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Introduction

In: Meta-Study of Qualitative Health Research

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Pub. Date: 2011
Access Date: April 19, 2021
Publishing Company: SAGE Publications, Inc.
City: Thousand Oaks
Print ISBN: 9780761924159
Online ISBN: 9781412985017
DOI: https://dx.doi.org/10.4135/9781412985017
Print pages: 1-17

Introduction

Meta-study is a research approach involving analysis of the theory, methods, and findings of qualitative research and the synthesis of these insights into new ways of thinking about phenomena. Its origins derive from the social sciences, where an earlier generation of postpositivist scholars expressed considerable interest in synthesizing diverse theoretical and disciplinary positions into grand theories (Alexander & Colomy, 1992; Ritzer, 1992a). *Meta-sociology* (Furfey, 1953) represented a systematic focus on the underpinnings, approaches, and outcomes central to sociological research. In later applications, this approach to the study of sociological theorizing was termed *meta-theorizing* (Ritzer, 1991). Within this context, *meta-study* (Zhao, 1991) was introduced as a complex and systematic approach to analyzing the existing body of sociological knowledge from several distinct perspectives. *Meta-ethnography* (Noblit & Hare, 1988) represented anthropology's attempt to synthesize and theorize its own body of research findings through a systematic cross-comparative interpretive strategy. Noblit and Hare (1988) developed meta-ethnography to identify the current understanding of a specific field of study and to raise issues for consideration in future research.

In quantitative research, especially in the health sciences, *meta-analysis* has come to represent the research strategy in which the results of numerous studies using similar instruments, data sets, and analytic methods can be reanalyzed in the aggregate (Fielding & Fielding, 1986; Glass, Smith, & McGaw, 1981). Its popularity stems from the preference for large numbers from which hypotheses can be more rigorously tested and correlations more confidently determined. The term *qualitative meta-analysis* was used first by Stern and Harris (1985) in reference to the synthesis of a group of qualitative research findings into one explanatory theory, model, or description.

It is important to clarify that, unlike some authors, we differentiate between the processes of analysis and synthesis. We believe that the findings, methods, and theory of qualitative research reports must be analyzed before a synthesis of the research can occur in order to generate new and more complete understandings of the phenomenon under study. In our use of the term *meta-study*, we extend the meta-analytic strategies developed in sociology into the domain of meta-synthesis so that the analytic sequence is directly linked to a newly synthesized research product. As a means of building generalizable knowledge from bodies of individual qualitative research reports on a particular phenomenon, meta-study offers considerable potential for application to the problems of knowledge development in the human and health sciences. In stark contrast to the traditional critical literature review that any competent researcher would complete prior to engaging in an area of study (Noblit & Hare, 1988) or to the secondary analysis of actual data sets (Thorne, 1994), meta-study represents a discrete and distinct approach to new inquiry based on a critical interpretation of existing qualitative research. It creates a mechanism by which the nature of interpretation is exposed and the meanings that extend well beyond those presented in the available body of knowledge can be generated. As such, it offers a critical, historical, and theoretical analytic approach to making sense of qualitatively derived knowledge.

In this book, we present meta-study as a systematic research process in its own right, culminating in the generation of new knowledge within a field of study. Although we do not seek to generate grand theories within the health or social sciences, we do see meta-study as being highly applicable to both a critical interpretation of the substantive contributions from various disciplines with regard to a particular phenomenon, and to developments and refinements in midrange theory about that phenomenon. Our application of meta-study research to problems associated with understanding chronic illness experience will serve as a focal lens through which the method will be illuminated, articulated, and theorized throughout the discussion. We therefore draw on our own research as a major source of examples to illustrate the many dimensions and complexities of meta-study.

