Chapter 11: Conducting a metaethnography

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Key points

- Meta ethnography is an explicitly theory building approach to the synthesis of qualitative evidence, with synthesis drawing on the interpretations, concepts or theory generated by authors of the included studies (known as 'second order constructs').
- Seven steps are described, with a synthesis process using translation of concepts between studies. The synthesis process is underpinned by Turner's theory of social comparison.
- The original description of the method predates the emergence of qualitative evidence synthesis (QES) as a type of systematic review, and focuses on synthesis methods, but has been adapted for use in this context.
- Quality appraisal in the original account of the method was judged through a study's value in the synthesis, although most reviewers applying the method also conduct a formal assessment of the methodological limitations of the primary studies and this is appropriate in Cochrane and Campbell reviews.
- Method specific reporting guidance is available (eMERGe).

11.1 Introduction

Meta-ethnography is an approach to the synthesis of qualitative research that explicitly aims to build theory. During the synthesis reviewers focus on the concepts or theory generated by the authors of included studies. Meta-ethnography requires an experienced team and often takes longer to conduct because of the complex analytical processes, which can confuse review authors (see Chapter 8 on selecting a method of synthesis and data extraction). Meta-ethnography is often poorly reported, however the recent development of eMERGe - method-specific reporting guidelines - may improve reporting (see section 11.7 and Chapter 20 for details). This chapter seeks to provide the additional clarity required so

that review authors make the appropriate choice when selecting the method and are able to carry out and report the complex stages in a coherent way.

Meta-ethnography was originally developed by Noblit and Hare (1988) who positioned the method as an interpretive approach to synthesis, contrasting it with statistical metaanalysis which they saw as an aggregative approach. They saw meta-ethnography as linking positivist and interpretive paradigms in social research, allowing knowledge produced through interpretive approaches, which investigate events through the perceptions and experiences of those living them, to be accumulated and built on. Others have suggested it is useful to think of meta-ethnography as a method that reconfigures the underlying data (the findings of the primary studies included in the meta-ethnography) to generate new concepts (Gough et al, 2012). Noblit and Hare (1988) suggest that in making sense of a topic of interest in qualitative research – often referred to as the "phenomenon of interest" - researchers' interpretations will take one of three forms:

- 1. Those that make the obvious obvious.
- 2. Those that make the obvious dubious.
- 3. Those that make the hidden obvious.

These researcher interpretations of the data they collect uncover or express the implications of the study's findings to explain the phenomenon being investigated.

Noblit and Hare developed meta-ethnography to synthesise findings from five of their own ethnographic studies about desegregation in schools in the USA. As such, it was originally proposed as a mechanism for synthesising qualitative findings from across settings, to include interview transcripts, tabulated and descriptive notes, and matrices, but did not consider other steps of systematic review such as database searches. It was seen by its originators as a way of developing new knowledge, as well as informing policy and practice (Noblit, 2019). It has since been further developed to include studies using various types of qualitative approaches, such as those using other methods of qualitative data collection and analysis (France et al 2014).

In this chapter the development of meta-ethnography and when to use meta-ethnography is considered. Readers are then taken step by step through the phases of conducting a meta-ethnography. Finally, reflexivity; stakeholder engagement and involvement; equity, diversity and inclusion issues are considered in relation to conducting a meta-ethnography; and reporting guidance in relation to meta-ethnography is outlined.

11.2 Development of meta-ethnography

Although meta-ethnography was developed in the 1980's interest in the method was reinvigorated in the context of evidence-based healthcare, when a series of papers investigated its use for synthesising qualitative findings about the ways in which patients take the medicines prescribed to them (Britten et al 2002; Campbell et al 2003; Pound, 2009). This led to consideration being given to the additional steps of systematic reviews such as study identification and assessing methodological limitations. Most published meta-ethnographies on health topics now employ comprehensive systematic literature searches to identify studies and undertake quality appraisal (France et al 2014). Noblit has

noted that meta-ethnography has developed differently in the fields of education and health research. In education, there is more emphasis on interpretation and critique of existing work, which may be selected case studies or iterative search approaches, rather than using comprehensive search strategies to identify them (Noblit, 2019). In a Campbell Collaboration context, meta-ethnographies in the education field would still be expected to follow other steps in the systematic review process.

Meta-ethnography has also informed other qualitative evidence synthesis approaches. For example, Dixon Woods et al (2005) used it as the basis of critical interpretive synthesis – a synthesis method developed to synthesise both qualitative and quantitative studies (see chapter 19). While there are many meta-ethnographies on health-related topics, particularly from UK authors (France et al 2014), a recent review by Noblit (2019) also identified increasing use of meta-ethnography in various education related topics, and there are also examples in social care (Strick et al 2021). Meta-ethnography has also informed a novel approach to overviews of QES (a synthesis of QES) in the form of "mega-ethnography" (Toye et al 2017). The approach was used to synthesise QESs of different types, not just meta-ethnographies (See Chapter 15 on conducting time sensitive reviews).

Noblit and Hare (1988) described seven phases of meta-ethnography, which are listed sequentially below but are likely to be iterative and build on each other, particularly during the analysis and synthesis phases (3-6):

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

Phase 1 covers the types of aims and review questions suited to meta-ethnography. Phase 2 focuses on conduct of literature searches, selecting studies and sampling including assessing richness of primary study findings, and assessment of methodological limitations of primary studies. Phase 3 describes reading the studies and initial data extraction, for example, recording study characteristics. Phase 4 covers approaches to discerning the relationship between studies and identifying and extracting findings from studies. Phase 5 describes translation and provides examples of different processes for conducting translation. Phase 6 defines the next stage in the synthesis, synthesising translations and line of argument synthesis and some approaches for their conduct. Phase 7 outlines and gives examples of the potential outputs of a meta-ethnography. The phases are described linearly, although they are often applied iteratively. Below, we consider when to use meta-ethnography before describing these phases in more detail.

11.3 When to use meta-ethnography

Meta-ethnography can be conducted as a standalone QES or in conjunction with a review of intervention effectiveness (see chapter 14). It is intended to synthesise qualitative

evidence only, not qualitative and quantitative (Noblit and Hare 1988). The aim of metaethnography is to produce new configurations or interpretations from the included qualitative evidence whilst preserving "meaning in context" (Michler 1979) and may be most useful when wanting to develop or extend theory. "Meaning in context" refers to the importance of researchers understanding the subjective meaning of phenomena in their sociocultural contexts, in order to understand people's behaviour, values, attitudes or experiences. Meta-ethnography is suitable for emergent review questions (i.e. those that may be adapted in response to initial readings and analysis of the literature – see Chapter 2) that seek to explore perceptions, experiences and behaviours in order to produce new theory or conceptualisations.

