPI Reviewer support website on the Cochrane Training website.

## 20.8 Reflexivity

Review authors should make transparent any influences or biases relating to the review team that may impact on reporting the review. This should be undertaken as part of a continuous and collaborative effort to appraise how subjectivity may have affected decision-making and reporting practices. Reporting of reflexivity should transparently address how the review authors' personal, interpersonal, methodological and contextual factors might influence review reporting. Reporting should focus on the reflexivity issues that were potentially the most influential throughout the review process. Flemming and Noyes (2021) outlined issues to be documented in relation to author reflexivity in the protocol and ultimately in the completed QES (see Box 20.1). Authors should also consult the Cochrane Conflict of Interest Policy and declare any conflicts before the protocol and review is published.

**Box 20.1 – Considerations of review author reflexivity and review integrity within the protocol** and review (adapted from

Flemming and Noyes 2021)

- The identity and role of the funder and whether they had any involvement in conducting the review and, in particular, whether they had any influence on developing or editing the findings.
- The composition of the review team and any relevant positions or beliefs held concerning the review question and phenomenon of interest that could influence the way that the evidence was interpreted
- Conflicts of interest, including financial and non-financial (e.g. relationships with key people who could potentially exert influence on the development of findings).
- Team governance procedures and processes to maintain internal validity (for example, when selecting studies, conducting assessments of methodological strengths and limitations of primary studies, data extraction and coding, undertaking the synthesis, developing and finalising the findings and developing new theory)
- Procedures for processing evidence when one of the review authors is also an author of a primary qualitative study of interest (ie that authors should not process their own studies)
- Ways of working and engaging with key people and organisations with an interest in the review (consumers) to ensure that no undue influence occurs

### 20.9 Consumer involvement

It is important to work with patient and public contributors and other key groups (e.g. policymakers, practitioners, researchers) to develop the protocol to ensure that the proposed QES is relevant and meaningful to end users (see Chapter 1). The engagement and involvement of patients, the public and other key groups in the development of the protocol and any planned involvement in the full review should be reported in the protocol.

A checklist of items to consider when reporting consumer involvement entitled Guidance for Reporting Involvement of Patients and the Public 2 (GRIPP2) has been developed by Staniszewska et al (2017). The ACTIVE framework (Pollock et al 2019) can also be used to describe and report how and when patients, members of the public and other groups were involved. Finally, it is important to evaluate and report the impact of public involvement. Impact can be measured with the Public Involvement in Research Impact Toolkit (PIRIT) tool, and it should be reported using the GRIPP2 checklist.

### 20.10 Equity, diversity and inclusion

Two main equity considerations apply when reporting a QES; first, that the review team demonstrates a concern for equity, diversity and inclusion (EDI) in how they present the QES and its findings and second, that the way that the QES is presented allows the reader to identify for themselves any equity, diversity and inclusion concerns in relation to the topic. Each of these are addressed in turn:

a) The review team demonstrates a concern for equity, diversity and inclusion in how they present the QES

The *PRISMA-Equity 2012 Extension: Reporting Guidelines for Systematic Reviews with a Focus on Health Equity* (Welch et al 2015) responds to an identified need for reporting guidance for equity-focused reviews. Specific methodological issues when reporting on systematic reviews with a major focus on equity, include how populations who are the focus of the review are defined, how equity is incorporated into syntheses, and how to report on the applicability of review findings to specific populations or settings who may experience disadvantage, be marginalised, or minoritised. These issues are likely to apply at least equally, if not more so, to a QES because of the context-sensitivity of many findings. However, most QESs carry equity considerations irrespective of whether or not their review question incorporates a specific focus on equity.

b) Ensuring that the way that the QES is presented allows the reader to identify for themselves any EDI considerations in relation to the topic

The presentation of the QES may include enabling the reader to attribute specific findings (for example, from an illustrative verbatim extract) to a particular population or identify for themselves EDI implications. For example, findings on opportunities for exercise for an adolescent population may need to recognise factors such as the lack of recreational spaces, the shortage of equipment, and the threat to personal safety associated with specific neighbourhoods. A focus on health equity may uncover qualitative findings in relation to intervention-generated inequalities, lack of evidence and the need for further research for specific populations, or greater absolute impact for the poorest due to the intersectionality of many characteristics (e.g. education, income and discrimination) (Welch et al 2012).

Overall, when considering equity in reporting, review teams are encouraged to use an equity framework (which at its simplest level may resemble PROGRESS-Plus - place of

residence, race/ethnicity/culture/language, occupation, gender/sex, religion, education, socioeconomic status, and social capital) to ask how inclusive are the reporting of the review question, review methods and synthesis findings for each of these different populations (O'Neill et al 2014). Similarly, readers of the QES can be encouraged to ask – do these findings apply to the populations of the original focus of the review, populations covered in an equity framework, or are important data missing? Review authors should be transparent as to why they have not been able to report their findings with an equity lens as this perspective is usually a key feature of a QES and decision-makers are keen to understand why inequality and inequity occur.

## 20.11 Chapter information

### Sources of support

Jane Noyes is supported by a Senior Research Leader Award from Health and Care Research Wales. The views expressed in this publication are those of the authors and not necessarily those of Health and Care Research Wales. The authors declare no other sources of support for writing this chapter.

### Declarations of interest

Booth is author of STARLITE - standards for reporting literature searches. France, Booth, Noyes, and Flemming, are co-authors of eMERGe. Flemming is co-author of ENTREQ. Noyes, Flemming, Booth, France, Bianchim, are co-convenors/associate convenors of the Cochrane Qualitative and Implementation Methods Group. France receives one-off payments for invited lectures and workshops on meta-ethnography of no more than a total of £1000 per year. Noyes is a member of the Cochrane Methods Executive and Editorial Board.

### Acknowledgements

This chapter evolved from earlier guidance produced by the Cochrane Qualitative and Implementation Methods Group. Flemming K, Booth A, Hannes K, Cargo M, Noyes J. Cochrane Qualitative and Implementation Methods Group guidance series-paper 6: reporting guidelines for qualitative, implementation, and process evaluation evidence syntheses. J Clin Epidemiol. 2018 May;97:79-85. doi: 10.1016/j.jclinepi.2017.10.022. Epub 2017 Dec 6. PMID: 29222060. With thanks to the editors and peer reviewers for useful comments on earlier drafts of this chapter.

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