What is qualitative evidence synthesis & what is meta-ethnography?

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What is qualitative evidence synthesis?
Methods for qualitative evidence synthesis

**Meta-ethnography**

- Critical Interpretive Synthesis
- Realist synthesis
- Thematic synthesis
- Grounded theory synthesis
- Meta-narrative
- Narrative synthesis
- Meta-study
- Meta-summary
- Content analysis
- Meta-interpretation
What is meta-ethnography?

Meta-ethnography developed by George W. Noblit and Dwight Hare, in the USA, in the field of education.


‘Making a whole into something more than the parts alone imply’ (p. 28).
The 7 phases of a meta-ethnography

Phase 1: Getting started
Phase 2: Deciding what is relevant to the initial interest
Phase 3: Reading the studies
Phase 4: Determining how the studies are related
Phase 5: Translating the studies into one another
Phase 6: Synthesising translations
Phase 7: Expressing the synthesis
Phase 5. Translating the studies into one another

• Reciprocal translation
• Refutational translation
• Line of argument synthesis
Phase 5. Translating the studies into one another

Reciprocal translation

Study 1
- Concept X
- Concept Y

Study 2
- Concept X
- Concept Y
- Concept Z

Study 3
- Concept W
- Concept Y
- Concept Z
Phase 5. Translating the studies into one another

Refutational translation

Study 1
Chronic pain life changing

Study 2
Chronic pain not life changing

Study 3
Chronic pain is imagined
Phase 5. Translating the studies into one another

Line of argument synthesis

Study 1
Being diagnosed

Study 2
Getting treated

Study 3
Recovering
Phase 6. New interpretations

Research participants’ experiences

1\textsuperscript{st} order constructs

Researcher interprets these experiences

2\textsuperscript{nd} order constructs

Meta-ethnographer re-interprets the researcher’s concepts

3\textsuperscript{rd} order constructs
AN EXAMPLE OF DOING A META-ETHNOGRAPHY
Phase 1. Getting started

Using research about lay meanings of medicines as an example

Research question:
how do the perceived meanings of medicines affect patients’ medicine-taking behaviour and communication with health professionals?
Phase 2. Deciding what is relevant to the initial interest

- Identified published qualitative studies
- Selected studies
Phase 3. Reading the studies

Concepts from the individual studies

Study 1
concept A – detailed concept description
concept B - detailed concept description
concept C - detailed concept description
concept D - detailed concept description

Study 2
concept a - detailed concept description
concept c - detailed concept description

Study 3
Concept C - detailed concept description
Concept D - detailed concept description

Study 4
Concept A - detailed concept description
Phase 4. Determining how the studies are related

- **Study 1**
  - Concept A
  - Concept B
  - Concept C
  - Concept D

- **Study 2**
  - Concept a
  - Concept c

- **Study 3**
  - Concept C
  - Concept D

- **Study 4**
  - Concept A
## Phase 5. Translating the studies

<table>
<thead>
<tr>
<th>Common concepts</th>
<th>Lay meanings of medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Study 1</td>
</tr>
<tr>
<td>Adherence/ compliance</td>
<td>✓</td>
</tr>
<tr>
<td>Self-regulation</td>
<td>✓</td>
</tr>
<tr>
<td>Aversion</td>
<td>✓</td>
</tr>
<tr>
<td>Alternative coping strategies</td>
<td>✓</td>
</tr>
<tr>
<td>Sanctions</td>
<td>✓</td>
</tr>
<tr>
<td>Selective disclosure</td>
<td>✓</td>
</tr>
</tbody>
</table>
Adherence/compliance
Self-regulation
Alternative coping strategies
Selective disclosure

New interpretations

Alternative coping strategies are not seen by patients as medically legitimate
Self-regulation flourishes if sanctions are not severe
Self-regulation includes the use of alternative coping strategies
Fear of sanctions and guilt produce selective disclosure

Concepts from studies

Phase 6. Synthesising translations

Alternative coping strategies
Aversion
Sanctions
Adherence/compliance
Self-regulation
Selective disclosure
Phase 7. Expressing the synthesis

The NICE Guideline Development Group:

“…..considered the Pound synthesis provided the type of evidence they were looking for. The description of patient behaviours and factors influencing patients medicine-taking behaviours were used to inform the recommendations about exploring patients’ beliefs and concerns, the type of information that patients’ may require and to describe common medicine-taking behaviour that healthcare practitioners might wish to discuss with patients.”
Thank you for listening.

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