Challenges to Viewing the Insider Perspective

The importance of examining the experiences of life from the perspective of the insider—the person who is having the experience—has been increasingly recognized during the past two decades. Research of this genre, focusing on processes and issues related to health and illness, has been largely qualitative, relying primarily on in-depth, open-ended interviews with individuals who volunteer to tell an investigator about their experiences. Such research has contributed to a considerable store of qualitative work describing health and illness experiences from a subjective perspective, thus providing a rich and often revealing portrait of reactions and responses. Although a body of qualitative research exists on almost any phenomenon of interest, health care clinicians and researchers have little overall understanding of the implications of this knowledge for health care practice or for future research (Conrad, 1990; Estabrooks, Field, & Morse, 1994; Steeves, Kahn, & Cohen, 1996).

In the current era of knowledge explosion and heightened accountability to the public, it has become imperative that professional practice be based on research findings that give direction to practitioners for the most effective interventions (Sandelowski, 1997). Qualitative research from an insider perspective has been rather problematic in this regard, in that a range of methods, researcher roles, and interpretive lenses have been used to study health and illness phenomena. This issue is further complicated by some rather significant contradictions in the interpretation of findings by various qualitative researchers. For instance, the enthusiasm for advocacy among persons with HIV/AIDS has been reported by some researchers as a response to stigma (e.g., Demas, Schoenbaum, Willis, Doll, & Klein, 1995; Kendall, 1991) and by others as a normalizing strategy (e.g., Bridge, 1986; Coward & Lewis, 1993; Ragsdale, Kotarba, & Morrow, 1992). The combined problems of interpretation and generalizability make it difficult to extrapolate from individual accounts of experience to determine the contribution of a single study's findings toward applicable knowledge for understanding an individual's needs, for predicting the efficacy of various interventions, or for appreciating the implications that ought to be considered in creating appropriate health and social policy. Although each study may be interesting, informative, and thought-provoking, the body of qualitative research from the insider perspective provides many individual pieces of a jigsaw puzzle. Because researchers have little sense of what a complete picture of the phenomena of interest might eventually look like (Jensen & Allen, 1996), the relationships between these individual pieces is often difficult to imagine.

Despite a proliferation of single qualitative studies, comparative analysis of their findings and theoretical linkage of their conclusions to other relevant research have rarely been included in explorations of the insider perspective of health and illness phenomena. This trend accounts for a failure to produce midrange theory that explains and describes relationships between research findings, including those that appear at first glance to be contradictory (Statham, Mauksch, & Miller, 1988). Despite meaningful and provocative findings from individual studies, researchers have tended toward “eternally reinventing the wheel” (Sandelowski, Docherty, & Emden, 1997, p. 366) rather than capitalizing on the potential of qualitative research for developing theory and providing direction for clinical practice or policy development.

Our chronic illness research team came to realize that although much insider perspective research existed in our various substantive areas, its contribution to our practice as health care professionals was difficult to discern. We identified the need to extend the analysis of individual research studies beyond the domain of conceptualizing individual experience and to incorporate within that analysis an understanding of larger contextual issues such as dominant health system beliefs and ideologies. Although some attempts to aggregate qualitative research findings have been reported in the literature, prescriptions for conducting such syntheses, to this point, have been somewhat vague and imprecise. As Estabrooks and her colleagues (1994) point out, “the literature is… virtually silent on the matter of constructing theory from multiple existing studies” (p. 504).