When thinking about conducting a meta-ethnography, review authors should first consider if a meta-ethnography on the topic is needed, e.g. does one already exist, and whether they have the expertise and resources to conduct one, since meta-ethnography is labour-intensive and requires advanced qualitative research skills (France, Cunningham et al 2019a,b,c,d). In addition, the review question, and desired output also need to be appropriate – for example, if the review authors are aiming to develop existing conceptual understanding of a topic, or produce new theory (France 2018).

In meta-ethnography, the existing *conceptual* findings in the included study findings are synthesised. Qualitative studies whose findings are conceptually rich and/or contextually thick (see chapter 6) are best suited to meta-ethnographic synthesis because these types of findings can be more easily interpreted during synthesis; the reviewer must interpret the meaning of the data in order to synthesise them (France, Uny et al 2019).

Studies which lack conceptual and contextual detail are not well-suited to synthesis using meta-ethnography, because reviewers cannot readily interpret data that lack detailed explanation (France, Uny et al 2019). This means that it may not be possible to finalise meta-ethnography as an appropriate method for synthesis until relevant qualitative studies to be synthesised have been identified and their richness assessed (France, Cunningham et al 2019a,b,c,d). See section 11.4.2 and table 11.2 and chapter 6 for further consideration of assessment of richness. Review authors may want to suggest alternative approaches to synthesis in their protocol dependent on the nature of the findings in the papers they identify. Furthermore, qualitative studies which have used a deductive, rather than an inductive, approach to data collection and analysis may not be well-suited to meta-ethnography because their findings are constrained by prior concepts or theories which tend to be incompatible with meta-ethnography's inductive approach (France, Uny et al 2019).

11.4 Phases of meta-ethnography

11.4.1 Getting started (Phase 1)

Noblit and Hare balanced question choice between the interests of the anticipated audience, including commissioner or decision maker, and those of the researcher (Garside, 2008), therefore, stakeholder engagement and involvement can be important in this phase (see section 11.6). The question should be congruent with the theory building aims of

meta-ethnography (France et al 2018). Meta-ethnography is suited to emergent questions, where the focus is refined in response to initially identified literature (Campbell et al 2011; France, Cunningham et al 2019; Noblit, 2019) (see also Chapter 2 on question formulation). A narrow aim may be better suited to theory development (France Uny et al 2019). Examples of appropriate aims in published meta-ethnographies include:

- to derive new conceptual understandings of patients' experiences of antidepressants (Malpass et al 2009)
- to arrive at a theoretical model of the process of sexual adjustment during cancer (Benoot et al 2017)
- to help us better understand how children and families conceptualise and live with chronic non-cancer pain (France et al 2022).
- to create a conceptual understanding of meaningful occupation for people with dementia (Strick et al 2021)

11.4.2 Deciding what is relevant (Phase 2)

Searching for and identifying studies

The original text on meta-ethnography was based on research reports already known to the authors, so limited guidance on searching for and identifying studies was given (e.g. searches of bibliographic databases). Most contemporary meta-ethnographies use searches of electronic databases (France et al 2014). Given that some qualitative research that is conceptually rich and develops theory on topics of interest may be found in book chapters, edited collections or grey literature such as monographs or some theses, supplementary methods of identification may be particularly important in addition to electronic searches using multiple databases (Cooper et al 2017). Searches, and sampling/inclusion decisions, may be iterative, with additional, perhaps more targeted, searches conducted as new areas of relevance or specific theoretical concerns emerge through initial analysis and synthesis (Finfgeld-Connett & Johnson, 2013). See Chapter 5 for more detail on searching for qualitative studies in QES generally.

Depending on the topic and context for the review, searches for meta-ethnography may aim to be comprehensive, or may be more targeted or take one of several theoretical or purposive sampling approaches (chapter 6) (Booth 2019; France, Cunningham et al 2019). The latter may be more appropriate where theory building is a specific aim of the synthesis. Concise qualitative research database filters that use few terms may not capture all qualitative research methods, particularly ethnographic approaches, and syntheses may require sensitive searches, or more attention to supplementary search approaches (personal communication, Jack-Kadioglu, 2019).

Selecting studies and sampling

Chapter 6 provides detailed guidance on selecting studies and sampling in QES generally, this section highlights specific considerations within a meta-ethnography.

Including a large volume of studies can result in a superficial synthesis, however, there is no consensus over how many studies or how much data are 'too many' (Campbell et al 2011; France, Cunningham et al 2019a,b,c,d). Indeed, Noblit and Hare cautioned against trying to synthesise large numbers of studies, without specifying how many this might be:

Unless there is some substantive reason for an exhaustive search, generalising from all studies of a particular setting yields trite conclusions (Noblit and Hare, 1988. P. 28).

It is worth noting however that Noblit and Hare were not thinking about searching or sampling in the context of systematic reviews. Purposive sampling of relevant studies remains relatively uncommon in health-related meta-ethnographies and more worked examples and methodological testing are needed to explore the strengths and limitations of different approaches. Purposive samples may be based on various different qualitative sampling strategies, such as ensuring maximum variation in, for example, population or setting (see also chapter 6)(Suri, 2011).

Noyes et al (2018) recommends that six different considerations be taken into account when sampling for any type of QES including a meta-ethnography (see also Chapter 6 on selecting studies and sampling) related to the adequacy of the studies to answer the review question and the context of interest in terms of, for instance, their methodological strengths and limitations, the volume of data they contain, and to what extent they cover aspects of the phenomenon of interest.

Reviewers should exclude studies which lack conceptual and contextual detail (France et al 2021). As noted above, these are not well-suited to synthesis using meta-ethnography as the findings of these studies stick closely to describing participant perspectives and experiences and do not attempt to achieve a higher level of interpretation. Sampling may therefore be based on the level of analysis, so that conceptually rich and contextually thick papers are favoured. An example of this type of sampling can be found in a meta-ethnography that aimed to explore what children and young people (CYP) with long-term conditions, their caregivers, and health practitioners perceive to be important aspects of interventions aiming to improve their mental health and well-being (Shaw et al 2019). The review authors used two-stage sampling – initially including those studies with the most conceptually rich data, and then purposively sampling across study characteristics in studies with "thinner" findings to ensure a range of views were included (see Figure 11.1 below).



Figure 11.1: Description of how studies meeting the inclusion criteria for the review were entered into the synthesis process (From Appendix C Shaw et al 2019)

Similarly, in their meta-ethnography of meaningful occupation in care homes, Strick et al (2021) initially synthesised across six conceptually rich studies, then examined the remainder of the studies meeting the inclusion criteria and sampled based on their ability to refute or advance the emerging conceptual framework.

