Evaluation Tool for Qualitative Studies

Building on work within a project exploring the feasibility of undertaking systematic reviews of research literature on effectiveness and outcomes in social care, a set of evaluation tools have been developed to assist in the critical appraisal of research studies. The qualitative study tool was developed to reflect the uniqueness of the qualitative research paradigm, in particular, its concerns with meaning, context and depth. Particular emphasis lies on the areas of study context and the process of data collection and analysis. The tool has six sub-sections: study evaluative overview; phenomenon studied and context issues; ethics; data collection, analysis and researcher bias; policy and practice implications; and other comments. It provides a template of key questions to assist in the critical appraisal of quantitative research studies.

Review Area	**Key Questions**
(1) STUDY OVERVIEW	
Bibliographic Details	0. Author, title, source (publisher and place of publication), year
Purpose	1. What are the aims of the study? 2. If the paper is part of a wider study, what are its aims?
Key Findings	3. What are the key findings of the study?
Evaluative Summary	4. What are the strengths and weaknesses of the study and theory, policy and practice implications?
(2) STUDY, SETTING, SAMPLE AND ETHICS	
Phenomena under Study	5. What is being studied? 6. Is sufficient detail given of the nature of the phenomena under study?
Context I: Theoretical Framework	7. What theoretical framework guides or informs the study? 8. In what ways is the framework reflected in the way the study was done? 9. How do the authors locate the study within the existing knowledge base?
Context II: Setting	10. Within what geographical and care setting is the study carried out? 11. What is the rationale for choosing this setting? 12. Is the setting appropriate and/or sufficiently specific for examination of the research question? 13. Is sufficient detail given about the setting? 14. Over what time period is the study conducted?
Context III: Sample (events, persons, times and settings)	15. How is the sample (events, persons, times and settings) selected? (For example, theoretically informed, purposive, convenience, chosen to explore contrasts) 16. Is the sample (informants, settings and events) appropriate to the aims of the study? 17. Is the sample appropriate in terms of depth (intensity of data collection - individuals, settings and events) and width across time, settings and events (For example, to capture key persons and events, and to explore the detail of inter-relationships)? 18. What are the key characteristics of the sample (events, persons, times and settings)?
Context IV: Outcomes	19. What outcome criteria are used in the study? 20. Whose perspectives are addressed (professional, service, user, carer)? 21. Is there sufficient breadth (e.g. contrast of two or more perspective) and depth (e.g. insight into a single perspective)?
(3) ETHICS	
Ethics	22. Was Ethical Committee approval obtained? 23. Was informed consent obtained from participants of the study? 24. Have ethical issues been adequately addressed?

(4) DATA COLLECTION, ANALYSIS AND POTENTIAL RESEARCHER BIAS	
Data Collection	25. What data collection methods are used to obtain and record the data? (For example, provide insight into: data collected, appropriateness and availability for independent analysis) 26. Is the information collected with sufficient detail and depth to provide insight into the meaning and perceptions of informants? 27. Is the process of fieldwork adequately described? (For example, account of how the data were elicited; type and range of questions; interview guide; length and timing of observation work; note taking) 28. What role does the researcher adopt within the setting? 29. Is there evidence of reflexivity, that is, providing insight into the relationship between the researcher, setting, data production and analysis?
Data Analysis	30. How were the data analysed? 31. How adequate is the description of the data analysis? (For example, to allow reproduction; steps taken to guard against selectivity) 32. Is adequate evidence provided to support the analysis? (For example, includes original / raw data extracts; evidence of iterative analysis; representative evidence presented; efforts to establish validity - searching for negative evidence, use of multiple sources, data triangulation); reliability / consistency (over researchers, time and settings; checking back with informants over interpretation) 33. Are the findings interpreted within the context of other studies and theory?
Researcher's Potential Bias	34. Are the researcher's own position, assumptions and possible biases outlined? (Indicate how those could affect the study, in particular, the analysis and interpretation of the data)
(5) POLICY AND PRACTICE IMPLICATIONS	
Implications	35. To what setting are the study findings generalisable? (For example, is the setting typical or representative of care settings and in what respects? If the setting is atypical, will this present a stronger or weaker test of the hypothesis?) 36. To what population are the study's findings generalisable? 37. Is the conclusion justified given the conduct of the study (For example, sampling procedure; measures of outcome used and results achieved?) 38. What are the implications for policy? 39. What are the implications for service practice?
(6) OTHER COMMENTS	
Other Comments	40. What were the total number of references used in the study? 41. Are there any other noteworthy features of the study? 42. List other study references
Reviewer	43. Name of reviewer 44. Review date

Source: Long AF, Godfrey M, Randall T, Brettle AJ and Grant MJ (2002) *Developing Evidence Based Social Care Policy and Practice. Part 3: Feasibility of Undertaking Systematic Reviews in Social Care*. Leeds: Nuffield Institute for Health.

See also: Long AF and Godfrey M (2004) An evaluation tool to assess the quality of qualitative research studies**,** *International Journal of Social Research Methodology Theory and Practice*. 7 (2): 181-196.

Note: This tool was developed while the lead author was at the Health Care Practice R&D Unit (HCPRDU) at the University of Salford. It has since been slightly modified.