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A decade of metasynthesis research in health sciences: A meta-method study

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Abstract

The overall aim of this study was to analyze the methods applied in previous metasynthesis research and to inform future researchers of epistemological and methodological issues based on this analysis. Meta-method analysis was applied to a decade of 45 published metasynthesis studies that pertain to nursing and allied health studies. The findings show that the metasynthesis research can be classified into three areas: (1) health, illness and suffering, (2) care and support, and (3) parenting, newborn and childcare. Meta ethnography dominates the research area. Metastudy, metasummary, qualitative metasynthesis, and grounded formal theory are emerging methods. The metasynthesis studies suffer from modifications without explications, use of secondary method references, missing sample and search data and differences in the type of findings and the meta-concepts depicting the findings. The worth of metasynthesis research is questioned when the core ideas of qualitative meta studies, theoretical and/or methodological development (“synthesis”) combined with the potential of going beyond and behind the studies (“meta”), is missing. Metasynthesis research requires knowledge in both the substance and the various qualitative methods, and systematic attendance to the method accompanied by the openness and the creativity of a qualitative approach. Conclusions and recommendations are presented as epistemological reflections and a guide for future metasynthesis research in health sciences.

Key words: Metasynthesis, meta-method, meta-ethnography, metastudy, grounded formal theory, metasummary, qualitative methods

Introduction

Metasynthesis research has evoked considerable interest for disciplinary as well as clinical development of nursing and health care since its emergence during the last decade. A number of methodologies for metasynthesis of qualitative data have been developed in connection to research projects of the experiences of chronic illness (Paterson, 2001; Paterson, Thorne, Canam & Jillings, 2001; Paterson & Thorne, 2003), HIV-positive women (Barroso & Sandelowski, 2003, 2004; Sandelowski & Barroso, 2003a,b; 2003c,d), and women’s health (Kearney, 1998a,b; 1999, 2001a,b). Reviews show that the metasynthesis approach include various methods which aim at developing new knowledge based on critical analysis and integrative synthesis of qualitative studies (Finfgeld, 2003; Dixon-Woods, Agarwal, Jones, Young & Sutton, 2005; Walsh & Downe, 2005). Metastudy developed by Paterson and colleagues (2001) is a tripartite research approach including meta-data analysis, meta-theory analysis and meta-method analysis. Sandelowski and Barroso (2003b) developed a metasummary method that includes effect sizes as a fruitful base for metasynthesis and, inspired by Glaser and Strauss (1967), Kearney (1998a) described the method formal grounded theory. The idea of metasynthesis is to arrive at new insights beyond the original piece of research (Paterson et al., 2001; Sandelowski, 2006), thus differing from reviews and secondary analysis (Bondas & Hall, 2006). Metastudies are supposed to advance the discipline (Zhao, 1991; Ritzer, 1992); the synthesis should be consistent, parsimonious, elegant and useful (Noblit & Hare, 1988). Previous research publications are analyzed as primary data,
and sampling criteria are decided in relation to studies instead of participants. The inclusion criteria and sample description, procedures for data handling, data analysis and interpretation, therefore, are vital validity issues. A metasynthesis study may clarify inconsistencies between materials synthesized (Noblit & Hare, 1988), it may articulate complex theories in the field (Paterson et al., 2001), or reconceptualize across studies (Doyle, 2003). However, the methods and procedures may be misunderstood (Morse, 2006), the results not in line with the method, and the re-presentation unfair and inaccurate. Several challenges in the metasynthesis research (Bondas & Hall, 2007) make it pertinent to study how metasynthesis research is done.

Knowledge cannot be synthesized from limited collections of study reports without a thorough analysis of their foundations and features (Paterson et al., 2001; Barroso & Sandelowski, 2003 Barroso et al., 2003). Developers of the different approaches question the worth of metasynthesis and matters of representation and generalization (Paterson, Canam, Joachim & Thorne, 2003; Thorne, Jensen, Kearney, Noblit & Sandelowski, 2004; Sandelowski, 2006), and researchers are increasingly debating the potentials of the method for the scientific development and evidenced-based care (Kearney, 2001b; Finggeld, 2003; Paterson & Thorne, 2003; Walsh & Downe, 2005). This study is part of a Nordic research project “Metasynthesis of childbirth in a Western context of risk and technology” (Bondas et al., 2004; Aagaard & Hall, forthcoming) and the forth in a series of methodological contributions (Bondas & Hall, 2006; 2007; Hall, 2004). The overall aim of this study was to analyse the methods applied in previous metasynthesis research and to inform future researchers of epistemological and methodological issues based on this analysis.

**Method**

Meta-method analysis was chosen for this study in order to extend the review format (Cooper, 1988; Evans, 2001) and analyze meta questions. The method suggested by Zhao (1991), and further developed by Paterson and colleagues (2001) as an independent part of a tripartite metasynthesis is used to explore the methodological features; the method determines how the metasynthesis methods have been interpreted by the researchers, and explores rigor and soundness in relation to the type of findings.