In a meta-ethnography on sexual adjustment to a cancer trajectory, Benoot et al (2016) combined three different purposeful sampling strategies which they regarded as consistent with their research aim: intensity sampling, maximum variation sampling and confirming/disconfirming case sampling. Intensity sampling involved judging the similarity between the study's research question and that of the meta-ethnography, the methodological quality of the study and its conceptual clarity. Informed by the concepts derived from the intensity sampling, they then widened the perspectives using maximum variation sampling to select studies that differed on key dimensions of study design, e.g. their theoretical underpinning. The initial line-of-argument they developed was then refined by using confirming/disconfirming case sampling to select further studies based on the refutational theories and concepts they contained.

For a Cochrane review, France et al (2023) created a three-point scale as a pilot for assessing conceptual richness for meta-ethnography adapted from an earlier pilot five-point scale developed by Ames et al for thematic syntheses (2019). These pilot scales have subsequently been used in a consensus-based development context to develop version 1 on the conceptual richness/contextual thickness tool for use in QES (see also chapter 6).

Assessment of methodological limitations of primary studies

In common with other synthesis methods, an appraisal tool for assessing methodological limitations is commonly used in published meta-ethnographies (France et al 2014) and this is required for Cochrane and Campbell reviews. Noblit and Hare (1988) argued against excluding studies based on quality, as they perceived that definitions of "methodological deficiency" may be based on unverified theories about which methods matter, and what aspects of design or execution might lead to a "fatal flaw" in a study (p.15). Studies appraised as being of lower methodological quality might still contain credible findings (Cunningham et al 2019). Noblit and Hare (1988) suggested the quality of research should be judged through its value in the synthesis. This means that those studies containing more powerful explanations are given more weight through being able to encompass more study findings within the synthesis (see for example Garside, 2008 where only one paper had strong theoretical content and this guided the synthesis). Studies with underdeveloped concepts may therefore have minimal impact on the final synthesised product because they have little influence in the synthesised findings. However, reviewers should decide whether and why they will exclude any studies based on appraisal of methodological quality, for example, they might choose to exclude studies judged to have a "fatal flaw" for example, those whose findings were assessed to be strongly influenced by the funder or the preconceptions of the researchers.

See Chapter 7 for further general information on assessing the methodological limitations of studies included in QES.

11.4.3 Reading the studies (Phase 3)

The analysis and synthesis phases 3-6 are iterative and build on each other. Initial careful reading and re-reading of the studies helps the reviewers to familiarise themselves with the studies and their findings, and is similar to being immersed in the data during primary qualitative analysis. In addition, potential additional areas of inquiry – either topic based or theory based – may be identified, necessitating further targeted searches. Further methodological work about the strengths and limitations of this is required as we are not aware of any meta-ethnographies which have done this in an initial review. It has, however, been done in subsequent work which updated and expanded a meta-ethnography (e.g. Monforte-Royo, C., et al 2011; Rodríguez-Prat, A et al, 2017). Noblit and Hare (1988) focused on noting the interpretive metaphors (themes, ideas, constructs) used by the primary study authors to understand their data. At this stage, reviewers could also record the characteristics of studies, such as the aim, details of study participants, setting, data collection, analysis methods, and so on.

Reading may also allow the identification of an "index paper" which can help to organise the synthesis (Campbell et al, 2011). An index paper can be used as the starting point against which others in the synthesis may be compared and translated, and can be selected due to being the most theoretically well-developed paper, or may be the earliest paper which could be thought of as the one most likely to have influenced later studies in the same topic area (Garside, et al 2009; Pound, et al 2005). The findings of the index paper may have a disproportionate influence on the output of the meta-ethnography, so should be chosen carefully (France, Uny et al 2019; Toye et al, 2014). For example, a potential pitfall is that the meta-ethnography findings could mainly reflect the findings of the index study if reviewers overlook or pay less attention to findings from other included studies. Another risk is that reviewers might 'fit' other studies into the findings of the index study rather than explore new configurations or interpretations of the data. This might be more of a risk if the index study has a particular guiding conceptual framework or theoretical perspective that will influence the meta-ethnography findings. Reviewers should reflect on how any index study might influence their synthesised findings in the conduct and reporting of the metaethnography. Reviewers should also transparently report the similarity or dissimilarity of their synthesised findings compared to the index paper (and indeed to all the included studies) for example, by providing a table showing how the synthesised findings were developed from the primary study findings.

11.4.4 Determining how the studies are related (Phase 4)

The way in which the studies relate to one another has implications for how the synthesis is conducted, therefore Noblit and Hare called Phase 4 a 'key judgment call' (p.81). In this phase, reviewers must determine how studies relate to one another before they can synthesise them. The relationship between studies can be based on the study focus or aim, the theoretical approach, the meaning of the findings, and/or other aspects of studies such as their research design, participant characteristics, and study context (France, Uny et al 2019). It may be useful to create narrative summaries of each study (Moore, et al, 2016), as well as listing key metaphors, phrases, ideas and concepts from each included study (Noblit and Hare, 1988). These can then be compared and juxtaposed in order to understand how they relate to each other. Various approaches – creating tables of key constructs, using diagrams, or coding papers directly using software such as QSR Nvivo – may be useful to

Box 1: Interpreting social reality			
1st order constructs:			
Everyday ways of making sense of our world (seen			
as participant quotes)			
2nd order constructs:			
Social science researchers' interpretations of this			
"common sense world" to academic concepts and			
theories			
3rd order constructs:			
Reviewers' interpretations of the researchers'			
interpretations.			
(after Schutz, 1962)			

aid comparisons (France, Uny et al 2019). See also chapter 12 on additional visual methods to support synthesis.

In line with Turner's (1980) theory of social comparison (see section 11.4.5), "the 'data' to be synthesised are interpretations and explanations rather than the data collected through interviews and observations" (Noblit and Hare 1988, p.33). Therefore, the data on which meta-ethnography focuses are the authors'

interpretations in included studies – sometimes called "second-order constructs" (see Box 1) to differentiate them from the study participants' interpretations which can be called "first order constructs". In studies where the researchers' findings stick closely to describing participants' interpretations (these are often referred to as findings that are more 'descriptive'), first and second order constructs may not be substantially different from one another, making meta-ethnography less suitable as an approach. One solution to this may be to thematically synthesise such descriptive findings from these studies first, in order to generate more interpretive findings, and then use these reviewer generated

concepts alongside the second order constructs from other studies in the synthesis phases of the meta-ethnography (Gwernan-Jones et al, 2015).

Depending on the norms for different disciplines, journals and methodologies, important findings and concepts may be found outside of the findings/results section of an article. For example, some health relevant journals prefer all interpretative findings to be reported in the discussion section, while key theoretical lenses informing the analysis may be introduced in the methods section of the paper (Sandelowski & Barroso 2002). Reviewers need to ensure that all sections are read and considered and, relevant data are extracted from anywhere in the article, otherwise key author constructs may be missed (France et al 2019). Initial understandings about the relationships between the concepts from the studies are formed through this phase.

