

# Conducting a meta-ethnography of qualitative tuberculosis treatment adherence studies: a reflection on the process

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# Introduction

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- ◆ An increasing number of qualitative studies are being undertaken
- ◆ Synthesizing qualitative research findings may facilitate better understanding of the state of knowledge in a particular field
- ◆ Synthesis methods are a developing area of research
- ◆ Meta-ethnography one of the most developed and published methods of qualitative synthesis in health care research



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# Outline

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- ◆ Introduction
- ◆ Challenges:
  - Identifying relevant studies
  - Reading the studies
  - Determining relations between the studies
  - Translating studies into one another
  - Synthesizing translations
- ◆ Conclusions

# Meta-ethnography

- ◆ Meta-ethnographic analysis involves 7 steps (Noblit & Hare, 1988):
  1. Identifying the question / concern
  2. Deciding what is relevant to initial question or interest
  3. Reading the studies repeatedly
  4. Determining how the studies are related
  5. Translating studies into one another
  6. Synthesizing translations
  7. Expressing the synthesis
- ◆ Existing guidance vague and few published applications in health care

# Critiques of qualitative synthesis

- ◆ Not possible to generalise beyond individual qualitative studies
- ◆ Epistemological basis of qualitative research precludes 'systematic' synthesis
- ◆ Loss of contextual information and of thick descriptions of experiences and actions
- ◆ Reproducibility of syntheses

# Adherence to tuberculosis treatment: a qualitative systematic review of stakeholder perceptions (1)

## Background

- ◆ TB is major contributor to the global burden of disease
- ◆ Poor adherence to treatment is common
- ◆ Little is known of factors that patients and other stakeholders consider important barriers to and facilitators of treatment adherence

## Aim

- ◆ To understand the factors seen by patients and other stakeholders to contribute to TB medication adherence

## Methods

- ◆ Searched 19 electronic databases (1966-current) for qualitative studies on patients' or other stakeholders' perceptions of adherence to TB treatment
- ◆ 7814 citations located, of which 44 met the review's inclusion criteria

# Adherence to tuberculosis treatment: a qualitative systematic review of stakeholder perceptions (2)

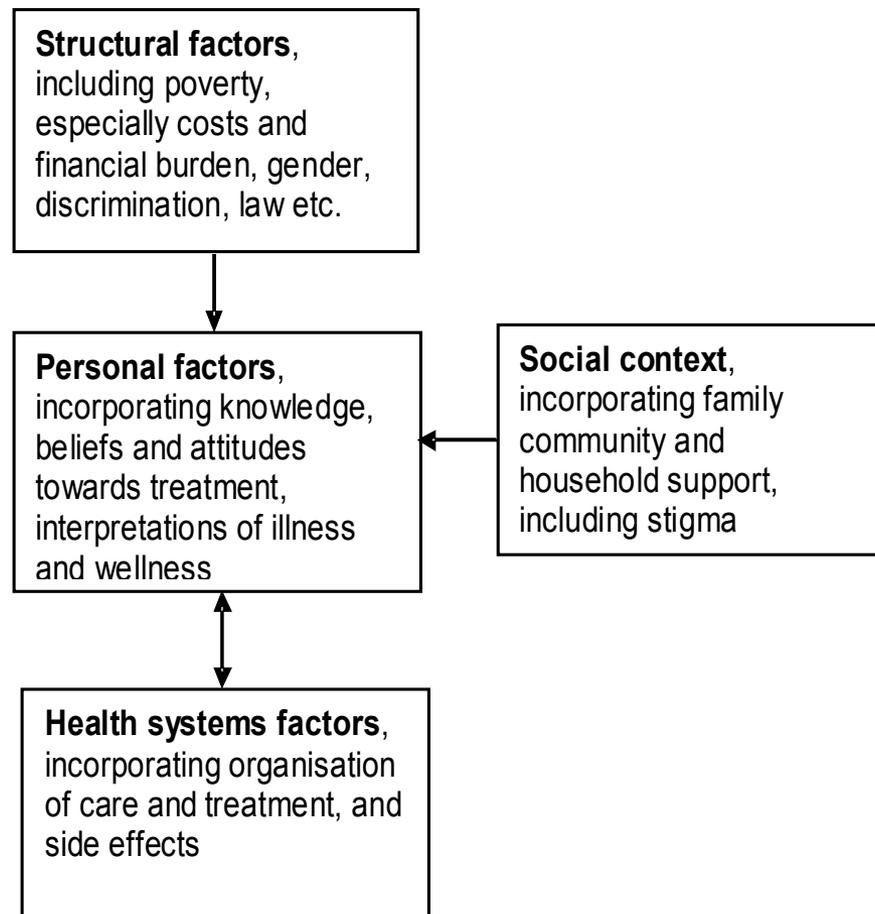
## Findings

Eight major themes identified:

- ◆ the financial burden of tuberculosis treatment
- ◆ the organisation of treatment and care
- ◆ knowledge, attitudes and beliefs in relation to treatment
- ◆ interpretations of illness and wellness
- ◆ family, community, and household support
- ◆ personal factors
- ◆ side effects
- ◆ law and immigration.

No single factor is responsible for patients' decisions to stop taking medication. Rather a number of factors interact in shaping people's adherence behaviour.

# Model of factors influencing adherence to TB treatment





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# Challenges in conducting the meta-ethnography

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- ◆ Identifying relevant studies
- ◆ Reading the studies
- ◆ Determining relations between the studies
- ◆ Translating studies into one another
- ◆ Synthesizing translations

# Challenges: identifying relevant studies

- ◆ Large numbers of qualitative studies have been undertaken in some areas
- ◆ Theoretical sampling (data saturation) or exhaustive searching?
- ◆ Also, qualitative research widely dispersed and poorly indexed

# Challenges: reading the studies

- ◆ Context:
  - Capturing context during data extraction difficult
  - Close referral to original papers necessary
- ◆ First and second order interpretations
- ◆ Extracting data from mixed methods studies

# Challenges: determining relations between the studies

- ◆ Guidance on this process is limited - various methods have been used
- ◆ Few examples of syntheses using large numbers of primary studies
- ◆ Our approach:
  - Tables used to display the themes
  - These then grouped into categories, which formed the basis for further analysis

# Challenges: translating studies into one another

- ◆ Capturing context in the translation process:
  - Synthesis needs to take context into account
  - Attempted to explore systematically the effects of different aspects of context, e.g. socio-economic status of respondents
  - Limited by poor description in primary studies



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# Challenges: Synthesizing translations

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- ◆ Not always described clearly in published meta-ethnographies
- ◆ Examined the translations for overarching concepts or metaphors
- ◆ Iterative process of refining concepts
- ◆ Interpretations were grounded in the primary studies and based on a systematic identification, categorisation and analysis of the key concepts from these studies

# Conclusions

- ◆ Meta-ethnography appears to be a promising approach, but further methodological work needed
- ◆ Improvement needed in the reporting of qualitative studies
- ◆ It appears feasible to synthesize findings from studies that have used a range of methodological approaches
- ◆ Findings of the study highlight the patient perspective within the debate on adherence to TB treatment