

# Metasynthesis: development and contribuition for evidence-based practice\*

Metassíntese qualitativa: desenvolvimento e contribuições para a prática baseada em evidências

Metasíntesis cualitativa: desarrollo y contribuciones para la práctica basada en evidencias

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#### ABSTRACT

Metasynthesis is an emergent technique to synthesize qualitative research findings. Besides conceptual and methodological controversies, methasynthesis has the potential to contribute for evidence-based practice. In the last decade, several publications addressed the relevance of this and other techniques to synthesize qualitative research findings. This paper presents a brief discussion of methasynthesis, including a description of each one of its steps.

Keywords: Qualitative research; Evidence-based medicine; Biomedical research; Exploratory behavior

#### **RESUMO**

A metassíntese qualitativa é um campo de pesquisa emergente com potencial contribuição para a prática baseada em evidências, apesar das controvérsias de caráter conceitual e metodológico. Na última década, inúmeras publicações têm apontado a relevância deste tipo de estudo e os diferentes métodos para conduzir a síntese de pesquisas qualitativas. O presente artigo é uma sinopse destes aspectos, incluindo as etapas da metassíntese.

Descritores: Pesquisa qualitativa; Medicina baseada em evidências/métodos; Pesquisa biomédica; Comportamento exploratório

# RESUMEN

La metasíntesis cualitativa es un campo de la investigación emergente con potencial contribución para la práctica basada en evidencias, a pesar de las controversias de carácter conceptual y metodológico. En la última década, innumerables publicaciones han apuntado hacia la relevancia de este tipo de estudio y los diferentes métodos para conducir la síntesis de investigaciones cualitativas. El presente artículo es una sinopsis de estos aspectos, incluyendo las etapas de la metasíntesis.

Descriptores: Investigación cualitativa; Medicina basada en evidencia/métodos; Investigación biomédica; Conducta exploratoria

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# INTRODUCTION

Preparing this presentation was a challenge as well as a learning process, for the qualitative meta-synthesis is the type of qualitative research which brings several practical and conceptual challenges and, mainly, epistemological controversies.

Nevertheless, my objective is not to focus on these subjects, broadly discussed by other authors<sup>(1-3)</sup>, but to present such research type development phase, and how the qualitative meta-synthesis may contribute to the evidence-based practice.

The systematic reviews and meta-analysis are relatively known subjects. The systematic reviews gather a great quantity of clinical research results and discuss the differences and similarities among the results found in the primary studies. This methodology type resulted in the scientific production growth and became the foundation for the healthcare evidence-based practice. This movement happened due to the need of validating results obtained from researches on certain subjects, as well as subsidizing professionals' decision making process when dealing with so much information<sup>(1)</sup>.

Therefore, from the quantitative perspective, the metaanalysis allows the identification of best practices, results maximization, and the application of the best results in the shortest time and lowest price possible.

Such methodology enhancement is due to studies developed mainly by Cochrane Foundation, an initiative from the UK, which since 1992 prepares, maintains, and divulges systematic healthcare intervention reviews. The quantitative studies systematic reviews allow the meta-analysis to occur, that is, data are added so as to reach statistical status that enable the verification of cause and effect or, clinically, establish relationships between a treatment (care) and the results presented by patients<sup>(1,3)</sup>.

On the other hand, the qualitative research has been growing and, thus, heading towards the same problematic faced by the quantitative research researchers and users, that is, the information accumulation, however disperse, which according to several authors is one of the reasons qualitative studies results have caused low impact to the practice, including their sub-utilization when formulating healthcare public policies<sup>(1,3)</sup>.

# THE QUALITATIVE RESEARCH AND THE QUALITATIVE META-SYNTHESIS

An outstanding Brazilian qualitative researcher defines the qualitative research as the one which aims to explore "how people give meanings to the world that surrounds them, who are they, and how they present it, and respond to the others" (4). On the other hand, a psychiatry physician, defines the qualitative research as being "a research type which searches for the interpretation of the meanings created by individuals regarding the multiple phenomenon related to the health-disease problem field" in a qualitative research treaty recently published. (5).

This research type is related to several healthcare professions, specially Nursing, because taking care we "establish human relationships and interactions, deal with particular experiences which have their own meaning to the one experiencing the health-disease process" (5).

As the qualitative research follows different assumptions from the quantitative research, the data collection and analysis have particular characteristics and, consequently, other scientific standards and data gathering and interpretation.

Therefore, the qualitative meta-synthesis is defined as a "qualitative findings interpretative integration (deriving from phenomenological, ethnographical and data based theory studies, among others) that is the data interpretative synthesis"<sup>(6)</sup>. Such integrations go beyond the parts sum up, once they offer a new result interpretation. The new interpretation cannot be found in any investigation primary report, for the inferences derive from the fact that all articles have become one sample, as a whole<sup>(6-7)</sup>.

Other investigators' studies in this area, which have based the scarce national studies on the meta-synthesis, clarify that the new interpretative data synthesis is not a summarized overview with characteristics that are disconnected from the events or experience, but an integral data view, so as to reach a more elevated theoretical comprehension level<sup>(7)</sup>.