Reviewer authors should extract or record findings wherever they appear in the publication (see also Chapter 8). Only findings relevant to the meta-ethnography aim and objectives need to be extracted. Review authors should decide whether or not to extract only clearly-articulated second order constructs or whether they will also include descriptive findings, which will need further interpretation prior to synthesis. Participant quotes supporting concepts/second order constructs can be extracted together with the concepts. Data can be extracted into qualitative analysis software such as QSR Nvivo, tables, hand-written lists, index cards, and so on (France, Uny et al 2019). It may be beneficial to have a second review author check the data extraction for accuracy and completeness.

To juxtapose and compare concepts, review authors can use lists, diagrams, tables, or outputs from software, and so on (France, Uny et al 2019). For instance, Campbell et al. (2011) made lists of summarised concepts from studies and used arrows to show the relationships between them. Tables can be laid out to display commonalities and differences between concepts, for example, see Malpass et al (2009). An example of data extraction using Nvivo to manage data is described in Toye et al (2014) who used "tree" structures where the higher-level code was the study name and each concept was a sub-node from that paper.

Depending on the outcome of this phase, reviewers choose how to organise the studies for synthesis (France, Uny et al 2019). For example, in their meta-ethnography on barriers to and facilitators of tuberculosis treatment adherence, Atkins et al (2008) had 44 studies – a relatively large number – containing disparate concepts, so they chose to gather similar themes into categories prior to translating themes within those categories. Another approach, used by Hildebrandt et al (2008) in their meta-ethnography of experiences of patients with colorectal cancer, was to organise papers chronologically according to the stage of the cancer trajectory from prior to diagnosis to post treatment. In contrast, Campbell et al (2011) chose to group studies by the type of medication for their meta-ethnography on medication adherence. Malpass et al (2009) grouped studies by their conceptual focus relating to people's experience of antidepressants.

11.4.5 Translating the studies into one another (Phase 5)

The approach to synthesis depends on how the studies are related, and uses constant comparison to develop an understanding of the phenomenon of interest (Campbell et al 2011). Noblit and Hare (1988) cautioned against synthesising through "aggregation" of data. Instead, synthesis is achieved through a process of "translation" where the meanings

of the findings of each study are examined, interpreted and compared with the findings of other studies in the synthesis (phase 5).

The process of translation is fundamental to meta-ethnography, and is underpinned by Turner's theory of social explanation which asserts that 'all explanation is essentially comparative and takes the form of translation' (Turner 1980; Noblit and Hare 1988; Campbell et al 2011). Noblit (2019) noted some controversy in how to apply the idea of translation within meta-ethnographies. Translation originally applied so that sets of constructs in one study are analogized (compared taking into account the contexts and meanings of each study) with sets of constructs in another, thereby preserving the context of the overall interpretation. However, many meta-ethnographies do not attempt this and it may be challenging when synthesising large numbers of studies.

Noblit and Hare described three main types of synthesis (relating to phases 5 and 6):

- reciprocal translation (in phase 5),
- refutational translation (in phase 5), and
- forming a line of argument (in phase 6).

Within a single meta-ethnography, examples of one or all of these types of synthesis may be present depending on the findings in the included studies and all three should be attempted.

Reciprocal translation is used where the concepts described by different studies are judged by the reviewers to be similar in meaning, and so can be "translated into each other". Refutational translation refers to discordant findings, where these differences in findings cannot be explained by differences in the studies and their context, such as differences in the participants or within a theoretical construct. It may relate to individual findings in the included studies, or the overall the findings of one study may refute another study's findings (France, Cunningham et al 2019). Refutational translation allows these differences and inconsistencies to be explored and, where possible, explained. It is likely that a metaethnography will include both types of translation.

The process of translation is not linear but iterative. The goal of translation is to develop concepts or metaphors which embody more than one study. Concepts from studies are compared systematically to identify the range of concepts and whether their meanings are similar or contradictory. Concepts alike in meaning are matched and merged (Pope & Mays 2016). The result of the Phase 5 translation process is seen as one level of synthesis in a meta-ethnography (Noblit and Hare 1988).

Noblit and Hare did not provide a step-by-step guide in how to conduct translation. The approach used is likely to depend on the approach of the review team and the nature of the findings being synthesised – including how rich they are. Various approaches to translation have evolved, some - such as Campbell et al (2011) – stick more closely to the key principles described by Noblit and Hare than others (France, Uny et al 2019). France, Uny et al (2019) described several different approaches to translation seen in published meta-ethnographies. For instance, within each thematic category Atkins et al (2008) had

developed in phase 4, they compared the themes paper by paper building on their synthesis as they progressed (France, Uny et al 2019). Campbell et al (2011) compared concepts individually paper by paper within each medication grouping they had identified in phase 4 before synthesising across the groupings.

11.4.6 Synthesising the translations (Phase 6)

The translations from phase 5 can be compared to see if some have more explanatory power, and are able to encompass other accounts in a process of comparing, matching, merging/combining, and reinterpreting the translations. The intention of a meta-ethnography is to go beyond the findings of any individual study to develop new insights and understandings (Noblit and Hare 1988). Where phase 6 is possible to achieve, it is a process of going beyond the findings of any individual study; it is 'a second level of synthesis' (Noblit and Hare 1988, p. 28) which may require analysing competing interpretations and drawing inferences. Campbell et al (2011) described this phase as thematically analysing the translations from phase 5. These synthesised translations may be referred to as 'third order' constructs (see Box 2) (Britten et al 2002).

A line of argument can be constructed through interpretation by the reviewers, to identify how their third order constructs can be joined together to create an overarching understanding of the synthesised findings as a whole. It can be thought of as the overarching 'storyline' which explains the phenomenon of interest (France, Uny et al 2019). There might be more than one line of argument in a meta-ethnography (France, Uny et al 2019).

The process used for synthesising translations varies depends on how the studies related to one another (Phase 4) and on the way translation (phase 5) was conducted. Malpass et al (2009) synthesised the translations for each of their two groups of studies separately before pulling together those two separate syntheses into a final line of argument synthesis to construct 'an overarching argument' (p. 161) (see Box 3). Campbell et al (2011) synthesised the translations across all the groupings of studies by repeatedly reading the translations for each of the groupings then analysing the data thematically to reach a comprehensive understanding of the phenomenon. They produced an overarching line of argument synthesis forming a new conceptualisation (from France Uny et al 2019).

