eMERGe Developing Meta-Ethnography Reporting Guidance



Background:

The NHS needs high quality research evidence to help it design health services and make decisions affecting patients. Synthesising evidence from many existing qualitative studies, such as those using patient interviews, is increasingly seen as important in making sense of research information. Qualitative evidence synthesis can explain, for example, how and why health services or policies work or not, why patients or health professionals behave in a certain way, or what it is like to experience an illness.

Meta-ethnography is an influential, commonlyused qualitative synthesis methodology. It follows a systematic seven-phase process to develop new insights and conceptual understandings. Findings from high-quality meta-ethnographies have been used in clinical guidelines. However, the reporting quality of published meta-ethnographies varies and is often poor.

To ensure that evidence from meta-ethnographies is used for the benefit of people who use health and social care services, researchers must carry out quality meta-ethnographies and report them to a high standard, but there is no tailored guideline to help researchers do this. We carried out the eMERGe project to develop guidance to improve the way researchers report meta-ethnographies.

Aims and objectives:

The aim of the eMERGe project was to develop guidance to improve meta-ethnography reporting. Objectives:

- Identify existing recommendations and guidance for conducting and reporting each process in a meta-ethnography (Stage 1)
- Identify good practice principles in metaethnography conduct and reporting to inform recommendations and guidance (Stage 2)
- Develop standards in meta-ethnography conduct and reporting to inform recommendations and guidance (Stage 2)
- Establish the consensus of experts and other stakeholders on key standards and domains for reporting meta-ethnography (Stages 3 & 4).
- Create and publish reporting guidance along with a detailed document to explain how to use it (Stage 4).

Methods:

The project ran from June 2015 to May 2017 and had a four-stage, mixed-methods design:

- <u>Stage 1</u> a methodological systematic review to identify how meta-ethnographies should be conducted and reported
- <u>Stage 2.1a</u> a documentary analysis of high and lower quality published meta-ethnographies and <u>Stage 2.1b</u> - semi-structured interviews with end users of evidence syntheses to identify good practice in meta-ethnography reporting
- <u>Stage 2.2</u> an audit of reporting standards in published meta-ethnographies to identify if they met good practice principles

From stages 1 and 2 we created 53 possible reporting items to take forward the consensus studies.

- <u>Stage 3</u> an online consensus workshop and two Delphi consensus studies with experts and other stakeholders to agree the content of the guidance
- <u>Stage 4</u> post-Delphi workshops and meetings with the project advisory group to develop the reporting criteria, explanatory notes, extensions to the guidance, and user training materials.

Findings:

We identified novel recommendations and good practice for the seven phases of metaethnography conduct and reporting. Experts and other stakeholders achieved consensus over the minimum reporting requirements for a metaethnography, agreeing to include 49 of 53 potential reporting items.

Nineteen reporting criteria were developed from the 49 items and accompanying detailed guidance was created. The criteria cover the seven phases of meta-ethnography including reporting of its design, methods, analysis, synthesis, findings and implications.

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Conclusions:

The bespoke eMERGe guidance was created using rigorous procedures following good practice processes in developing reporting guidance. It should increase the quality of reporting of metaethnographies to facilitate use of their findings to inform the design and delivery of health and social care services and interventions. The guidance was published in January 2019. *France, E., et al (2019) Improving reporting of Meta-Ethnography: The eMERGe Reporting Guidance. Journal of Advanced Nursing (e-Pub Ahead of Print)* Doi: 10.1111/jan.13809.

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