A decade of metasynthesis research, from the first published study in nursing and allied health 1994 to July 2006, is analyzed to determine possible needs to develop the metasynthesis methodology and to inform decisions about metasynthesis research projects. Meta studies in health care using the key words: metastudy, meta study, meta ethnograph*, meta-ethnography, metaethnography, metasynt*, meta-synthesis and metasummary, and in combinations with qualitative studies/research in the databases CINAHL, Medline, Blackwell Synergy, Science Direct, PsyCLit, Sociofile, were searched. Ancestry searches of journals in the disciplines of nursing and health care, backtracking from citations in published sources, internet searches, citation index searches and colleague contacts were also used in the data-collection. Inclusion criteria were, research published in a refereed publication in nursing and health care, and acknowledged as metasynthesis from 1994 to June 2006. The sample consisted of 45 articles.

**Findings**

**Metasynthesis in different research areas and forums**

The number of metasynthesis studies in nursing and allied health has grown from one published study in 1994 (Jensen & Allen), none in 1995, altogether eight studies during the 1990s to 36 studies in the first six years of the 2000s making a total of 45 studies. There is a peak in 2003, when ten studies were found. The journal *Qualitative Health Research* is the first to publish, and it takes the lead in the number of metasynthesis studies (9/45 articles). The second place is taken by *Journal of Nursing Scholarship* (5/45), and the third place is shared by *Journal of Obstetrical, Gynecological and Neonatal Nursing, Research in Nursing & Health, and Western Journal of Nursing Research* with three articles each. The rest are published in various nursing and allied health journals. Research can be classified into three areas: health, illness and suffering (20/45), care and support (10/45), and parenting and childcare (15/45). The three areas reflect the research areas in which qualitative research in nursing and allied health has increased during the last decades thus making metasynthesis possible. Tables I (a–c) provide an overview of the characteristics of the studies in the three areas.

**Metasynthesis methods in use**

The studies showed a variety of methods. More than half of the studies (24/45) used meta ethnography (Noblit & Hare, 1988). This method was originally developed for ethnographic studies but was also meant for other interpretative studies. Five studies used the terminology of Noblit and Hare without reference and five studies had modified the method. In spite of a large number of studies, pilot studies of the method were found (Britten et al., 2002, Campbell et al., 2003).
| Researcher(s), year, country and background | Research focus | Method(s) and type of findings | Criteria, search, sample and years | Theoretical and cultural perspective |
|--------------------------------------------|----------------|--------------------------------|-----------------------------------|-------------------------------------|
| Arman and Rehnsfeldt, 2003, Sweden, doctoral student and PhD | Suffering among breast cancer patients | Hermeneutic phenomenological analysis to categories, interpretation, theory and a model | Criteria described, Cinahl, search strategy not described, 14, 1990–2000 | Eriksson’s suffering and health theories, nursing and caring publications in English |
| Barroso and Powell-Cope, 2000, USA, PhD | Living with HIV-infection | Noblit & Hare terminology, constant comparative analysis (no references) to metaphors, no relationship | Articles only, search strategy not described, 21, 1990–1995 | Crossdisciplinary US studies |
| Barroso and Sandelowski, 2004, USA, PhD | Substance abuse in HIV-positive women | Metasummary to themes and synthesis | Part of a metasynthesis project, 74, years described elsewhere | Crossdisciplinary US studies |
| Campbell et al., 2003, UK, PhD (seven researchers) | Lay experiences of diabetes and diabetes care | Meta ethnography to a line of argument and a synthesis | Pilot study, criteria described, 7, years not described | Crossdisciplinary |
| Finfgeld, 1999, USA, PhD | Courage among persons experiencing a variety of threats to their well-being | Meta ethnography and grounded theory (Strauss & Corbin) to a process model | Criteria described, various databases, 6, years in the references | Psychology and nursing |
| Fredrikkson and Eriksson, 2001, Sweden and Finland, doctoral student and PhD | Patients’ narrative of suffering | Qualitative research synthesis (Jensen & Allen) to three syntheses to a 23, model | Reviews, methodological and discussions included, Cinahl, 1990–1997 | Eriksson’s suffering theory, nursing and caring |
| Jensen and Allen, 1994, USA, PhD | Individuals’ experience of wellness and illness | Meta ethnography grouped by method, reciprocal translation to theory | Criteria described, search not described, 112, 1980–1991 | International research, culture acknowledged |
| Kearney, 1998, USA, PhD | Women’s addiction recovery | Formal grounded theory (Glaser, Strauss) to a theory | Criteria described, search not described, 10, 1980s and 1990s | Multidisciplinary studies (USA and Canada), culture acknowledged |
| Kearney, 2001, USA, PhD | Women’s experience of domestic violence | Formal grounded theory (Glaser & Strauss, Kearney) to a theory | Criteria defined, multiple search strategies, 13, 1984–1999 | Multidisciplinary studies from USA and Canada, culture acknowledged |
| Kearney and O’Sullivan, 2003, USA, PhD and doctoral candidate | Turning points and common pathways of health-behaviour change | Formal grounded (Glaser & Strauss, Kearney) theory to a theory | Criteria described, varied databases, 14, 1988–2000 | Culture acknowledged |
| Kylmä, 2005, Finland, PhD | Despair and hopelessness in the context of HIV | Grounded theory (Glaser) to processes and subprocesses, categories and subcategories | A literature review and GT studies of his own, Cinahl, 5, 1999–2003 | Nursing studies from Finland |
| Kylmä, 2006, Finland, PhD | Hope, despair and hopelessness in significant others of adult persons living with HIV | Metasynthesis (various references and practice described) to theory | GT studies of his own, Cinahl, 5, 2001–2005 | Nursing studies from Finland |
| Morse, 1997, Canada, PhD | Responding to threats to integrity of self | Qualitative meta-analysis (Jensen & Allen; Schreiber Crooks & Stern; Estabrooks, Field & Morse) to a five-stage theory | GT studies of her own or her students, and supplemental studies, search described, 9, years not described | Culture and discipline not discussed |
Another method, ‘qualitative research synthesis’ (Jensen & Allen, 1994, 1996) in combination with Noblit and Hare (1988), was used in three papers (Fredriksson, 2003; Fredriksson & Eriksson, 2001; Meadows-Oliver, 2003). Metasummary and qualitative metasynthesis developed by Sandelowski and Barroso and the tripartite metastudy developed by Paterson and colleagues are referred to in some studies but used completely only in the developers’ own studies. Grounded formal theory or grounded theory is used by Kearney and Kylmä in their studies. Interpretative approaches in combination with references to various metasynthesis methods are applied referring to Gadamer (Kärkkäinen, Bondas & Eriksson, 2005) and Ricoeur (Råholm, Lindholm & Eriksson, 2002). Content analysis (McNaughton, 2000) and concept synthesis (Russell, Bunting & Gregory, 1997; Finfgeld-Connett, 2005) are seen in connection with metasynthesis. Reviews including quantitative studies also were called meta-synthesis (Lefler & Bondy, 2004).