Box 2: Line of argument from Britten et al (2002) worked example of meta-ethnography about the perceived meanings of medicines and their impact on medicine-taking and communication with health care professionals

"[A] line of argument is developed by considering each concept and second-order interpretation in turn. The line of argument, which constitutes the synthesis achieved in this worked example, is as follows. There are two distinct forms of medicine-taking: adherent medicine-taking and selfregulation. The latter reflects aversion to medicines. The use of alternative coping strategies is one expression of this aversion. In self-regulation, patients carry out their own cost- benefit analyses, informed by their own cultural meanings and resources. Thus the concept of selfregulation includes the use of alternative coping strategies. Sanctions from health professionals, such as warnings, coercion of the threat of coercion, serve to inhibit selfregulation which can only flourish if sanctions are not severe. There is selective disclosure in the way in which patients manage the information they give to health professionals. Patients may not articulate views or information that they do not perceive to be medically legitimated, such as their use of alternative coping strategies." Reproduced from Britten et al 2002, p.213

Box 3 : Line of argument from Malpass et al (2009) worked example of meta-ethnography about patients' experience of antidepressants

"Early on in the synthesis process, we discerned two groups within our identified papers in terms of conceptual and thematic focus. As the concepts within (but not across) each group of papers could easily encompass each other, we first carried out a reciprocal synthesis of each group separately. We then drew these two separate syntheses together into a final line of argument synthesis." (P161). "Having considered the separate reciprocal syntheses of the two groups of papers, we now consider the final stage of the synthesis, where the two syntheses were brought together to construct a final 'line of argument'. [....] a patient prescribed antidepressants embarks on two journeys: the ill self negotiating the medical world, and understanding the medicated self. Negotiating the medical world is labelled [...] as the 'medication career' because it is about the patient's experience of antidepressant medication and treatment decisions throughout their illness. Understanding the medicated self is labelled [...] as the 'moral career' because it involves various 'interpretive dilemmas' in the illness career, in which ideas of self-concept as 'good' or 'bad' compete. For example, a 'good' mother accepts anti- depressant treatment for the sake of her children whereas a 'bad' mother loses control and cannot cope without recourse to medication. [....] Managing treatment decisions involves building concordant relationships with practitioners, evaluating different information sources and responding to medication experiences. Patients may employ "tactical negotiation" (Holt, 2007) as they navigate between their own experientially based treatment preferences and expert advice. Managing the symbolic role of antidepressants involves managing new emerging identities and managing stigma through "strategic selective concealment" (Knudsen, Hansen, & Traulsen, 2002: 250). These coping strategies both feed into the overarching lay evaluation process. This evaluation then informs the way in which patients continue to negotiate the medical world and understand the medicated self." (page 166).

The methods for conducting meta-ethnography phases 4 to 6 are still evolving. Some synthesis methods run the risk of simply "recategorizing" concepts (Finfgeld-Connett 2014). However, there is a lack of empirical research into the impacts on the synthesis output of different approaches (France, Uny et al 2019). Future methodological work in this field will contribute to our understanding of the advantages and disadvantages of the various methods for analytic synthesis. Review authors should be transparent about the processes used and their strengths and limitations (see section 1.4 on Reflexivity)

11.4.7 Expressing the synthesis (Phase 7)

The outputs of the new interpretations developed through meta-ethnography might take the form of a new theory, a new model, or conceptual framework. Outputs include conceptually rich accounts of the findings, quotes from the primary study authors and/or study participants or diagrammatic representations of the findings. Noblit and Hare (1988) stressed the need for outputs to reflect the culture of the intended audience for the synthesis, ensuring that language and constructs are understood by end users. This is framed as the final interpretative stage of the synthesis, which explicitly "involves determining the meanings of the meta-ethnography for the intended audience" (p.17). This might usefully inform final report sections related to the "Implications to Practice" in Cochrane and Campbell Reviews, whilst generated theories and concepts may also identify areas that could be explored further in future research.

For examples of well reported methods, a review of meta-ethnography reporting (France et al 2014) identified examples of the reporting of phases 3 to 5 which overall was clear and detailed in Bridges et al (2013) and Montefort-Royo et al (2012). The analytic and synthesis phase 5 and 6 were clear in papers by Franzel et al (2013), Sinnott et al 2013 and Wells et al (2013). Note that the meta-ethnography by Montefort-Royo et al (2012) has subsequently been updated by an extended team including the original authors. Issues relating to updates are specifically covered in Chapter 15 on Time Sensitive QES.

In addition, examples of different ways of expressing the synthesis can be found in those meta-ethnographies listed in Table 11.1.

Table 11.1 <mark>: List of meta-ethnographies illustrating different approaches to expressing</mark>	the
synthesis	

Author	Торіс	Synthesised product
Gwernan Jones et al (2015)	Parent perspectives on ADHD in schools	Generation of an overarching concept, "mothers are silenced" and a line of argument illustrating the challenges to developing good parent-teacher relationships
Hildebrandt et al (2008)	Experiences of patients with colorectal cancer	New model showing the iterative process of achieving mastery over cancer
Monteforte-Royo et al (2012)	Experience of patients with serious or incurable illness who expressed a wish to hasten death	Explanatory model which showed the wish to hasten death was a response to multiple dimensions of suffering, and was not just linked to despair
Strick et al (2021)	Understanding meaningful occupation for people with dementia	A conceptual framework of how occupation creates meaning for people with dementia. The framework contained three inter-related concepts: a catalytic environment which provided a secure foundation and sense of security, living a meaningful life through occupation, and occupations as a tool to manage emotion and behaviour (see Figure 11.2).
Pound et al (2005)	Lay experiences of medicine taking.	A typology of different ways that patients assess and take (or don't take) their prescribed medicines. They proposed four groups of patient behaviours: passive accepters, active accepters, active modifiers and rejecters.



Figure 11.2; Conceptual framework of how occupation creates meaning for people with dementia (Strick et al 2021)

11.4 Reflexivity

Review author reflexivity is important, but it is often poorly reported in all forms of QES. In methods of synthesis which explicitly draw on the strengths of review author interpretation such as meta-ethnography reflexivity is an important strategy to enhance the rigour of the synthesis. Review authors should consider how their background and experience, (including epistemological position, academic discipline, theoretical or political leanings etc) may influence the conduct of the meta-ethnography (in terms of question framing, study inclusion, use of specific theoretical lenses etc) and the construction of the synthesised product (France, Cunningham et al 2019a,b,c,d). This should be considered in relation to the specific phenomenon of interest.

In their Cochrane meta-ethnography about cash transfers for improved health outcomes and health care use, Yoshino et al (2023) produced a reflexive state in which they describe the professional backgrounds of the authors, together with the beliefs they had prior to commencing the QES about the benefits of social protection and which had the potential to influence the way they interpreted the findings of the review. They then outlined how they tried to mitigate against this, through for example, actively pursuing refutational findings in order not to overemphasise the potential benefits of cash transfers and exploring contradictions in the findings. Finally, they describe whether the findings of the QES changed their initial beliefs, as well as those findings that expanded them or were unexpected.

