Asking more of qualitative synthesis: a response to Sally Thorne

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Abstract

We continue the conversation initiated by Sally Thorne's observations about 'metasynthetic madness'. We note that the variety of labels used to describe qualitative syntheses often reflect authors' disciplines and geographical locations. The purpose of systematic literature searching is to redress authors' lack of citation of relevant earlier work and to reassure policy makers that qualitative syntheses are systematic and transparent. There is clearly a need to develop other methods of searching to supplement electronic searches. If searches produce large numbers of articles, sampling strategies may be needed to choose which articles to synthesize. The quality of any synthesis is dependent on the quality of the primary articles; both primary research and qualitative synthesis need to move beyond description and towards theory and explanation. Synthesizers need to pay attention to those articles which do not seem to fit their emerging analysis if they are to avoid stifling new ideas.

Keywords: qualitative research; qualitative synthesis; literature searching; systematic review; metasynthesis; UK

Introduction

We write in response to Sally Thorne's observations about 'metasynthetic madness' (Thorne, 2017). We agree with her main point that the field includes theoretically superficial syntheses from which thoughtful analysis is absent. There is indeed an over emphasis on technique rather than interpretation, and inappropriate standardisation. We note too, that the same can be said of much primary qualitative research. We wish to take up her invitation to 'further the kinds of conversations' that help us return to the original aim of qualitative synthesis. We support Thorne's ambition for more theoretically informed syntheses, but we think that there is more to be said about a number of the points she has made. To declare our own position, we write as authors of one of the cited articles although it is unclear if she is criticizing or praising our work, or indeed doing both at different points of her argument. We are social scientists, one of whom is a qualified and experienced nurse and another of whom works in a faculty of nurse education, and an information scientist. We are also the authors and co-authors of over 30 qualitative syntheses published since 2002 (none of which is described as a metasynthesis) as well as several primary qualitative studies and methodological texts (for example Pope, Mays & Popay, 2007). However this is not meant to be a knee jerk response from disgruntled and/or flattered colleagues, but rather part of an ongoing discussion about a series of issues. We would like to acknowledge the range of relevant discourses and the various aims of qualitative synthesis.

Terminology in context

Thorne uses the term metasynthesis throughout her article, and references other forms of synthesis on page 9. Other writers, including ourselves, have used different terms, and so

some terminological clarification might seem necessary. It is not clear if Thorne is proposing the term metasynthesis as her preferred umbrella term, or if she thinks that metasynthesis is distinct. Other authors have suggested it should not refer to any one specific technique (Sandelowski & Borroso, 2007). The term has been used in the published literature to refer to syntheses that differ in their approaches to methods for identifying, sampling, quality appraisal and to synthesis, the latter including metaethnography and constant comparative approaches (Garside, 2008). Our view is that the term metasynthesis is a tautology, because it is either a synthesis or it is not. The prefix 'meta' is redundant as it means 'transformation' or 'at a higher level' (Oxford English Dictionary online). The choice of terminology may reflect authors' disciplines, as the term metasynthesis seems popular in the nursing literature, or may reflect geography, with a preference for metasynthesis in the US and Canada rather than the UK. The international and multidisciplinary Cochrane Qualitative and Implementation Methods Group prefers the umbrella term 'Qualitative Evidence Synthesis'. What we are really talking about here is the synthesis of qualitative research, for which a number of different methodologies and approaches have been proposed and developed. This enterprise is situated within the wider context of evidence synthesis and review in research; the important question for us is whether the enterprise is directed at integrating (synthesis) or aggregating (reviewing) a body of evidence.

As social scientists based in the UK, we have contributed to the development of metaethnography within health services research, public health research and nursing. We have witnessed the growing acceptance of metaethnography in the context of evidence based medicine (EBM) and statistical meta-analysis. Metaethnography originated in the 1980s when EBM was on the rise. EBM was driven by the impulse to review and aggregate quantitative research with a particular emphasis on randomised controlled trials. Noblit and

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Hare (1988) were cognisant of Cochrane and meta-analysis but realised that qualitative research could not just mimic the quantitative process; it needed its own distinctive interpretive approach. The problem for qualitative researchers is, and was, that many of us were having conversations with clinicians, decision makers and policymakers who did not take the results of qualitative research seriously because of the 'small n' problem and 'anecdotal' critique. At the same time researchers and policy makers placed greater emphasis on (quantitative) systematic reviews. In this context, well conducted systematic reviews of qualitative research provide the opportunity to inform policy and practice; decision makers will have confidence in the findings if they are satisfied that the processes are systematic and transparent. Those of us conducting meta-ethnographies need to demonstrate that our methodology is robust, while at the same time ensuring that the quality of the qualitative synthesis is not sacrificed to conformity to technical checklists or guidelines. Metaethnography has provided a firmer basis for claims about evidence, and has indeed been cited by policy makers (for example Pound, Britten, Morgan, Yardley, Pope, Daker-White, & Campbell, 2005 cited by the NICE guidelines on Medicines adherence, 2009).