Meta-Study: Beyond Synthesis of Research Findings

As discussions in our research group moved beyond an initial endorsement of the need to aggregate findings in the field of chronic illness, we came to realize that merely synthesizing the results of the various available research reports was insufficient. Published syntheses in such areas as illness experience (e.g., Jensen & Allen, 1994; Morse, 1997; Morse &Johnson, 1991; Penrod & Morse, 1997) have clearly contributed to a more extensive understanding of this phenomenon. Simply combining the results of a collection of similar studies, however, excludes consideration of the highly significant ways in which theoretical, methodological, or societal contexts have shaped those reported results. As we discovered, method and theory are often inextricably linked with both data and conclusions about data. As we illustrate in the following chapters, how researchers frame chronic illness by their choice of theoretical framework influences the issues they choose to study, the questions they ask about those issues, the designs they create for the research process, their implementation of those designs, and their interpretation of the research findings. We decided that the method we used to aggregate or synthesize research would have to address all components of the research process, including theory, research methods, and data. Accordingly, we recognized that it would have to account for the historical and sociocultural factors that had shaped these components. Because our intent was to confer meaning on the findings and to construct a more extensive basis for understanding, we recognized that our method would also have to aim for interpretation and not merely the production of description of the phenomena under study. Meta-study provided a systematic means for both analyzing and synthesizing the research literature to accomplish such a goal.

As our research team conceives of it, *meta-study* refers to investigations of the results and processes of previous research (henceforth termed *primary research*). In effect, meta-study is "the research of research." It entails *analysis*, the scrutiny of the theory, method, and data analysis of research in a substantive area (Zhao, 1991), and culminates in *synthesis*, an application of that scrutiny to the generation of new knowledge. It represents an attempt not only to analyze primary research results but also to reflect on the perspectives and processes involved in those primary studies in terms of "where we are and where we are going" (Fuhrman & Snizek, 1990, p. 27). In sociology, insights gained at the level of meta-study have been acknowledged as necessary for developing an integrated canon and a practical application in social research (Bryant, 1995; Neufeld, 1994). Our research group hoped to gain similar insights into chronic illness research, with the ultimate goal of theory generation and application to practice.

In subsequent chapters of this book, we summarize the procedures and processes of meta-study as an interpretive means of both analysis and synthesis. We provide detailed guidelines for how to conduct a meta-study of qualitative research, as well as recommendations for tools and standards applicable to this research approach. Our major meta-study of qualitative research into the experience of chronic illness entailed an intensive review of 292 primary research reports culled from close to 1,000 published books, dissertations, and research articles published during a 16-year period within a range of social and health science disciplines. Examples from the chronic illness meta-study illustrate our processes, issues, and dilemmas—including the insights we gained from our own mistakes—in the hope that readers will derive some assistance in further developing and refining the methodology for their own investigations. To set the stage for a discussion of such procedures, we provide readers with a description of what we consider to be the foundational elements and components necessary to an understanding of meta-study as a unique approach to research.

PHILOSOPHICAL FOUNDATIONS OF META-STUDY

Meta-study is an interpretive qualitative research approach. Its foundations are rooted in the tenets of a constructivist orientation to epistemology and are geared toward an understanding of how individuals construct and reconstruct knowledge about a phenomenon (Denzin, 1989; Guba & Lincoln, 1994; Weinstein & Weinstein, 1992). It is important to understand that, in any meta-synthesis approach, the construction of research findings occurs at two levels: (a) The authors of primary research reports have constructed the research findings in accordance with their own understanding and interpretation of the data, and (b) the meta-synthesists have constructed an aggregated account based on their own interpretations of the primary researchers' constructions. Consequently, the meta-synthesist deals with constructions of constructions.

When we acknowledge meta-study as an interpretive constructivist approach, some underlying assumptions become apparent. First, it is accepted that no singular objective reality will be found and that multiple, coexisting, and even sometimes incongruous realities related to the phenomenon will be found instead. Therefore, prescriptions for practice, research, or theory development that are derived from meta-study research cannot be regarded as the only possible findings that could be drawn from the body of available research, but rather as those findings constructed by specific meta-synthesists at a given point in time and in

accordance with their own range of interpretative skills.

Second, the primary researchers and the research subjects (variously termed *informants, participants*, or *coresearchers*) create or construct their particular understandings of the phenomenon under study. Therefore, the primary research participants construct the statements and claims that become data, the primary researchers construct findings on the basis of these data, and the meta-synthesists construct interpretations of why the primary researchers constructed findings in the way they did.