See Chapter 1 for further consideration of reflexivity in QES protocols and reviews.

11.5 Stakeholder engagement and involvement

Stakeholder engagement and involvement including members of the public, patients, services users and carers can be used throughout the stages of meta-ethnography. Initial iterative steps in phases 1 and 2, where the question is refined to meet the interest of the intended audiences, can usefully involve, for example, patients and the public to ensure the focus is relevant to their experience. Patients and the public may also help to prioritise studies and inform sampling decisions. In addition, the interpretative processes of analysis and synthesis can also be checked with service users, providers and commissioners and those impacted by the phenomenon of interest. Given Noblit and Hare's (1988) assertion that the synthesis should be expressed in ways that resonate with language and constructs understood by the potential audience, stakeholder involvement may be particularly important for this stage of a meta-ethnography (Park et al 2020). Review teams have taken different approaches and some examples are described below. Some, such as Parke et al (2020), are extensive and have commensurate resource implications. Authors will need to consider what is appropriate to their review question, aims, resources and purposes.

A large evidence synthesis project included both systematic reviews of quantitative research, and two meta-ethnographies about the experience of ADHD in schools, and the experience of non-pharmaceutical school-based interventions to support students with ADHD (Richardson et al, 2015). Three stakeholder events were held across the course of the project. At the second event, review authors presented emerging findings to a workshop with behavioural support advisory teachers. Their perceptions of the model representing experience of interventions for ADHD in schools, were sought. The teachers agreed that the model captured their experiences of school based interventions for ADHD, and the review authors suggest that this supports the transferability of these conceptual findings.

Using an example from clinical education, Park et al (2020) suggested that phase 7 of metaethnography "expressing the synthesis" might be usefully enhanced into three stakeholder-informed stages: embedding audience responses to the synthesis; synthesizing audience translations; re-expression of synthesis. The review authors used focus groups and interviews, which were recorded and transcribed, to capture stakeholder reflections on the initial synthesised findings and to provide their translations of these findings, which were incorporated into the final synthesis. These new first order constructs were interpreted by the reviewers, then used to reflect on and reinterpret the initial synthesis findings to create final third order constructs.

An example of stakeholder involvement in the study sampling decisions and analysis and synthesis is France et al's (2020) meta-ethnography on children's chronic pain. The review team conducted workshops with children with chronic pain and their parents, one to seek

their views on which studies were important to include, and a second to present preliminary synthesis findings to them and seek their understanding and interpretation of them. The data from the second workshop enhanced and facilitated further interpretation of data and helped to explain under-developed concepts.

See Chapter 1 for further consideration of stakeholder engagement and involvement in QES generally.

11.6 Equity, diversity and inclusion

Issues of equity, diversity and inclusion are important to both Cochrane and Campbell reviews. Both aim to tackle topics which have global relevance. Ensuring that consideration is given to the contexts of studies within the evidence synthesis is important. Clearly outlining the populations to whom synthesis findings may be transferable, and any limitations in the coverage of populations in the included studies, should be considered. As it is at the level of theory that the findings of QES may be most usefully considered in terms of transferability to other settings, equity, diversity and inclusion issues may be particularly pertinent in meta-ethnographies as they often explicitly aim to develop theory. When undertaking a meta-ethnography, review authors should consider equity, diversity and inclusion at all stages, including when deciding what is relevant to a review, and any decisions related to sampling. Reflexive processes may be important in identifying preconceived ideas that have impacts for equity and for reflecting on the equity implications of emerging lines of argument.

An example of a meta-ethnography which explicitly focuses on ethnic inequalities in healthcare is by Bansal et al (2022) and focuses on mental health in the UK. This highlighted the perceived dominance of reductionist frameworks for the assessment and treatment of mental ill-health (described as "medical" and "Eurocentric"), as well as experiences of racist practice, which were major barriers to person-centred care. The meta-ethnography found that patients avoided, or disengaged from, mainstream services through fear of harm, concerns about the suitability of treatments, and negative experiences with healthcare providers.

11.7 Reporting guidance

Specific reporting guidelines exist for meta-ethnography. The eMERGe (Meta-Ethnography Reporting Guidance) was published in 2019 in multiple journals (France et al, 2019). The guidelines are organised by the phases of meta-ethnography and ask review authors to describe their processes and to justify choices made, for example, in relation to sampling. The reporting guidance relating to the initial steps in a QES is similar to other reporting QES guidance, with most difference seen in the specifics of the analysis and synthesis phases (3-6). In addition, it may be possible to align reporting of the search strategy with existing structures such as STARLITE (sampling strategy, type of study, approaches, range of years, limits, inclusion and exclusions, terms used, electronic sources) (Booth, 2006).

The eMERGe reporting guidance was developed specifically for meta-ethnography in collaboration with Professor George W. Noblit, one of the creators of meta-ethnography, and a project advisory group of academics, other professional stakeholders, and lay representatives (France et al 2019a, 2019b, 2019c, 2019d). The development process followed good practice for creating health research reporting guidelines (Moher et al 2010)

and consisted of: a systematic literature review (PROSPERO CRD42015024709) of methodological guidance, an analysis and audit of published meta-ethnographies, semistructured interviews with professional end-users of synthesised evidence, and an online workshop and Delphi consensus studies to agree guidance content.

The guidance is structured in three complementary parts:

1. The Guidance Table is a summary of the 19 reporting criteria which also indicates where each criterion might be reported in a publication.

2. The Explanatory Notes expand on how and why to apply each reporting criterion and describe further reporting considerations.

3. The Extensions to Reporting Criteria indicate how to report components that do not apply to every meta-ethnography report including: the abstract or executive summary; an assessment of the methodological strengths and limitations of primary studies; and use of GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research) (Lewin et al 2018) to assess the confidence in synthesised findings.

See Chapter 20, section 20.7 for further information on the eMERGe guidance.

11.8 Chapter information

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Declarations of interest

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11.9 References

Barnard, R. Jones, J. & Cruice, M. (2018): Communication between therapists and nurses working in inpatient interprofessional teams: systematic review and meta-ethnography, Disability and Rehabilitation, DOI: 10.1080/09638288.2018.1526335

Bansal, N., Karlsen, S., Sashidharan, S.P., Cohen, R., Chew-Graham, C.A., Malpass A. (2022) 'Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography', PLOS Medicine, 19(12), p. e1004139. doi.org/10.1371/journal.pmed.1004139.