Recognising the importance of labels, particularly in relation to 'capture' by electronic search terms, we are aware that some authors have made strategic choices about the terms used in their articles. A notable example was Gene Feder's article about domestic violence which deliberately used the term meta-analysis which was more familiar to medical audiences (Feder, Hutson, Ramsay & Taket, 2006). The labels we apply reflect editorial and disciplinary stances, and the choices made can increase the chance that an article will be captured by electronic searches and thus become visible. It is probably too late to attempt terminological clarification or impose consistency across the whole field but it is worth recognising the reasons for competing nomenclature. For the purposes of this article we use

the generic term 'qualitative synthesis' to refer to the synthesis of qualitative research using a range of synthesis methods, so that we can discuss issues encountered in this field as a whole.

Literature searching and sampling

Thorne is critical of exhaustive search strategies followed by noise reduction, which is the approach disseminated by the Cochrane Collaboration and others, and mimics systematic review searching approaches for quantitative studies. Policy makers who are commissioning reviews may insist on exhaustive database searches for fear of missing vital evidence, and possibly through lack of appreciation of other searching techniques. Lorenc, Pearson, Jamal, Cooper & Garside (2012) have shown that comprehensive search strategies may not be the best way of identifying articles for qualitative systematic reviews. To use this quintessential quantitative method for qualitative syntheses is rather like using random sampling in a primary qualitative study - it is possible but essentially pointless. However in the absence of other tested and accepted search strategies, authors are likely to follow the well-trodden Cochrane path for fear of having their work rejected by editors and reviewers.

However the rationale for searching, and indeed for synthesis itself, is the lack of citation of earlier studies and apparent reinventing of the wheel. Britten, Campbell, Pope, Donovan, Morgan & Pill (2002), in their worked example of using metaethnography to synthesize qualitative health research, argued that metaethnography could address the lack of citation of earlier studies. Their two subsequent syntheses showed that this was in fact the case (Campbell et al., 2003, Pound et al., 2005). Lack of citation leads to unhelpful repetition with little cumulative learning or development of concepts and theory. Even the most well-read authors or teams will not know about all the potentially relevant research in their own fields.

The point of systematic searching is to help overcome this problem. In addition, qualitative synthesis often seeks precisely to identify and synthesize findings from across disciplinary and methodological boundaries. It is even more unlikely that psychologists will cite sociologists, or vice versa, even though they may be studying very similar phenomena of interest. Despite their differences, researchers from different disciplines may identify similar thematic or conceptual findings. We suggest that perhaps a key benefit of metaethnography as a method of synthesis is that it can translate findings between concepts arising from different disciplines, although this is not always possible. For example, the synthesis by Moore et al. (2016) of interventions to treat attention-deficit/hyperactivity disorder used concepts of stigma to expand understandings from the educational literature.

Thorne is also critical of the imprecision of electronic searching and searches which retrieve literally thousands of studies. However this isn't a problem in itself if it identifies relevant studies which otherwise would be overlooked. The problem is rather about devising more appropriate search strategies for particular kinds of review, which one of us (Chris Cooper) is exploring as part of his PhD research (which is entitled 'Improving literature searching in non-standard systematic reviews').

Some of the issues with this kind of searching are technical. Electronic database searching for qualitative studies is less efficient than searching for randomised controlled trials (RCTs) for a number of reasons. For example, databases have been slow to index qualitative research in their MESH headings (see MEDLINE) , and many qualitative journals have different criteria for titles and abstracts including not having structured abstracts and a preference for creative and intriguing phrases in composing a title, rather than the purely descriptive. These make designing precise terminology for search strategies difficult. It is also not a problem

unique to reviews of qualitative research. Public health reviews of complex interventions, which may expand the quantitative evidence base beyond RCTs, often encounter similar problems of volume.