The methodology was in some studies explained in detail, sometimes with illustrating descriptions and figures (Beck, 2002a; Nelson, 2002). Some studies provided little information of the procedure, some were detailed (Tables I (a–c)). There were, however, examples of method slurring (cf. Baker, Wuest & Stern, 1992), such as unclear descriptions or modifications without explications based on mixed methods, and differences in the method language and the study details (Tables I a–c). Attree’s (2005) study claimed to be a metasynthesis according to Noblit and Hare terminology in the title but used ‘review’ all through the study. Burke, Kaufman, Costello, Wiskin and Harrison (1998) used the term “qualitative meta-analysis”, mentioned Noblit and Hare and referred to secondary analysis (Thorne, 1994) and Morse and Johnson’s (1991) study, a synthesis of grounded theory studies.

Factors pertinent in sampling decisions

Inclusion and exclusion criteria as well as the sample size and publication years varied among the studies (Tables I a–c). These decisions are important in a metasynthesis for understanding and judging the validity of the study. The inclusion criteria are usually the study's relevance for the topic area. The focus may be researcher-constructed to form a cluster of studies within a research area or a recurring, albeit not deliberately sought after topic,
found in the course of another study (Barroso & Sandelowski, 2004). The focus may be within a theoretical perspective (Råholm et al., 2002; Arman & Rehnsfeldt, 2003). An example is Arman and Rehnsfeldt (2003), who within a theory of suffering interpreted findings of studies on women's experiences of breast cancer. Another inclusion criteria is quality appraisal, usually restrictions to peer-reviewed studies or a validity appraisal (Paterson et al., 2001; Sandelowski & Barroso, 2002a;b; 2003a). The inclusion criteria, however, do not always match the focus of the study. Råholm and colleagues (2002), e.g. aimed at synthesizing studies of spirituality reflected through suffering theory but only set the criteria; the analysis was not pulled through.

The identification process of appropriate publications was not always described (Tables I a–c). Most studies were based on retrievals from CINAHL and Medline. Infrequently used were the data bases PsychINFO, ERIC, Dissertation Abstracts online and Sociological Abstracts, Sociofile and PsycLit (Tables I a–c). There seemed to be an implicit assumption that only refereed literature was suitable

