Meta-analytic structural equation modeling

Meta-analytic structural equation modeling [MASEM, 2, 8] combines ideas from meta-analysis and SEM to estimate and test covariance structures assumed to underlie multiple covariance matrices. MASEMs are usually estimated under two assumptions:

- 1. Fixed-effects model: All covariance matrices have an identical population covariance matrix with observed differences due to sampling error.
- 2. Random-effects model: Covariance matrices have different population covariance matrices with observed differences due to both differences in population and sampling error.

Alternatively, multiple covariance matrices may be nested within a single study or author such that the covariance matrices are not independent of each other. There is **no systematic MASEM** approach for handling dependent covariance matrices.

Wishart-based MASEM solution

Under the assumption that the data in a study are multivariate normal, the $p \times p$ sample covariance matrix (\mathbf{S}) is Wishart:

$$n^* \mathbf{S} \sim \mathcal{W}_p(\mathbf{\Sigma}, n^*)$$

where $n^* =$ sample size -1, Σ (scale matrix) is the population covariance matrix underlying the study. Assume Σ to be a structured covariance matrix, $\Sigma(\theta)$, e.g. $\Sigma(\theta) = \Lambda \Phi \Lambda' + \Theta$ for a confirmatory factor model. Accordingly, the **fixed-effects MASEM** for k studies is:

$$n_i^* \mathbf{S}_i \sim \mathcal{W}_p\left(\mathbf{\Sigma}(\boldsymbol{\theta}), n_i^*\right)$$
 for $i \in \{1, \dots, k\}$

As an extension to equation 1, Σ may be assumed inverse-Wishart [9]:

$$\boldsymbol{\Sigma} \sim \mathcal{W}_p^{-1}(\boldsymbol{\Omega} \times m, m),$$

where Ω is the true covariance matrix, and m > p - 1. Equations 1 and 3 form a hierarchical model for \mathbf{S} , resulting in a generalized matrix variate beta type II marginal distribution for \mathbf{S} [9, 5]:

$$\mathbf{S} \sim \mathsf{GB}_{p}^{\mathsf{H}}\left(\frac{n^{*}}{2}, \frac{m}{2}, \frac{m}{n^{*}}\mathbf{\Omega}, \mathbf{0}_{p \times p}\right), \ \ln \mathcal{L} = f(p, m + n^{*}) - f(p, m) - f(p, n^{*}) + \frac{1}{2}\left((4) \left(n^{*} - p - 1\right) \ln |\mathbf{S}| + m \ln |\mathbf{\Omega}| - (n^{*} + m) \ln \left|\frac{m\mathbf{\Omega} + n^{*}\mathbf{S}}{m + n^{*}_{i}}\right| \right)$$

where $f(p, x) = \ln \Gamma_p(x/2) - 0.5 [xp \ln(x/2) - xp]$, and Γ_p is the multivariate gamma function [5, definition 1.4.2]. Assuming Ω to be a structured covariance matrix, $\Omega(\theta)$, leads to a randomeffects MASEM:

$$\mathbf{S}_i \sim \mathsf{GB}_p^{\mathsf{II}}\left(\frac{n_i^*}{2}, \frac{m}{2}, \frac{m}{n_i^*} \mathbf{\Omega}(\boldsymbol{\theta}), \mathbf{0}_{p \times p}\right) \text{ for } i \in \{1, \dots, k\}$$

Wishart hierarchical models for meta-analytic latent variable models: A demonstration with the Hospital Anxiety and Depression Scale

James Ohisei Uanhoro

Research, Measurement & Statistics, Department of Educational Psychology, University of North Texas

(1)

(2)

(3)

(5)

Assuming j in $1, \ldots, c$ clusters of covariance matrices, the **dependent-samples MASEM** is:

$$\begin{split} \mathbf{S}_{ij} \sim \mathsf{GB}_p^{\mathsf{II}} \left(\frac{n_i^*}{2}, \frac{m_1}{2}, \frac{m_1}{n_i^*} \boldsymbol{\Psi}_{j[i]}, \mathbf{0}_{p \times p} \right) \text{ for } i \in \{1, \dots, k\} \\ m_2 \boldsymbol{\Psi}_j \sim \mathcal{W} \left(\mathbf{\Omega}(\boldsymbol{\theta}), m_2 \right) \text{ for } j \in \{1, \dots, c\} \end{split}$$

where Ψ_i is an unstructured covariance matrix that varies by cluster j.

Notes about Wishart models

 $\Sigma(\theta)$ in equation 2, $\Omega(\theta)$ in equation 5 and $\Omega(\theta)$ in equation 6 are assumed to be the true covariance structure underlying the observed covariance matrices for their respective models.

For the random-effects model: $\varepsilon = (m - p + 1)^{-1/2}$, approximates the root mean square error of approximation (RMSEA) from assuming $(\Omega(\theta))$ matches the different Σ_i [9].