Other approaches are typically characterised as "supplementary" to searches of electronic databases. These include citation chasing, although limitations of this are noted above; expert author contact, and other, more traditional approaches to identifying key articles, such as reading the indexes of key journals or looking at books of a particular class mark in the library (Campbell et al., 2012). However we don't really know what the impact of these methods is in terms of more efficient identification of relevant research, although this is what Chris Cooper's thesis is exploring. And, perhaps most importantly, we don't know what the impact of missing studies will be on the subsequent synthesis.

Related to this, there is little consensus about sample size: how many articles are needed for a credible or feasible synthesis? While there is some consensus that too many articles may produce "gross generalisations" (Paterson, Thorne, Canam & Jillings, 2001) and "trite conclusions" (Noblit & Hare, 1988), the numbers proposed as "too many" range from more than six (Dixon-Woods et al., 2001) to 100 (Thorne et al., 2002). To deal with the problem of unmanageable numbers of retrieved articles, qualitative synthesizers have used other sampling strategies taken from primary qualitative research, such as purposive and deliberative sampling. The driving logic has never been to have all possible scenarios available for study, rather the goal is to find out what is interesting in the scenarios we have, and what they offer. There is also the question of what the studies seen as procedurally or analytically weak add to the synthesis. They are a bit like the slightly boring interview that doesn't add anything startling but can add weight to a theme or concept we are developing.

Malpass et al. (2009) distinguished between Key Papers (KP), Satisfactory Papers (SAT), reviewer uncertain (?), irrelevant papers (IRR) and fatally flawed papers (FF). They found that the results of their synthesis were unchanged by restricting the sample to Key Papers. If we are to propose these approaches, we may need to convince policy makers that they are appropriate, as policy makers are often primed to consider the "weight" of evidence in terms of the number of supporting articles. Approaches such as CERQual (Lewin et al., 2016), adopted by policy makers such as WHO and NICE, try to mitigate this by considering aspects of adequacy, methodological quality, relevance and coherence of data contributing to synthesised findings.

Quality of primary studies and of syntheses

Doing a systematic search usually captures many small scale descriptive studies with little analytical or theoretical aspiration; these studies may entrench 'stereotypic disparaging attitudes' that Thorne refers to about qualitative research in general. Thorne's article reminds us that what is true of primary studies is now increasingly true of syntheses, in the form of the 'quick and dirty technical reports' described as the products of qualitative metasynthesis that she refers to . This is similar to the 'bumper sticker' (Frost, Garside, Cooper & Britten, 2016) problem in which poorly conceived and conducted 'grounded theory' studies cite Glaser and Strauss (1967) although the authors clearly have little idea what grounded theory is. Both primary qualitative studies and qualitative syntheses need to move beyond description and towards theory and explanation; the challenge is the same. Clearly the quality of any synthesis is dependent on the quality of the primary studies it aims to synthesize, and it is harder to produce an interpretive synthesis on the back of a series of descriptive primary

studies. One rather depressing aspect of comprehensive literature searching is the realization of how much poor quality qualitative research is out there: purely descriptive research, sometimes conducted by those with little training in qualitative methods, with little or no conceptualization.

This raises the question of the expertise required to conduct both primary qualitative research and qualitative synthesis. Thorne (2017, p. 9) notes that 'qualitative metasynthesis was sufficiently complicated as to require a team of researchers, ideally possessed of deep experiential knowledge of a wide range of qualitative methods' and with varied interpretative repertoires. It also points to the need for expert reviewers with sufficient understanding of qualitative synthesis, who are known and accessible to the relevant journal editors in different disciplines.

In addition to conducting qualitative syntheses, we have also run training courses in meta-ethnography, which have shown us some of the difficulties encountered by novices. In asking students to carry out group exercises using published articles, an early stumbling block is the difference between themes and concepts. There are no easy definitions, but we encourage students to identify concepts on the basis of their explanatory power or analytical depth. Students easily drift away from the text and into their own interpretations, particularly if they are familiar with the subject matter. As teachers, we emphasise the distinctions between first order (respondents') themes and concepts, second order (authors') themes and concepts, and third order (synthesizers') themes and concepts. Students have to learn to be disciplined about the sources of the data they are working with. They often find it hard to discern authors' interpretations, even if they are present in the text. Students also need to learn to question the

claimed theoretical approaches in primary studies, which can be very misleading but also confusing for novices.