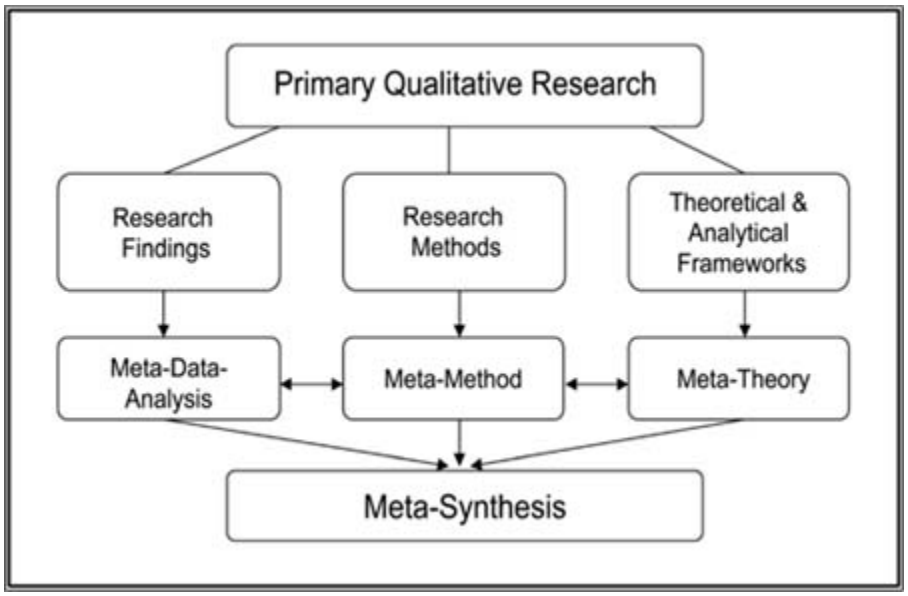
Third, constructions of the phenomenon under study are inevitably influenced by the social, cultural, and ideological contexts in which they occur. The conduct of primary research has a theoretical and historical context, and primary researchers bring their own social and political contexts to the construction of their research data. For example, as we noted in our meta-study project, primary research into chronic illness experience dating from the early 1980s was reported within an academic context in which qualitative research was relatively unusual and not well understood in many health and social science disciplines. Consequently, we located several researchers who interpreted their qualitative data by counting the frequency with which events or observations occurred, a technique that is more relevant to quantitative than to qualitative inquiries but that might have been considered more familiar by reviewers of that era.

Meta-synthesis research also occurs within a particular academic and theoretical context, and that context inevitably influences the substance and form of the interpretations. For example, we initially discounted the findings of one researcher who suggested that some people might prefer to be ill as a way of receiving attention. We believed that we could locate that particular idea in an outdated psychological interpretation of sick role behavior. In discussion, however, we came to appreciate that our rejection of those findings might have been shaped by our assumptions as health care professionals about the limitations of previous interpretations, and we came to appreciate that the contradictory ideas within the literature might help us reframe and resolve theoretical problems rather than fight against them. We have therefore come to accept that all constructions of phenomena are inherently historical and that therefore even our best understandings will always be subject to the changes that may occur over time and in different situations (Kvale, 1995). At the same time, we accept that the struggle to find more complete, relevant, and useful understandings will always be an imperative within the applied and practical disciplines.