| Researcher(s), year, country and background | Research focus | Method(s) and type of findings | Criteria, search, sample and years | Theoretical and cultural perspective |
|-------------------------------------------|----------------|-------------------------------|----------------------------------|----------------------------------|
| Beck, 2001, USA, PhD                      | Caring in nursing education | Meta ethnography to reciprocal connections to a model | Criteria described, Cinahl, 14, 1990–1997 | Multicultural |
| Britten et al., 2002, UK, PhD (six researchers) | Patients' medicine taking and communication with health professionals | Meta ethnography, a line of argument and a synthesis, interpretations for hypotheses | Pilot study, 4, arbitrarily chosen, years not described | Cross-disciplinary UK studies, culture acknowledged |
| Carroll, 2004, USA, doctoral candidate    | Nonvocal ventilated patients' perceptions of being understood | Meta ethnography and metastudy to two themes and subcategories, reciprocal relationship | Criteria and search strategies described, 12, 1982-2000 | Peplau’s theory of interpersonal relations, cross-disciplinary nursing, medicine and sociology |
| Coffman, 2004, USA, doctoral candidate    | Cultural caring in nursing practice | Meta ethnography, metaphors to categories and overall themes, relationship not discussed. | Criteria described, various databases, 13, 1990–2001 | Leininger’s theory stated but not used, cross-disciplinary starting-point but US, UK and Canada studies in nursing science used |
| Finfgeld-Connett, 2005, USA, PhD         | Social support | Template Verification and Expansion model and Walker-Avant’s concept analysis to a process model | Criteria and search strategies described, 44, 1987–2003 | English studies |
| Fredriksson, 1999, Sweden, doctoral candidate | Presence, touch and listening in a caring conversation | Qualitative research synthesis (Jensen & Allen) to a model | Includes reviews and clinical discussions, Cinahl, 28, 1989–1997 | Nursing and caring |
| Kehoe, 2006, USA, doctoral candidate     | Hospice nurses | Meta ethnography modified to a reciprocal relationship and metaphors | Criteria described, search not explained, 5, years not mentioned | US studies |
| Kärkkäinen, Bondas and Eriksson, 2005, Finland, doctoral candidate, PhD | Documentation of individual patient care | Metasynthesis (reference to Sandelowski & Barroso and interpretation (Gadamer) | Criteria and literature search described, 14, 1996–2003 | Eriksson’s theory of caring, English and Nordic research |
| Russell, Bunting and Gregory, 1997, USA and Canada, PhD | Protective care-receiving | Concept synthesis (modified Noblit & Hare; Walker & Avant) to descriptive narratives | Studies of their own, 3, 1992–1994 in a table | Orem’s self care theory, US and Canada studies |
| Sherwood, 1997, USA, PhD                 | Caring         | Meta-synthesis (references: Noblit & Hare; Estabrooks, Field & Morse, Jensen & Allen) to an operational model | Various criteria and literature search described, 16, 1975–1993 | Caring and culture acknowledged |
| Researcher(s), year, country and background | Research focus | Method(s) and type of findings | Criteria, search, sample and years | Theoretical and cultural perspective |
|-------------------------------------------|----------------|--------------------------------|-----------------------------------|-------------------------------------|
| Attree, 2005, UK, PhD                     | Parenting support in the context of poverty | Meta ethnography, relationship claimed as “line-of-argument” but not discussed | Part of a review, 12, 1987–2005 (1985 in the table) | Only UK studies |
| Beck, 2002a, USA, PhD                     | Mothering multiples | Meta ethnography to reciprocal themes to a unified description | Criteria not described, various databases, 6, 1980–1990 | Multicultural cross-disciplinary |
| Beck, 2002b, USA, PhD                     | Living with postpartum-depression | Meta ethnography to four perspectives and a theoretical model, relationship not described | Criteria described, various search strategies and databases, 18, 1960s–1990s | Cross-disciplinary English studies, culture acknowledged |
| Burke et al., 1998, Canada, PhD (five researchers) | Stressors in families with a child with a chronic condition | “Qualitative meta-analysis methods” (various references), matrices in tables compared to a theoretical model | Criteria described, Medline and Cinahl, 17 (counted in the table), 1990–1994 | Burke stressors and task framework, culture not mentioned |
| Clemmens, 2003, USA, PhD                  | Adolescent motherhood | Meta ethnography to metaphors and reciprocal translations | Criteria described, 18 |  |
| Coffey, 2006, USA, doctoral candidate     | Parenting a child with chronic illness | Meta ethnography, metaphors to themes, reciprocal translations | Criteria described, various databases, 11, 1989–2000 | Nursing science from USA, Japan, Canada and Germany |
| Goodman, 2005, USA, PhD                   | Fatherhood in the early months after the birth of an infant | Meta ethnography to phases and factors, relationships not discussed | Criteria described, various databases, 10, 1990–2001 | All but one in nursing science from Australia, Canada, Denmark and USA US studies |
| Kennedy, Rousseau and Low, 2003, USA, PhD | Midwifery care and process | Meta ethnography to a model, relationship not discussed | Studies which they had been involved in themselves, 6, 1995–2002 in a table |  |
| McNaughton, 2000, USA, doctoral candidate | Home-visiting practice of public health nurses to maternal-child clients | Content analysis (Miles & Huberman) to a theoretical model | Criteria described, various search strategies, 14, 1991–1999 | Peplau and Cox, English studies |
| Meadows-Oliver, 2003, USA, doctoral candidate | Homeless women with children living in shelters | Meta ethnography to descriptive themes and reciprocal translation but not discussed | Criteria described, search not explained, 18, 1990–99 in tables | English studies |
| Nelson, 2002, USA, doctoral candidate     | Mothering other than normal children | Meta ethnography to themes and to steps, reciprocal translations | Criteria described search 12, 1991–1999 | Cross-disciplinary |
| Nelson, 2003, USA, PhD                    | Transition to motherhood | Meta ethnography to social processes, thematic categories and underlying themes, reciprocal translation | Criteria described, various databases, 9, 1986–1999 in the table | Transition theory, cross-disciplinary attempt but most are nursing studies from USA and Australian studies |
| Nelson, 2006, USA, PhD                    | Breastfeeding | Meta ethnography to an essential structure and underlying themes and subthemes | Criteria described, various databases, 15, 1990–2003 | English studies in a table |
| Sandelowski and Barroso, 2005, USA, PhD   | Expectant parents receiving positive prenatal diagnosis | Metasummary: Effect sizes and metasynthesis: content analysis, Morgan, constant comparison, Strauss and Corbin, metaethnography, Noblit and Hare. Topical and thematic focus | Criteria described search explained, various databases, 17, 1984–2001 | Cross-disciplinary US studies |
| Schwartz, 2005, USA, PhD                  | Parenting preterm infants | Meta ethnography to metaphors or themes, reciprocal translations | Criteria described, various databases, 10, 1990–2003 | Discipline and culture not discussed |
but argumentation was sparse. Searches that include only computerized databases might exclude valuable studies, and the research reports retrieved by these databases will thus be a biased sample (Conn et al., 2003a; Sandelowski & Barroso, 2002a; b) because missing non-English reports may provide different findings (Conn et al., 2003b). Peer review procedures were not always applied, and acknowledgement of librarians’ involvement was rare. Six studies did not describe their search procedures, and others did not detail their searches. Some studies only used literature of their own (Kennedy, Rousseau & Low, 2003; McCormick, Rodney & Varcoe, 2003; Kylmä, 2005; 2006), and they resembled secondary analyses (Thorne, 1994; Heaton, 2004). Few studies included books, chapters, dissertations, or theses. Most of the studies included only empirical research based on primary data, according to the aims of metasynthesis research. Exceptions were Fredriksen’s (1999) and Fredriksen and Eriksson’s (2001) studies, which added reviews and clinical discussions. Råholm and colleagues (2002) included concept development and literature reviews, and Finfgeld-Connett (2005) accepted linguistic analysis studies. The nature of the metasynthesis then changed. Concept development studies, linguistic analysis and literature reviews are different in relation to the qualitative studies that captures the experienced inside perspective. Eventually, inclusion of other than qualitative studies creates difficulties in the synthesis process and forms a validity problem. Another example of extending a metasynthesis is when comparing themes to findings from quantitative studies (Sandelowski, Lambe & Barroso, 2004).