Critics have noted that qualitative syntheses tend to report commonalities, and that reports of meta-ethnographies tend to produce reciprocal translations and lines of argument rather than refutational syntheses. It may be that the translational approach pushes synthesizers towards inclusion, in much the same way that negative or deviant cases often get incorporated in analyses, as we broaden theory to include them. It may also stem from Noblit and Hare's observation that "When ethnographies are about essentially different things, there is little reason to attempt to synthesize them." (Noblit & Hare, 1988, p. 38). People may have conflated this with refutation, but it is akin to publishing only 'positive findings' and skews learning and innovation. All this can lead to an inherent conservatism.

Thorne notes the lack of consideration of chronology and temporality, although some qualitative syntheses have attempted to do this by only including longitudinal studies (Frost, Garside, Cooper & Britten, 2014). The use of an early 'index paper' (Campbell et al., 2003), where appropriate, may be one way of trying to examine the development of ideas over time. Those conducting meta-narratives have also traced the influence of key thinkers and/or ideas over time (Greenhalgh, Robert, Macfarlane, Bate, Kyriakidou & Peacock, 2005). However Thorne (2017) notes that the dominance of earlier scholars can shape the research questions and study designs of subsequent researchers which may also militate against new ideas or concepts which seem to go against the accepted grain. Related to this is the question of updating qualitative syntheses, something well established in meta-analysis but not so far explored in relation to qualitative methods (France, Ring, Thomas, Noyes, Maxwell & Jepson, 2014).

Noblit reminds us that synthesizers are working with researchers' interpretations and that our shared backgrounds as educated members of the middle class may blind us to inequality, dissent and oppression (Noblit, 2016). In addition to needing a team to synthesize, there has also been the suggestion that teams need to encompass multi disciplines (Paterson et al., 2001) so that at least those with different perspectives and theoretical traditions can work on the synthesis. In health care, Noblit (2016) asks us if we privilege the views of professionals or of patients. Even when the focus is on patients' perspectives, researchers may recruit and represent the views of middle class participants more like themselves than marginalised or 'hard to recruit/seldom heard' populations.

All of this suggests that those engaged in synthesis need to pay more attention to articles that don't appear to fit, to ensure that we are not omitting studies which might challenge our thinking. In the metaethnography about experiences of diabetes published by Campbell et al. (2003), one article was omitted because the authors felt that the analysis was not informed by any recognizable qualitative methodology, and it proved difficult to translate the findings from this article into the others. Britten and Pope (2012) found something similar in their worked example about medicine taking for asthma, with an article based on a different theoretical framework than the others. It seems that there are barriers to translating findings across some disciplines. There may be methodological barriers also: Garside's (2008) synthesis found a refutational article generated from an observational study rather than an interview study. We need to build on synthesis approaches that can take into account the nature of the research and its traditions and overcome these kinds of challenges (Paterson et al., 2001).

France et al. (2014) have argued the need for guidelines, and their NIHR funded eMERGe project is in the process of producing reporting guidelines for metaethnography (*http://emergeproject.org*). Thorne notes the problematic assumption that reporting standards can serve as a proxy for quality criteria. It may be the case that reporting guidelines nevertheless drive better quality even though they do not in themselves represent quality. Although the value of a synthesis lies in the quality of its interpretation, it is much easier to monitor the steps in a process and become fixated on checklists at the expense of content. This speaks to the kind of a rationalisation described so well by Max Weber (Kalberg, 1980), and latterly by George Ritzer (2008) as 'McDonalidisation' measured by increasing standardization, control, and codification directed towards efficiency. However there is also a need to be pragmatic; in a policy making arena, decision makers are asking whether they can be confident to make decisions based on the findings of syntheses. There needs to be a balance between agreements about which technical aspects of the process should be reported to facilitate this, to allow qualitative research to be influential in practice, as well as in theoretical understanding. However, there are risks. The CERQual (Lewin et al., 2015) approach has so far only been applied to more descriptive qualitative synthesis findings, potentially further marginalising conceptually rich syntheses.