The notion of a constructivist perspective was particularly relevant for our research group because we sought to examine critically and then reshape knowledge about facets of chronic illness. The way the assumptions underlying meta-study influenced some of our initial questions was instructive to our evolving insight about the method. Early in our project, for example, we began to detect significant differences in the way chronic illness was viewed in the 1980s as compared with the way it was viewed in reports published a decade later. In the former period, researchers tended to characterize chronic illness as a series of losses and burdens. They focused on coping with changes or deficits, such as dependency, loss of function, altered roles, and lost dreams. In the latter period, however, researchers tended to interpret chronic illness as a gift or an opportunity to view one's self in new and more meaningful ways. Researchers in the past decade have tended to emphasize positive attributes of the chronic illness experience, such as courage, transformation,

and resiliency, rather than the losses and burdens associated with living with a chronic disease. Rather than conclude that the more recent researchers were more enlightened than those who had published earlier (in many cases, the authors of both kinds of reports were the same individuals), we posed questions to make sense of this evolution. We asked “Why did researchers in particular years construct the notion of chronic illness in the ways they did?” and “What historical, social, and cultural factors influenced these constructions?” A constructivist perspective allowed us to acknowledge that one group of researchers could not be seen as holding an absolute “truth” and that researchers of each era (including ourselves) were influenced by the context of the times, as well as by competing conceptualizations available in the literature to which they had access (Thorne & Paterson, 1998).

Figure 1.1 Components of Meta-Study



Conducting meta-study from a constructivist perspective means that the researcher functions as the interpreter of primary research reports, translating what has been written by other researchers for the purpose of revealing similarities and differences and developing theory. Translation represents the cognitive component of interpretation, wherein the researcher, as the translator, interprets the primary research findings to present the meaning of the phenomenon under study, including relationships between categories of data (Denzin, 1989). It involves making judgments about the conclusions of other researchers and extrapolating relationships among concepts, research decisions, and policy implications. Interpretation from a constructivist perspective also includes “deep, authentic understanding” (Denzin, 1989, p. 33). Authentic understanding emerges as the meta-synthesist analyzes data that align with or contradict her or his own informed assumptions about the phenomenon under study. Such an examination extends the interpretation of the cognitive material (or facts) of the research into an examination of the emotional implications (or meaning) of the data (Fuchs, 1992). It permits theorizing that accommodates previously polarized perspectives and coordinates a comprehensive understanding of complex social and human phenomena (Weinstein & Weinstein, 1992). Thus, the philosophical underpinnings of meta-study allow and, indeed, direct an attitude of openness, discovery, and reflection that is needed to discern and reframe knowledge about a particular

phenomenon.

COMPONENTS OF META-STUDY

Meta-study entails analysis followed by synthesis. The analysis procedures of meta-study involve three components: meta-data-analysis, meta-method, and meta-theory. These components do not necessarily unfold sequentially and are frequently conducted concurrently. Meta-synthesis is derived from the results of the analytic components (see Figure 1.1).

Meta-data-analysis is the study of the findings of reported research in a particular substantive area of inquiry by means of processing the "processed data" (Zhao, 1991). It is an "analysis of analyses" available from reports of primary qualitative research. This process is not merely aggregative, but interpretive (Noblit & Hare, 1988), requiring researchers to examine critically multiple accounts of a phenomenon in order to reveal the similarities and discrepancies among accounts (Noblit & Hare, 1988).

Meta-method is the study of the rigor and epistemological soundness of the research methods used in the research studies. An essential component of meta-method is determining the appropriateness of particular methods in the investigation of a specific field of study (Richman, 1983). Because methodological decisions play a significant role in directing future research in a specific field of study, meta-method contributes to theory development and creates a conscious strategy for forward movement (Szmatka & Lovaglia, 1996; Szmatka, Lovaglia, & Mazur, 1996). Applying meta-method techniques to compare and contrast the findings that derive from studies using different methodological techniques reveals the distinct implications of a range of epistemologically sound approaches.

