23% of qualitative health studies remain unpublished after six years

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Non-dissemination in qualitative health research – a retrospective cohort study of conference abstracts

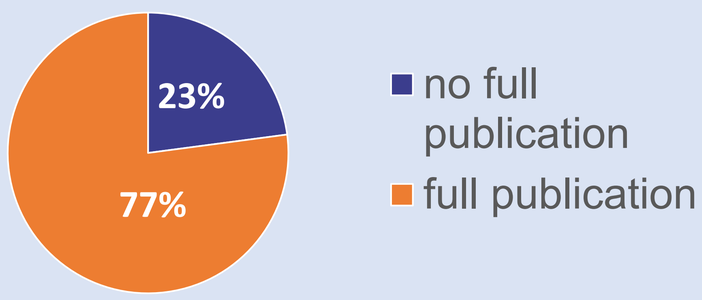
Background: Dissemination bias describes a systematic error occurring from the non-dissemination of studies and individual findings due to their content and message. Dissemination bias has a potential impact on our confidence in the evidence and effective evidence-based health care. Very little is known about non-dissemination and dissemination bias within qualitative research.

Methods:

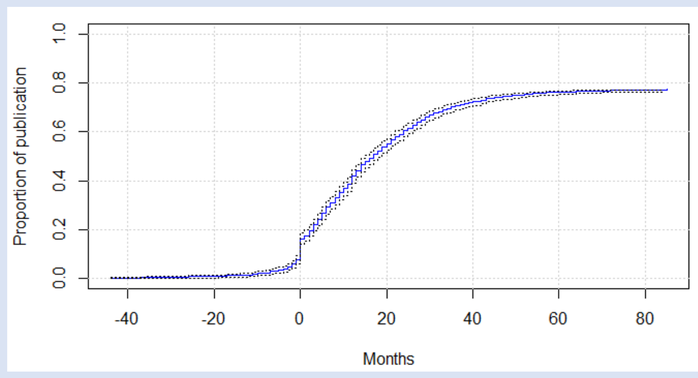
- We screened 7502 **conference abstracts retrieved from Web of Science.**
- We included **qualitative studies in health** and healthcare presented **between 2016 and 2018.**
- We searched for full publications via direct **author contact** and tailored **systematic literature searches** in electronic databases.
- Full texts in scientific journals, proceedings, book chapters, thesis were all considered as full publications.
- We analysed all data in R Studio with Fisher's exact test or logistic regression.

Basic sample characteristics	*N*	%
Gender of 1st author		
female	794	70.70
male	316	28.14
unclear	13	1.12
Conference location		
Africa	1	0.09
Asia	109	9.71
Australia	27	2.40
Europe	457	40.25
North America	530	47.20
South America	4	0.36
Presentation format		
poster	230	20.35
presentation	69	6.11
unclear	831	73.54

Result 1: For 255 of 1123 (22.71%) eligible conference abstracts, there is no full publication within at least 6 years.



Result 2: The median time to any full publication was 11.5 months (95% CI 10 to 12).



Result 3: Following characteristics seemed to be clearly associated with a full publication:

- **Oral presentations** were over three times more likely to be fully published than poster presentations (OR 3.33; 95% CI 1.54 to 8.05).
- **Publicly funded** research was over twice as likely fully published as private funded research (OR 2.17; 95% CI 1.12 to 4.13).
- Studies from **authors affiliated with Australia** were more than four times more likely to be fully published than those from North America (OR 4.42; 95% CI 1.56 to 18.53).

Other author- (gender, affiliation) or study characteristics (level of care, study type, number of groups in focus, number of methods used, reporting of study aim, conclusion or funding) showed no clear significant associations.

Limitations: Precise data coding and subsequent analysis were challenging due to the heterogeneous data of the large sample. Comprehensive results are limited by missing data about relevant author and study characteristics.

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