It seems more helpful to consider the quality of a synthesis by examining the synthetic research products, based on questions about any underlying or explicit theoretical or conceptual model. The vital first question would be 'is this really synthesis?'; many of the so called qualitative syntheses merely produce a list of themes in much the same way as descriptive primary studies do, and stop there. As qualitative researchers (both primary researchers and synthesizers) we need to make sense of our data, and not just describe them. This requires analysis, interpretation and, very often, engagement with social theory. These

are creative processes not reducible to checklists. The notion and definition of a synthesis product could be explored. Published syntheses have generated a range of synthesis products including verbal lines of argument, explanatory models and diagrams, experiential trajectories (Malpass et al., 2009) and new concepts. It is very likely that the range of synthesis products will increase over time. The next question would be whether the synthesis provides a new understanding or new interpretation or a new storyline. France et al. (2014) found that, in 32 meta-ethnographies they examined, only 12 seemed to have produced a new interpretation. A good example of added value is the metaethnography of patients' experiences of antidepressants which proposed a new conceptual model with clear implications for practitioners, on the basis of 'decisive junctures' in patients' illness and treatment journeys (Malpass et al., 2009). This synthesis thus provided new insights for those interested in the sociology of mental health as well as for practitioners and policy makers.

Conclusion

In concluding her article, Thorne (2017) recommends the creation of terminological consistency. While a laudable aim, we do not agree that the term metasynthesis is a suitable umbrella term that will unite practitioners in this field. Rather we argue for the importance of clarity about which methods are being used, and for editors and reviewers to ensure that synthesizers have done what they have claimed to do (eliminating the bumper sticker problem). Synthesizers often need to be creative in responding to the particular challenges they face, while remaining rigorous and systematic, to avoid thickening the meta-soup (Thorne, Jensen, Kearney, Noblit & Sandelowski, 2004). There needs to be more appropriate and critical appraisal of the products of syntheses, without resorting to the naïve and

simplistic application of checklists. Aguinaldo (2004) suggests that we should move away from a one-size-fits-all approach, asking "what is this research valid for?" rather than "is this research valid?" We have also argued that assessment of whether technical aspects of study design have been reported should be made separately from considering issues of trustworthiness and theoretical development (Garside, 2014). In some contexts, more aggregative thematic syntheses may provide a useful summary of the state of the research on a particular topic, which could be useful for researchers and policy makers to understand what has already been done and to see gaps and opportunities to be filled. However we need to tackle the greater challenge of encouraging thoughtful reflection and in depth qualitative analysis and interpretation, leading to integration rather than aggregation. Those doing syntheses need to strive to expand our understanding of the world by building on what came before but without being stifled by it. For all of us, primary qualitative researchers and synthesizers of qualitative research, the key question is to improve the quality of qualitative analysis. In doing so, we can better meet the needs of the different audiences for our work. Health care practitioners may prefer a descriptive approach to help with the practical challenges of their work rather than theory; policy makers require robust and trustworthy reviews to inform policy decisions; social scientists are interested in the cumulative development of social theory and the development of reliable and trustworthy methods.

The problems that beset qualitative synthesis derive from a much deeper problem about poor scholarship. We can only agree with Noblit's conclusion that 'metaethnography [and we would add, other forms of qualitative synthesis] can ask much more of us as scholars than is the current practice' (Noblit, 2016, p. 17).

References

Aguinaldo, J.P. (2004). Rethinking Validity in Qualitative Research from a Social Constructionist Perspective: From "Is this valid research?" to "What is this research valid for?". The Qualitative Report, 9, 127-136.

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

Britten, N., & Pope, C. (2012). Medicine taking for asthma: a worked example of meta-ethnography. In Hannes, K., Lockwood, C. (eds). Synthesizing qualitative research: choosing the right approach (pp. 41-57). Oxford, UK: BMJ Books, John Wiley & Sons Ltd.

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

Campbell, R., Pound, P., Morgan, M., Daker-White, G., Britten, N., Pill, R., Yardley, L., Pope, C., & Donovan, J. (2012) Evaluating meta-ethnography: systematic analysis and synthesis of qualitative research. Health Technology Assessment, 15, 43:1-164.

Dixon-Woods, M., Fitzpatrick, R., & Roberts, K. (2001). Including qualitative research in systematic reviews: opportunities and problems. Journal of Evaluation in Clinical Practice, 7, 125-133.

Feder, G. S., Hutson, M., Ramsay, J., & Taket, A. (2006). Women Exposed to Intimate Partner Violence: Expectations and Experiences When They Encounter Health Care Professionals: A Meta-analysis of Qualitative Studies. Archives of Internal Medicine. 166(1), 22-37.