TABLE 1.1 The Research Processes in a Meta-Study

Formulating a Research Question	• Formulating tentative question(s) • Choosing a theoretical framework • Generating workable definitions of key concepts under study • Anticipating outcomes of project • Refining the question(s) • Developing evaluation criteria for primary studies
Selection and Appraisal of Primary Research	• Identifying inclusion/exclusion criteria • Specifying appropriate data sources • Screening and appraisal procedure • Retrieving data • Developing filing and coding system
Meta-Data-Analysis	• Identifying analytic strategy • Developing filing and coding system • Categorizing the data • Obtaining intercoder consensus • Discussing and interpreting findings as they relate to research question(s)
Meta-Method	• Specifying methodological characteristics of selected reports • Elaborating on how methodological characteristics influenced research findings

Meta-Theory	• Identifying major cognitive paradigms/schools of thought that are represented in the theoretical frameworks and emerging theory of reports • Relating theory to larger social, historical, cultural, and political context • Uncovering significant assumptions underlying specific theories
Meta-Synthesis	• Critically interpreting the strengths and limitations of the various discrete contributions to the field • Uncovering significant assumptions underlying specific theories • Searching for alternative explanations for paradoxes and contradictions within the field • Determining which existing theoretical stances are and are not compatible and why • Proposing alternative theoretical structures within which existing knowledge can be interpreted
Disseminating the Findings	• Determining appropriate audiences • Determining appropriate vehicles for dissemination of findings • Writing and presenting the findings

Meta-theory involves analysis of the underlying structures on which the research is grounded. It requires close scrutiny of such features as the philosophical, cognitive, and theoretical perspectives underlying research design strategies; the sources and assumptions inherent in emerging theory; and the consideration of the relationships between emerging theory and the larger contexts in which it has been generated (Ritzer, 1990, 1992b, 1994). Meta-theorizing may produce new or expanded understandings about the application of theory in a substantive area. In sociology, meta-theory has created a strategy for critique and evaluation of sociological theory, as well as an incentive for generating new theory (Pawson, 1989; Ritzer, 1991). In nursing and related health research, it can contribute significantly to theories that extend substantially the potential of individual studies to describe and explain contextual and experiential aspects of health and illness.

Meta-synthesis brings back together those ideas that have been taken apart or deconstructed in the three analytic meta-study processes. It represents the creation of a new interpretation of a phenomenon that accounts for the data, method, and theory by which the phenomenon has been studied by others. In so doing, it creates the possibility of articulating theories that account for contradictions and complexities within the field (Noblit & Hare, 1988). Further, it creates a foundation on which insights can be expressed regarding the implications of various theoretical, methodological, and structural aspects of past, present, and future research about the phenomenon.

THE RESEARCH PROCESS IN META-STUDY

Meta-study is composed of four distinct components: the analytic components of meta-data-analysis, meta-method, and meta-theory, and the synthetic component of meta-synthesis. The additional research processes within which these components are contextualized are formulation of the research question(s); selection and appraisal of data from primary research; and dissemination of the findings of meta-study (see Table 1.1). Taken together, these analytic processes are part of a comprehensive research approach to provide breadth and depth to the examination and understanding of the phenomenon of concern.

Meta-study involves processes capable of extending knowledge well beyond what might be accessible from a thematic review of a field. Rather than merely serving as a foundation for future research projects, it guides researchers toward significant new contributions to understanding and advancement within the field of study (Cook & Leviton, 1980). Zhao (1991) describes meta-study as “remapping the cognitive status” (p. 381) of a changing field of study by considering its theoretical, methodological, and epistemological bases within a historical and sociocultural context. Meta-study therefore involves processes that extend an appreciation for “what is” into a reflexive search for “what might be.”

OUTCOMES OF META-STUDY

The primary goal of meta-study is to develop midrange theory concerning a substantive body of qualitative research. Meta-study can also generate new or expanded theoretical frameworks and spawn health or social policy. It can support practitioners in their interpretation of qualitative research findings so that this knowledge may be incorporated into practice. By organizing and describing the qualitative research within a field of study, including its theoretical and methodological underpinnings, meta-study can consolidate a body of widely scattered literature into a usable and coherent whole. It creates a compendium of research characteristics within a field and permits them to be applied to an understanding of the accepted findings and conclusions. It can expose the underlying structures of extant theory as they influence the development of knowledge within a field. Finally, it can create grounded appreciation for the imperatives for further research and inquiry. It therefore represents a strategy for accomplishing what Sandelowski and her colleagues (1997) articulate as a desirable outcome for meta-syntheses: “not a trivial pursuit, but rather a complex exercise in interpretation: peeling away the surface layers of studies to find their hearts and souls in a way that does the least damage to them” (p. 370).