There is confusion between what is review and what is metasynthesis (cf. Noblit & Hare, 1988; Bondas & Hall, 2006); both are used as if they were interchangeable (Arman & Rehnfeldt, 2002; Lefler & Bondy, 2004; Attree, 2005).

Some samples seem to be convenience samples with little information on its type; however, most studies had information on the sample size. Some studies with small samples (Russell et al., 1997; Kennedy et al., 2003; Kylmä, 2005; Kylmä, 2006) used their own research in spite that a data base search was described that did not reveal any other comparable studies (Kylmä, 2005; 2006). Kearney (2001b) argues that the greater the number of substantive studies to work with, the higher the level of formal theory that can be achieved and the more saturated and transferable will be the product of analysis. However, large samples may retain deep analysis in bringing up new themes. Sandelowski, Docherty and Emden (1997) point at the wealth of information contained in each study and they suggest that more than 10 studies in a metasynthesis will impede deep analysis and threaten the interpretive validity of findings. Yet, there is a hidden ideal of retrieving all of the relevant studies in a field (Barroso et al., 2003), even if metasynthesis as a qualitative approach ideally ought to entail purposeful sampling or otherwise exemplary information. Therefore, there has to be clearly defined purposeful sampling strategy in order to set tight boundaries for the synthesis. This is however not always occurring in the studies. Samples range from three (Russell et al., 1997) to 292 studies (Paterson et al., 2001). The majority included nine to 18 studies but it was seldom clear what type of sample the size represented. Few studies reported information on the total samples included in the primary studies.

The inclusion criteria of the years for publication vary in the studies and are seldom outlined, and in some studies even seem to be a haphazard solution. A persistent attitude, which seems implicitly to become handed over from the quantitative meta-analysis, is to disregard older research. The years of the sample are usually mentioned or seen in the tables but the arguments are missing. However, there are some fruitful examples when research is connected with a methodological research project. For example, Paterson and colleagues (2001) that try to include a total sample of research within the years 1980 and 2001 and Sandelowski and Barroso (2003c,d) in their studies on HIV-positive women starting from 1984 when the first qualitative study on the subject was published. Another argument is the year when a database became available online, however, this entrance year seems to vary in the studies. One study includes an argument related to a change from manual to electronic documentation (Kärkkäinen et al., 2005).