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

Frost, J., Garside, R., Cooper, C., & Britten, N. (2014). A qualitative synthesis of diabetes self-management strategies for long term medical outcomes and quality of life in the UK. BMC Health Services Research. 14(1), 348.

Frost, J., Garside, R., Cooper, C., & Britten, N. (2016). Meta-Study as Diagnostic: Toward Content Over Form in Qualitative Synthesis. Qualitative Health Research. 26, 307-319.

Garside, R. (2008) A comparison of methods for the systematic review of qualitative research: two examples using metaethnography and meta-study. PhD thesis, Peninsula Medical School, Universities of Exeter and Plymouth.

Garside, R. (2014) Should we appraise the quality of qualitative research reports for systematic reviews, and if so, how?, Innovation: The European Journal of Social Science Research, 27, 67-79.

Glaser, B. & Strauss, A. (1967) The discovery of grounded theory. Chicago: Aldine.

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., Kyriakidou, O., & Peacock, R. (2005). Storylines of research in diffusion of innovation: a meta-narrative approach to systematic review. Social Science & Medicine. 61, 417-430.

Lewin, S., Glenton, C., Munthe-Kaas, H., Carlsen, B., Colvin, C. J., Gülmezoglu, M., Noyes, J., Booth, A., Garside, R., & Rashidian, A. (2015). Using qualitative evidence in decision making: An approach to assess confidence in findings from qualitative evidence syntheses (GRADE-CERQual) PLOS Medicine; 12(10), e1001895.

Lorenc, T., Pearson, M., Jamal, F., Cooper, C., & Garside, R. (2012) The role of systematic reviews of qualitative evidence in evaluating interventions: a case study. Research Synthesis Methods, 3, 1-10.

Malpass, A., Shaw, A., Sharp, D., Walter, F., Feder, G., Ridd, M., & Kessler, D. (2009) "Medication career" or "moral career"? The two sides of managing antidepressants: a metaethnography of patients' experience of antidepressants. Social Science and Medicine, 68, 154-168.

Moore, D.A., Gwernan-Jones, R., Richardson, M., Racey, D., Rogers, M., Stein, K., Thompson-Coon, J., Ford, T.J., Garside, R. (2016). The experiences of and attitudes toward non-pharmacological interventions for attention-deficit/hyperactivity disorder used in school settings: a systematic review and synthesis of qualitative research. Emotional and Behavioural Difficulties, 21, 61-82.

National Institute for Health and Clinical Excellence (2009) Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence. NICE clinical guideline 76, London: NICE.

Noblit, G. W. (2016) How qualitative (or interpretive or critical) is qualitative synthesis and what we can do about this? University of North Carolina, Chapel Hill.

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

Kalberg, S. (1980) Max Weber's Types of Rationality: Cornerstones for the Analysis of Rationalization Processes in History. American Journal of Sociology. 85, 5 1145-1179.

Paterson, B., Thorne, S., Canam, C., & Jillings, C. (2001). Meta-study of qualitative health research: a practical guide to meta-analysis and meta-synthesis. Thousand Oaks, California: Sage Publications

Pope, C., Mays, N., & Popay, J. (2007) Synthesizing qualitative and quantitative health evidence: a guide to methods. Buckingham, UK: Open University Press.

Pound, P., Britten, N., Morgan, M., Yardley, L., Pope, C., Daker-White, G., & Campbell, R. (2005). Resisting medicines: a synthesis of qualitative studies of medicine taking. Social Science and Medicine. 61, 133-155.

Ritzer, G. (2008). The McDonaldization of Society. Los Angeles, USA: Pine Forge Press.

Sandelowski, M., & Barroso, J. (2007) Handbook for Synthesizing Qualitative Research. New York, USA: Springer Publishing.

Thorne, S. (2017) Metasynthetic Madness: What Kind of Monster Have We Created? Qualitative Health Research. 27 (1), 3-12.

Thorne, S., Jensen, L., Kearney, M., Noblit, G., & Sandelowski, M. (2004) Qualitative metasynthesis: reflections on methodological orientation and ideological agenda. Qualitative Health Research, 14, 1342-1365.

Thorne, S., Paterson, B., Acorn, S., Canam, C., Joachim, G., & Jillings, C. (2002). Chronic Illness Experience: Insights From a Metastudy. Qualitative Health Research, 12, 437-452