In the following chapters, we present examples of how, in our own meta-study projects, we have been able to identify both overt and subtle ways in which researchers have contributed to the current interpretation of chronic illness experience. We demonstrate that these interpretations can have significant implications for decisions made in the structure and delivery of health care, as well as in the research priorities in this field. In the chronic illness domain, we have learned how health care practice in relation to such issues as participation in decision making has been informed and influenced by such factors as the theoretical frameworks, choice of research methods, and interpretive frames that have been applied in the conduct

of qualitative research. We illustrate how new frameworks articulated through the process of meta-study can begin to explain some paradoxes and contradictions within a body of extant qualitative research. In so doing, we hope to demonstrate how more socially relevant and effective representations of a phenomenon such as living with a chronic disease can be offered to the practice world. Because we, as health care professionals, live in a world composed of practical application, as well as of theorizing, we see meta-study as a methodological strategy to help us in linking subjective with objective realities, speculative truths with probable truths, and theoretically intriguing possibilities with practical real-world applications.

Limitations

Meta-study involves two significant limitations that require the researcher's thoughtful consideration. First, it decontextualizes data, removing them from the emotional and physical context within which they were originally constructed. Meta-study researchers must depend on the primary researcher to clarify such context in the report of the research. Although all analytic work decontextualizes at some point, meta-synthesists may have only selective or superficial access to the context in which the primary research was conducted and therefore may overlook significant contextual elements in the primary researchers' construction of the research findings. This challenge is countered to some degree by the focus on sociocultural and historical context in meta-study research. Second, the quality of the meta-study is to a large degree dependent on the primary researcher's ability to articulate the research design and research findings in such a way that the meta-study researcher can follow the primary researcher's decisions. Unlike qualitative secondary analysis (Thorne, 1994), in which the original data sets are available for subsequent interpretation, the meta-study researcher cannot return to the primary researcher for answers to questions about the primary research report or for further clarification of what was been presented in the report.

Organization of the Book

The book is organized into eight chapters. We have introduced meta-study in this first chapter. In the second, we give practical advice for how to get started in such a research project. The focus of the third chapter is the retrieval and assessment of primary research reports. We detail the specific procedures of meta-data-analysis, meta-method, and meta-theory in the fourth, fifth, and sixth chapters, respectively. In the seventh chapter, we describe how these three analytic procedures can be brought together into a meta-synthesis of new knowledge. The book concludes with a chapter in which we explore crucial issues related to the use of meta-study in qualitative research, including ensuring that the results of the meta-study are reported and disseminated to the appropriate persons, challenging the traditional and hegemonic practices of research and of disciplines, and ensuring standards of practice in meta-study research.

Conclusion

We are captivated by the possibilities of this research method and at the same time are fully aware that the

method, as we have developed it, is still in its embryonic stages. Although much about meta-study remains to be tested and evaluated, we believe that the examples we include in the book from our own meta-study projects will convince readers of the merit of such research. A final comment before we proceed to the next chapter: Meta-study involves a great deal of work and can be overwhelming at times in its scope. Despite these drawbacks, we have found that the experience of working together in a research project of this scope and intensity has been personally and professionally rewarding. Having lived the experience of meta-study research within a team of researchers, we know much more about the field, including the contributions of our own research, and we appreciate the implications of qualitative methodological decisions at a much deeper level than we did before. Perhaps just as important, we have had a great deal of fun.

http://dx.doi.org/10.4135/9781412985017.n1