**Analysis and types of findings**

The findings are presented in text, tables and figures which is not surprising in the research area. The basis for the analysis and subsequent findings is not always clear. It is seldom discussed what parts of the article is used as data but it seem to be narrowed to the findings. This is very little discussed except in the studies that contain methodological development, such as the studies of Paterson and colleagues and Sandelowski and colleagues in their numerous publications.

The question of alternative representations, such as fictionalized stories, poetry, visual art, performances and plays in metasynthesis research is raised by Annells (2005). Metasynthesis studies that attempt to include this type of qualitative findings have not been found, although Noblit and Hare as early as in 1988 encouraged their meta ethnography to be
presented in other formats, and not only texts. An even more serious question of representation is the distance from the participant and the lived experience. Metasyntheses are interpretations at least three times removed from the target experiences, placing the entire project in a meta-jeopardy (Sandelowski, 2006). The critical/discursive orientation including alternative readings is needed beside the empirical/analytical studies. This is seen in a couple of studies in connection with methodological development; an example is a meta-theory study of fatigue in chronic illness (Paterson et al., 2003).

We found incomplete analysis and even a lack of synthesis or the opposite, an over-theorization where the findings seem to rely on the theoretical perspectives. There were studies including interpretations that were not data based or it was not possible to see where the categories or themes had been created in the first place. Likewise, discussions of the worth of the work in relation to the specific issue were uncommon. Tabulation was not always accompanied by a narrative (cf. Evans, 2001) or tables were displayed without analysis or even descriptions in text.

Even though there was evidence of methods named, especially Noblit and Hare’s meta ethnography, the method was not always appropriately used or it was modified without notice in a way that the core idea of the method is not recognized, e.g. the meaning of metaphors, and translation of relationships between the studies. We also found confusion in the use of concepts and their applications, for example “themes”, “categories”, “thematic categories”, “metaphors”, “perspectives”, “phases and factors”, “processes and subprocesses”, “clusters”, “comparisons” and “narratives”. Each study seemed to have its own concepts to describe their findings and they were not always linked to the claimed method (cf. Tables Ia–c). The meta concepts of methodologies thus need further research attention. Many of the metasyntheses aggregate the findings into metasummaries rather than translating the studies into each other. It is unclear what the primary data are, where the interpretations began and how the studies are related. There are few comments on the actual differences in the findings of the studies. The metasynthesis thus reduces the findings and the differences in the cultural and contextual data collection in the primary studies.

Discussing relationships between the findings of the primary studies does not appear to any greater extent, although the methodology of Noblit and Hare (1988) is referred to. The relationship was usually mentioned in a line and it is not clear on what basis the decision was made. In the study of Kennedy and colleagues (2003), the question of relationship was not discussed and seemed misunderstood. Likewise, in Beck (2002b, p. 457), Noblit and Hare’s methodological term “reciprocal translation” was used “since the studies were about similar things”. However, reciprocal translation is not only a question of similar things but also how things are intertwined (Noblit & Hare, 1988). A “model” terminology is seen in some metasynthesis and used to arrive at a theoretical development. Examples of this are “three different synthesizes summed up in a model” (Fredriksson, 1999), “theoretical model” (McNaughton, 2000; Kearney & O’Sullivan, 2003), “model” (Kennedy et al., 2003) and “therapeutic model” (Sherwood, 1997).

The variety of experiences require the attention of the metasynthesist to maintain the ‘thick description’ (Geertz, 1973) and thus attain to the significance of the qualitative studies. Only a few of the studies used citations from the primary studies. Sensitivity to the language and theoretical origins of the contributing works may provide findings that are more complete and improve the clinical usefulness (Kearney, 2001b). The studies of Britten and colleagues (2003), Campbell and colleagues (2003), Paterson and colleagues (2001) and Sandelowski and Barroso (2003c,d, 2005) in which a synthesis and relationships between the studies are analyzed and outlined, provide audit trails and thorough discussions. Further research is mentioned only in a few studies and then in general terms. New research questions are seldom suggested in the studies though this is a hidden potential in a metasynthesis.

Disciplinary questions and theoretical perspectives

“Push the level of theory” is a wording that contains the message of metastudies (Schreiber et al., 1989, p. 315). The theory is explicated by providing concepts, patterns and results in an explication of the existing knowledge (Schreiber et al., 1989). There is a possibility to generating new theory on the basis of previous research. In order for science to have an impact in improving practice, knowledge must be structured and have a clear perspective (Kirkevold, 1997). The importance of the question of disciplinary development in a meta-study is emphasized by many of the developers of meta-study approaches (Noblit & Hare, 1988; Sandelowski & Barroso, 2003a;b; Paterson et al., 2001; Thorne, Joachim, Paterson & Canam, 2002). However, meta researchers as all researchers run a risk of finding what they think they see rather than really understanding what is there, and either seeing only through an imposed theoretical lens and/or a lens constructed by the researcher’s experiences.
The disciplinary orientation of authors is not easy to discern, and thus the same problem continues in metasynthesis research, as in the primary studies (cf. Thorne et al., 2002). Sometimes the discipline may be guessed by the journal where the study is published, or the affiliation of the author. One example is the study by Meadows-Oliver (2003) where nursing is implicitly derived from the note on the organizational affiliation of the author, the references and language in the report.