The primary research data may, therefore, be studied, related among themselves, allowing comparisons, searching for convergences and differences, comprising a new synthesis, in a more elevated abstraction and comprehension level. Such synthesis has the power to include all the experience meanings found in the primary studies, however, without criticizing or comparing them, for this is the posture the investigator takes when he/she reviews the bibliography or summarizes studies on a determined theme<sup>(6-7)</sup>.

Therefore, the meta-synthesis function, from the qualitative point of view aims to: strengthen the qualitative study role in healthcare related researches, improve the qualitative research results application to clinical practice, and explore the qualitative knowledge base so as to fundament the theory, practice, research, and healthcare politics<sup>(6-7)</sup>.

In order to accomplish this goal, in 1998, the Cochrane Foundation established the Qualitative Research Methods Working Group, aiming to methodologically support qualitative data inclusion to systematic reviews. From this movement, courses and books were generated and are available online, several international cooperation centers were founded – nowadays they are around 10 – from

which we highlight Sandbar digital Library Project America, and Joanna Briggs Institute Royal Adelaide Hospital<sup>(1,7-11)</sup>.

# QUALITATIVE META-SYNTHESIS PHASES

The controversies regarding the characteristics, and consequently, the meta-synthesis phases focus, mainly, on the two dominant views that determine the way to conduct qualitative research synthesis: the integration, or aggregation, and the qualitative evidence interpretation<sup>(1)</sup>.

Several researchers<sup>(7-9)</sup> have cooperated with the healthcare national researchers work, including nursing<sup>(10-11)</sup>.

For this presentation purpose, I elected the phases proposed by a researcher<sup>(9)</sup> from the UK Cochrane Centre, as described below:

- 1. Identifying the intellectual interest and the research objective. The objective is the first step to start a systematic review and it comes from the question that will drive the study, thus, it has to be very specific. On the other hand, the intellectual interest is based on the relevance and need of integrating spread data on a certain theme.
- 2. Deciding what is relevant to the interests and, consequently, the initial criteria to include the studies. In order to do so, the researcher has to develop an exhaustive data collection. It is exhaustive, for the meta-synthesis value will depend on it.

However, deciding on what is relevant requires a subphase of each study individual assessment, so as to verify their quality. In the literature, there are several assessment instruments, systemized to judge the strictness of qualitative studies.

- 3. The studies reading in this phase, studies have to be read and re-read to analyze metaphors and relevant interpretation, so as to elaborate summaries and make the results more accessible and organized for the reviewer/researcher.
- 4. Determining how the studies are related when juxtaposing the primary studies results, an initial assumption may be considered regarding the relationship among the studies.
- 5. Elaborating new statements, more concise and broad, corresponding to the content and results group, but preserving the context where they came from.
- 6. Elaborating a new explanation, in a way to make it equivalent to all results researched.

Therefore, the meta-synthesis has to support each study concepts, that is, the new concept has to be able to include the ones in the researched studies.

Therefore, another synthesis level becomes possible: the one deriving from the analysis and interpretations.

#### FINAL CONSIDERATIONS

Transforming several qualitative studies in a new one requires theoretical sensitivity from the researcher, so as to deconstruct and analyze the research data, as of an inductive and interpretive process. Such process is complex and challenging, however, necessary to ensure the qualitative meta-synthesis value.

#### **REFERENCES**

- Pearson A, Field J, Jordan Z. Evidence-based clinical practice in nursing and health care: assimilating research, experience and expertise. Oxford: Blackwell; 2007.
- 2. Dixon-Woods M, Booth A, Sutton AJ. Synthesizing qualitative research: a review of published reports. Qual Res. 2007;7(3):375-422.
- 3. Thorne S, Jensen L, Kearney MH, Noblit G, Sandelowski M. Qualitative methasynthesis: reflections on methodological orientation and ideological agenda. Qual Health Res. 2004;14(10):1342-65. Review.
- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Editora Hucitec/Rio de Janeiro: ABRASCO; 2006.
- 5. Turato ER. Tratado da metodologia da pesquisa clínicoqualitativa. 2ª ed. Petrópolis: Vozes; 2003.
- Sandbar Digital Library Projetc (updated June 2008) [Internet]. North Carolina: University of North Carolina;

- 2008. [cited 2009 June 12]. Available from: http://sonweb.unc.edu/sandbar/index.cfm
- 7. Sandelowski M, Docherty S, Emden C. Focus on qualitative methods. Qualitative metasynthesis: issues and techniques. Res Nurs Health. 1997;20(4):365-71.
- 8. Sandelowski M, Barroso J. Creating metasummaries of qualitative findings. Nurs Res. 2003;52(4):226-33.
- 9. Francis-Baldesari C. Systematic reviews of qualitative literature [Internet]. Available from: http://www.dcu.ie/cochrane/presentations/FrancisBaldesari\_06.pdf
- Lopes ALM. Processos de educação em saúde na cessação do tabagismo: revisão sistemática e metassíntese [dissertação]. São Paulo: Escola de Enfermagem da Universidade de São Paulo; 2008.
- De La Torre-Ugarte-Guanilo MC. Vulnerabilidade feminina ao HIV: metassíntese [dissertação]. São Paulo: Escola de Enfermagem da Universidade de São Paulo; 2008.