Benoot, C., Hannes, K. & Bilsen, J. The use of purposeful sampling in a qualitative evidence synthesis: A worked example on sexual adjustment to a cancer trajectory. BMC Med Res Methodol 16, 21 (2016). https://doi.org/10.1186/s12874-016-0114-6

Benoot, C., Saelaert, M., Hannes, K. et al. The Sexual Adjustment Process of Cancer Patients and Their Partners: A Qualitative Evidence Synthesis. Arch Sex Behav 46, 2059–2083 (2017). https://doi.org/10.1007/s10508-016-0868-2

Britten N., Campbell, R., Pope, C., Donovan, J., Morgan, M., Pill, R. Using meta ethnography to synthesise qualitative research: a worked example. Journal of Health Services Research & Policy. 2002; 7(4):209–215.

Booth A. "Brimful of STARLITE": toward standards for reporting literature searches. J Med Libr Assoc. 2006;94(4):421–e205.

Booth, A. (2019). Harnessing energies, resolving tensions: acknowledging a dual heritage for qualitative evidence synthesis. Qualitative health research, 29(1), 18-31. https://doi.org/10.1177/1049732318808247

Bridges J, Nicholson C, Maben J, Pope C, Flatley M, Wilkinson C, Meyer J, Tziggili M: Capacity for care: meta-ethnography of acute care nurses' experiences of the nurse-patient relationship. Journal of advanced nursing 2013, 69(4), 760–772.

Campbell, R., Pound, P., Pope, C., Britten, N., Pill, R., Morgan, M., Donovan, J. Evaluating meta-ethnography: a synthesis of qualitative research on lay experiences of diabetes and diabetes care. Social Science & Medicine 2003; 56 (4): 671-684.

Campbell R, Pound P, Morgan M, Daker-White G, Britten N, Pill R, et al. Evaluating metaethnography: systematic analysis and synthesis of qualitative research. Health Technol Assess 2011; 15(43).

Cooper C, Lovell R, Husk, K, Booth, A, Garside R, Supplementary search methods were more effective and offered better value than bibliographic database searching: a case study from public health and environmental enhancement. Research Synthesis Methods 2017; doi: 10.1002/jrsm.1286

Cunningham, M., France, E.F., Ring,N., Uny, I., Duncan, E.A.S., Roberts, RJ, Jepson, R.G., Maxwell, M., Turley, R.L., Jane Noyes, J. 13/114/60. Developing a reporting guideline to improve meta-ethnography in health research: the eMERGe mixed-methods study. Health Services and Delivery Research, volume 07, number 04, 2019. https://doi.org/10.3310/hsdr07040

Finfgeld-Connett D. Metasynthesis findings: potential versus reality. Qualitative Health Research, 2014;24(11):1581–91. https://doi.org/10.1177/1049732314548878

Finfgeld-Connett, D. & Johnson, E.D. Literature Search Strategies for Conducting Knowledge-building and theory-generating Qualitative Systematic Reviews: Discussion Paper J Adv Nurs. 2013; 69(1): 194–204. doi:10.1111/j.1365-2648.2012.06037.x

France E.F., Cunningham, M., Ring,N., Uny, I. Duncan, E.A.S., Jepson, R.G., Maxwell, M., Roberts, R.J., Turley,R.L. Booth, A., Britten, N., Flemming, K., Gallagher, I., Garside, R., Hannes, K., Lewin, S., Noblit, G.W., Pope, C., Thomas, J., Vanstone, M, Higginbottom, GMA, Noyes, J. (2019). Improving reporting of Meta-Ethnography: The eMERGe Reporting Guidance. Journal of Advanced Nursing, 75(5): 1126-1139. https://doi.org/10.1111/jan.13809

France E.F., Cunningham, M., Ring,N., Uny, I. Duncan, E.A.S., Jepson, R.G., Maxwell, M., Roberts, R.J., Turley,R.L. Booth, A., Britten, N., Flemming, K., Gallagher, I., Garside, R., Hannes, K., Lewin, S., Noblit, G.W., Pope, C., Thomas, J., Vanstone, M, Higginbottom, GMA, Noyes, J. (2019). Psycho-oncology, 28 (3): 447-458, 2019. DOI: 10.1002/pon.4915

France E.F., Cunningham, M., Ring,N., Uny, I. Duncan, E.A.S., Jepson, R.G., Maxwell, M., Roberts, R.J., Turley,R.L. Booth, A., Britten, N., Flemming, K., Gallagher, I., Garside, R., Hannes, K., Lewin, S., Noblit, G.W., Pope, C., Thomas, J., Vanstone, M, Higginbottom, GMA, Noyes, J. (2019). Review of Education, 7 (2), June 2019, pp. 430–451. DOI: 10.1002/rev3.3147.

France E.F., Cunningham, M., Ring,N., Uny, I. Duncan, E.A.S., Jepson, R.G., Maxwell, M., Roberts, R.J., Turley,R.L. Booth, A., Britten, N., Flemming, K., Gallagher, I., Garside, R., Hannes, K., Lewin, S., Noblit, G.W., Pope, C., Thomas, J., Vanstone, M, Higginbottom, GMA, Noyes, J. (2019). BMC Medical Research Methodology (2019), 19:25. https://doi.org/10.1186/s12874-018-0600-0.

France E, Uny I, Turley R, Thomson K, Noyes J, Jordan A, Forbat L, Caes L, Silveira Bianchim M. A 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. Cochrane Database of Systematic Reviews 2023, Issue 10. Art. No.: CD014873. DOI: 10.1002/14651858.CD014873.pub2. Accessed 17 October 2023.

France, E.F., Ring, N., Thomas, R., Noyes, J., Maxwell, M. Jepson, R. A methodological systematic review of what's wrong with meta-ethnography reporting. BMC Medical Research Methodology, 14:119 doi:10.1186/1471-2288-14-119, 2014.

France E.F., Uny, I., Ring, N., Turley, R.L. Maxwell, M., Duncan, E.A.S., Jepson, R.G., Roberts, R.J., Noyes, J. (2019). A methodological systematic review of meta-ethnography conduct to articulate the complex analytical phases. BMC Medical Research Methodology, 19:35. https://doi.org/10.1186/s12874-019-0670-7 Franzel B, Schwiegershausen M, Heusser P, Berger B. Individualised medicine from the perspectives of patients using complementary therapies: a meta-ethnography approach, Complementary and Alternative Medicine 2013, 13:124. doi:10.1186/1472-6882-13-124.

Garside R, Britten N, Stein K. The experience of heavy menstrual bleeding: A systematic review and meta-ethnography of qualitative studies. Journal of Advanced Nursing 2008; 63 (6): 550-562.

Garside, R. (2008) A comparison of methods for the systematic review and synthesis of qualitative research: two case studies using meta-ethnography and meta-study. Exeter: PhD University of Exeter.