There is considerable variation regarding the way the authors understand theoretical concerns. Depending on method, discipline, and personal preference, some researchers explicitly locate their study; others provide clues to the theoretical location but little information on how the theory was integrated (cf. Thorne et al., 2002). Specific theories as starting points are Eriksson’s suffering theory (Fredriksson, 1999; Fredriksson & Eriksson, 2001), transition theory (Nelson, 2003), Leininger’s transcultural nursing theory (Coffman, 2004), and Peplau’s nursing theory (McNaughton, 2000). Few researchers report on the research of scientists from a range of disciplines, and most focus on the work that derives from their own discipline. The sampling decision is for example stated as cross-disciplinary, but the study includes mostly nursing studies, as in Coffman’s study (2004). It is possible in a metasynthesis to understand theoretical differences instead of fighting against them, and often it is a question of a historical development (Paterson et al., 2001). Often the meta-studies lack an explicit theoretical perspective (Tables Ia–c). Thus, the knowledge development may be impeded and the ultimate purpose of the metasynthesis will fail. This can be compared to the role of theory in qualitative research in primary substantial areas, such as women’s experiences of being HIV-positive mothers where Sandelowski and Barroso (2003d) found that none of the studies were explicitly located in a theory of motherhood. In Goodman’s (2005) study of early fatherhood, the terms “role” and “involvement” emerged in the synthesis without explication and without evidence of its occurrence in the included studies. However, an implicit perspective is evident in the language of the report.

The background of the researcher(s)

An open scientific attitude and competence usually require years of experience and reflection in research while the researcher who works alone, especially as a novice, often lacks these qualities (Thorne et al., 2004). Most studies were done by PhD candidates or senior researchers as single author (Tables Ia–c), few were done by research teams that included methods specialists or librarians.

In research from an insider perspective, user involvement could also be considered but it is not seen in any of the studies. There is a lack of multicultural studies, although our multicultural society encourages this type of research. There are mainly US researchers, a few are Canadian, British or Nordic researchers. There is evidence of smaller research cooperation but international teams that would enable transcultural perspectives are not found. There are examples of a purpose linked to representation across geographic and socio-cultural contexts, but eventually only North American studies are included in the sample. However, the cultural issue is acknowledged and the lack of multicultural representation is apologized for in some studies.

Discussion

The data based and manual search produced metasynthesis in nursing and allied health including a total sample of 45 published studies between 1994 and 2006. The decision to extend the limits of the review and to choose the meta-method was connected to our own metasynthesis project. The concern in meta-method analysis is to identify how the methods applied to an area of study shape the understandings of it. We wanted to take a closer look at the methods and the decisions that were made to get the best possible starting-points for our own research endeavour and for others who contemplate on the choice of this research approach. We have tried to be as open as possible, and make use of our multicultural and different scientific (nursing and caring sciences, pedagogy, health care administration) and professional backgrounds (nursing, health promotion and prevention, nursing leadership and education). We share the same mother tongue (Swedish) although we have a background in two different countries (Finland/Sweden) and we both work in new countries (Sweden/Denmark), and are well acquainted with another language and culture (Finnish and Danish). One of us is rooted in a cultural minority and our cultural consciousness is further widened by doing research in a foreign language, English.