For the dependent-samples model:

- $\varepsilon_{(1/2)} = (m_{(1/2)} p + 1)^{-1/2}$, ε_1 and ε_2 are within- and between- RMSEA respectively.
- The total RMSEA, $\varepsilon = ((m_1 p + 1)^{-1} + (m_2 p + 1)^{-1})^{-1}$

Demonstration

The 14-item Hospital Anxiety and Depression scale [HADS, 10] is widely used to test distress in non-psychiatric patient populations. 28 correlation matrices of the HADS scale were collated and meta-analyzed by [6]. For demonstration, I compared **two theoretical configurations**:

- 1. Two correlated factors: anxiety (odd-numbered items) and depression (even-numbered items);
- 2. A **bifactor** model: general factor with anxiety and depression sub-factors; all uncorrelated.

I fit the three Wishart methods (fixed-effects, random-effects, dependent-samples) to both configurations above resulting in six estimated models. The 28 correlation matrices were clustered within 21 studies with the following cluster sizes: 1 (18 studies); 3 (2 studies); and 4 (1 study).

We applied Bayesian estimation using Stan [1], and LOOIC [7] for model comparison.

Table 1. Model comparison results sorted by LOOIC

Model	LOOIC	ΔLOOIC	Model weights
Dependent + bifactor	-8523.0	_	71.5%
Dependent + correlated	-8464.6	-58.4	25.4%
Random-effects + bifactor	-7025.2	-1439.4	3.0%
Random-effects + correlated	-6669.1	-356.1	< 0.01%
Fixed-effects + bifactor	1699.6	-4969.5	< 0.01%
Fixed-effects + correlated	4321.5	-2621.9	< 0.01%

As with other commonplace information criteria, smaller values of LOOIC suggest better predictive performance of a model. The dependent-samples models had the best performance. Within any model type, the bifactor model was always the better model configuration. Accordingly, all additional results focus on the bifactor model.

(6)

$$(-1)^{1/2}$$
.

Figure 1. Model estimates for bifactor models. Dependent-samples estimates have larger uncertainty. Fixed-effects model incorrectly assumes all covariance matrices have an identical population covariance matrix. Random-effects model incorrectly ignores non-independence of covariance matrices.

Gen: General Factor; Anx: Anxiety; Dep: Depression; RV: Residual variance



 ε was 0.075, 95% CI [.072, .077] and 0.077, 95% CI [0.074, 0.079] for the random-effects and dependent-samples bifactor models respectively. Based on the dependent-samples model, much of the variance was between clusters ($\varepsilon_2 = 0.067$) as opposed to within clusters ($\varepsilon_1 = 0.040$). This accounts for the smaller uncertainty about estimates from the random-effects model in Figure 1.

- 10(1):40-64, March 2005.
- modeling. Structural Equation Modeling: A Multidisciplinary Journal, 16(1):28–53, January 2009.
- [5] A. K. Gupta and D. K. Nagar. *Matrix Variate Distributions*. CRC Press, October 1999.
- confirmatory factor analysis. Journal of Psychosomatic Research, 74(1):74–81, January 2013.
- Statistics and Computing, 27(5):1413–1432, 2017.
- modeling. Personnel Psychology, 48(4):865–885, 1995.
- 80(3):571-600, September 2015.
- 1983.



References

[1] Bob Carpenter, Andrew Gelman, Matthew D Hoffman, Daniel Lee, Ben Goodrich, Michael Betancourt, Marcus A Brubaker, Peter Li, and Allen Riddell. Stan: A probabilistic programming language. Journal of Statistical Software, 76(1), 2017.

[2] Mike W.-L. Cheung and Wai Chan. Meta-analytic structural equation modeling: A two-stage approach. Psychological Methods,

[3] Mike W.-L. Cheung and Wai Chan. A two-stage approach to synthesizing covariance matrices in meta-analytic structural equation

[4] Mike W.-L. Cheung and Ranjith Vijayakumar. A guide to conducting a meta-analysis. Neuropsychology Review, 26(2), 2016.

[6] Sam Norton, Theodore Cosco, Frank Doyle, John Done, and Amanda Sacker. The hospital anxiety and depression scale: A meta

[7] Aki Vehtari, Andrew Gelman, and Jonah Gabry. Practical Bayesian model evaluation using leave-one-out cross-validation and WAIC.

[8] Chockalingam Viswesvaran and Deniz S. Ones. Theory testing: Combining psychometric meta-analysis and structural equations

[9] Hao Wu and Michael W. Browne. Quantifying adventitious error in a covariance structure as a random effect. Psychometrika,

[10] Anthony S Zigmond and R Philip Snaith. The hospital anxiety and depression scale. Acta Psychiatrica Scandinavica, 67(6):361–370,