Gough, D., Thomas, J., & Oliver, S. (2012). Clarifying differences between review designs and methods. Systematic reviews, 1(1), 1-9.

Gwernan-Jones R, Moore D, Garside R, Richardson M, Thompson-Coon J, Rogers M, Cooper P, Stein K, Ford T. ADHD, parent perspectives and parent—teacher relationships: Grounds for conflict. British Journal of Special Education 2015; DOI: 10.1111/1467-8578.12087

Lewin S, Booth A, Glenton C, Munthe-Kaas H, Rashidian A, Wainwright M, et al. Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series. BioMed Central; 13: Article no.2, 2018.

Malpass, A., Shaw, A., Sharp, D., Walter, F., Feder, G., Ridd, M., & Kessler, D. (2009). "Medication career" or "moral career"? The two sides of managing antidepressants: a metaethnography of patients' experience of antidepressants. Social science & medicine, 68(1), 154-168. <u>https://doi.org/10.1016/j.socscimed.2008.09.068</u>

Moher D, Schulz KF, Simera I, Altman DG. Guidance for developers of health researchreportingguidelines.PLOSMed2010;7:e1000217.https://doi.org/10.1371/journal.pmed.1000217

Monteforte-Royo, C., Villavicencio-Chávez, C., Tomás-Sábado, J., Mahtani-Chugani, V., & Balaguer, A. (2012). What lies behind the wish to hasten death? A systematic review and meta-ethnography from the perspective of patients. PLoS One, 7(5), e37117. https://doi.org/10.1371/journal.pone.0037117

Moore D, Gwernan-Jones R, Richards M, Thompson-Coon Jo, Stein K, Logan S, Ford T, Garside R. The experiences of and attitudes toward non-pharmacological interventions for attention-deficit/hyperactivity disorder used in school settings: A systematic review and synthesis of qualitative research. Special issue of Emotional and Behavioural Difficulties 2016. Doi:10.1080/13632752.2016.1139296

Noblit, G.W. and Hare, R.D. (1988) Meta-ethnography: synthesizing qualitative studies. Sage; Newbury Park, USA.

Noblit, G.W. (2019). Meta-ethnography in Education. Oxford Research Encyclopaedias. DOI:10.1093/acrefore/9780190264093.013.348(accessed 20/8/19)https://oxfordre.com/education/abstract/10.1093/acrefore/9780190264093.001.0001/acrefore-9780190264093-e-348?rskey=fVCg5j&result=1)

Noyes J, Booth A, Flemming K, Garside R, Harden A, Lewin S, et al. Cochrane Qualitative and Implementation Methods Group guidance series-paper 3: methods for assessing methodological limitations, data extraction and synthesis, and confidence in synthesized qualitative findings. Journal of clinical epidemiology. 2018; 97: 49-58.

Park, S., Khan, N., Stevenson, F. et al. Patient and Public Involvement (PPI) in evidence synthesis: how the PatMed study approached embedding audience responses into the expression of a meta-ethnography. BMC Med Res Methodol 20, 29 (2020). https://doi.org/10.1186/s12874-020-0918-2

Pearson, M., Hunt, H., Cooper, C., Shepperd, S., Pawson, R., & Anderson, R. (2013). Intermediate care: A realist review and conceptual framework. Final Rep. Southampt. NIHR Serv. Deliv. Organ. Programme

Pope C, Mays N. Synthesising qualitative research. In: Pope C, Mays N, editors. Qualitative research in health care (3rd ed). Oxford : Blackwell Publishing; BMJ Books; 2006. p. 142–52.

Pound, P., Britten, N., Morgan, M., Yardley, L., Pope, C., Daker-White, G., Campbell, R. Resisting medicines: a synthesis of qualitative studies of medicine taking. Social Science & Medicine, 2005; 61 (1): 133-55.

Richardson M, Moore DA, Gwernan-Jones R, Thompson-Coon J, Ukoumunne O, Rogers M, et al. Non-pharmacological interventions for attention-deficit/hyperactivity disorder (ADHD) delivered in school settings: systematic reviews of quantitative and qualitative research. Health Technol Assess 2015; 19 (45).

Sandelowski M, Barroso J. Finding the findings in qualitative studies. J Nurs Scholarsh. 2002;34(3):213-9.

Schütz, A. (1962). The Problem of Social Reality. Collected Papers I. The Hague: Martinus Nijhoff.

Shaw, L., Moore, D., Nunns, M., Thompson Coon, Jo., Ford, T., Berry, V., et al. Experiences of interventions aiming to improve the mental health and well-being of children and young people with a long-term physical condition: A systematic review and meta-ethnography. Child: Care, Health and Development. Child Care Health Dev. 2019. doi:10.1111/cch.12708

Sinnott C, Mc Hugh S, Browne J, Bradley C: GPs' perspectives on the management of patients with multimorbidity: systematic review and synthesis of qualitative research. BMJ open 2013, 3(9):e003610.

Strick K, Abbott R, Thompson Coon J, Garside R. Meta-ethnography of the purpose of meaningful occupation for people living with dementia. *Int J of Older People Nursing*. 2021. DOI: 10.1111/opn.12391

Suri H. Purposeful sampling in qualitative research synthesis. Qualitative Research Journal. 2011;11:63–75. https://doi.org/10.3316/QRJ1102063

Toye, F., Belton, J., Hannink, E., Seers, K., & Barker, K. (2021). A Healing Journey with Chronic Pain: A Meta-Ethnography Synthesizing 195 Qualitative Studies. Pain Medicine, 22(6), 1333-1344. https://doi.org/10.1093/pm/pnaa373 Toye F, Seers K, Allcock N, Briggs M, Carr E, Barker K. Meta-ethnography 25 years on: challenges and insights for synthesising a large number of qualitative studies. BMC Med Res Methodol. 2014;14:80

Toye, F., Seers, K., Hannink, E., & Barker, K. (2017). A mega-ethnography of eleven qualitative evidence syntheses exploring the experience of living with chronic non-malignant pain. BMC medical research methodology, 17(1), 1-11. https://doi.org/10.1186/s12874-017-0392-7

Turner SP: Sociological explanation as translation. Cambridge: Cambridge University Press; 1980.

Wells M, Williams B, Firnigl D, Lang H, Coyle J, Kroll T, MacGillivray, S: Supporting 'work-related goals' rather than 'return to work' after cancer? A systematic review and meta-synthesis of 25 qualitative studies. Psycho–Oncology 2013, 22(6):1208–1219.

Yoshino CA, Sidney-Annerstedt K, Wingfield T, Kirubi B, Viney K, Boccia D, Atkins S. Experiences of conditional and unconditional cash transfers intended for improving health outcomes and health service use: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2023, Issue 3. Art. No.: CD013635. https://doi.org/10.1002/14651858.CD013635.pub2