A growing number of studies have emerged as metasynthesis during the last decade and acceleration is evident in recent years. The arguments for doing a metasynthesis seem to be the lack of previous meta studies in the research area and not a disciplinary crisis or sudden occurrences of fundamental shifts in the conception of subject matters (Zhao, 1991; Ritzer, 1992). Are we in a development phase
of qualitative studies, where the next step automatically is more metastudies? The development resembles the early years of qualitative research when there were arguments relating qualitative methods to quantitative methods, now there are arguments for a metastudy against other types of research instead of the substantial arguments, lacking knowledge and understanding. Meta is a prefix meaning “among, along with, after, beyond, behind and often denoting change” (Mish, 1989, p. 900). Thus, the term “meta” in metasynthesis implies development of the meaning beyond the original piece of research and denoting change as an integral part. This integration and change is not always developed in the studies that we have analyzed. None of the studies applying the Noblit and Hare meta-ethnography described a refutational relationship, and few studies found a line of argument relationship. This fact evokes thoughts on the state of qualitative research but the more probable explanation is an analysis that could have been more complete. Most studies paid little attention to the comparability and differences in the findings. A synthesis may hit a sidetrack, land in a *circulos vitiosus*, or come to a dead end. We argue for reflexivity and critical appraisal including discussion of alternatives and choices, ontological and epistemological issues, and disciplinary development. Implications for practice and further research grounded in the data need more attention. The methods of Paterson and colleagues, and Sandelowski and Barroso, which include these questions have been developed in recent years but are not yet in wider use. The existence of unexamined metatheoretical commitments and remaining unaware of their origins may amount to an abdication of intellectual responsibility which may result in poor research practices (cf. Johnson & Daberley, 2003). We argue that metasynthesis studies run the risk of becoming a superficial trend without engaging in the ontological and epistemological questions; they run the risk of remaining a secondary round of descriptive studies. Disciplinary development is not discussed in every study, although it is one of the primary reasons to perform a metastudy (Noblit & Hare, 1988; Paterson et al., 2001). Thorne and colleagues (2002) found in their metastudy of chronic illness that there were certain prototypical conceptualizations that remained unchallenged over time, and they seemed to continue in metasynthesis. There is an apparent lack of theoretical discussion and integration to the previous body of knowledge. Exceptions belong mostly to the methodological development studies of researchers such as Kearney, Paterson and colleagues, and Sandelowski and Barroso. There seems to be a tradition of looking at the previous research through a narrow lens. Theoretical and philosophical issues would provide depth to the research and allow alternative theories to be developed (Noblit & Hare, 1988). An unanticipated understanding may develop that could open up and develop the discourse. Documentation of the analysis and synthesis process used is not always clear; this would enhance the validity of the meta-study and be helpful in methodological development.

Finally, there seem to be insecurity about the sampling of the metasynthesis. Many reports offered little information about sampling strategies or significance of the sampling. There were strivings towards an ideal of a total sample as well as convenient or purposeful samples. The type of sample is seldom mentioned and would be expected in the description of the sampling criteria. This is an epistemological question needing further attention in the development of the methods (cf. Bondas & Hall, 2006; 2007).

Conclusions and recommendations

Based on the analysis of the metasynthesis studies over the last decade we present the following conclusions and recommendations for furthering the methodology of metasynthesis.

The three areas of metasynthesis research that we found were health, illness and suffering, care and support, and finally parenting, newborn and child care. The areas illuminate the substance of qualitative research in health science, and direct future researchers to new research questions but also in taking a step further on the basis of findings in the current metasynthesis studies. In general, and in spite of our critical remarks, this decade of metasynthesis research shows a maturing methodology, and promising new methods for health sciences research and evidence based health care.

There is a repertoire of metasynthesis methods to draw on. We encourage the consideration of the whole repertoire of metasynthesis methods depending on the aims of the study and the available previous studies. Not all methods are yet in common use although the research in nursing and health care based on metasynthesis of qualitative studies started in the 1990s.

There are considerable pitfalls when doing metasynthesis research. We encourage reflective consciousness and knowledge of the pitfalls that we have pointed at in this study; the theoretical perspective, the literature retrieval process, the inclusion and exclusion criteria, an audit trail of the procedures and choices, and most of all a clear aim of the study. More comprehensive searches based on
A decade of metasynthesis research in health sciences

Explicated criteria are needed. We discourage un-systematic meta research with selective samples that have not been explicated and relying on secondary already implicitly modified references, which may have the consequence that in some years future researchers, clinicians and policy makers will not include all qualitative meta research from the first decades for reasons of inadequacies in reporting or methodological mistakes.

There is no need to continue the qualitative-quantitative gap in meta research when it is a matter of “ministering to the patients” (Bondas, 2003, p. 249); both meta-analytic and metasynthetic methods need to be developed and applied within their own premises.

The metasynthesis should reveal a critical attitude of the current state of research, interpretations of strength and weakness in different contributions, looking for alternative explanations to the paradoxes and contradictions, comparability of theories and development of alternative theoretical structures in which knowledge may be understood. Metasynthesis creates the possibility of articulating theories that account for contradictions and complexities within the field.

We argue further that the questioning of published meta research needs to be pursued and the synthesis, both the method and the findings, need to be critiqued. “Meta” means going behind and not alone. Based on our analysis of the published meta research in nursing and health care, we claim that there are phenomena that continue on the same level as the primary studies and thus fail the aim for meta research, a synthesis, which warrants attention in order to make valid and meaningful contributions to health care as well as the disciplines in question. We agree with the eminent methodological developers (Thorne et al., 2004) that there are problems but they could be prevented. We propose networking models for researchers, practitioners, citizens and politicians to be developed both in matters of research and evidence-based care, and developing health care policy. There is the possibility to reach a new level of broad and deep understanding, fruitful dialogues, and new collaborative research projects from the networking experiences. The problems of cross-disciplinary cooperation in human sciences lie in ontological and epistemological differences, which are unconscious or include an unresolved discussion remaining at an ontical and methodological level. There is a need to continue the discussion and continue meta research and the reflective study of theories and methodologies into the health disciplines.

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