Writing the Proposal for a Qualitative Research Methodology Project

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Writing the proposal for a qualitative research methodology study is a double challenge because of the emergent nature of qualitative research design and because a methodology study entails describing a process to produce a process. How the authors addressed this challenge is shown in the annotated text of the grant proposal—"Analytic Techniques for Qualitative Metasynthesis"—funded by the National Institute of Nursing Research. Appealing qualitative research proposals adhere to principles that engage writers and readers in an informative and mutually respectful interaction.

Keywords: *qualitative research; proposal writing; qualitative metasynthesis*

Writing the proposal for a qualitative study is a challenge because of the emergent nature of qualitative research design (Sandelowski, Davis, & Harris, 1989). Designing studies by conducting them—as opposed to conducting studies by design—proposal writers can only anticipate how their studies will proceed. Qualitative research proposals are thus exercises in imaginative rehearsal. When the proposed study is directed toward developing qualitative methods, the challenge becomes even greater as such a proposal entails the rehearsal of a process to develop a process. In a methodology study, process is outcome.

In this article, we reproduce[1] and annotate (in italics) the text of a grant proposal—"Analytic Techniques for Qualitative Metasynthesis" —that we submitted in 1999 to the National Institute of Nursing Research (NINR), National Institutes of Health (NIH). This project received a priority score of 110 (0.6 percentile) and was funded in June 2000 to run for 5 years. Our annotated comments are intended both to be instructive and to serve as explanations for why we made certain statements or placed these statements where we did. Because this proposal was a resubmission, we then offer suggestions for revising and resubmitting proposals that initially do not receive scores high enough for funding. We conclude by offering what we think of as principles for writing effective qualitative proposals.

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THE PROPOSAL: "ANALYTIC TECHNIQUES FOR QUALITATIVE METASYNTHESIS"

Specific Aims

The immediate aim of the proposed study is to develop the analytic and interpretive techniques to conduct qualitative metasynthesis projects, using research on women with HIV/AIDS as the "method case." *In sections on aims, writers should state the aims first; reviewers should not have to wait for them.* Although all qualitative research, narrative integrations of quantitative research, and broad overviews of knowledge fields entail synthesis, or some combination of two or more entities, qualitative metasynthesis is a distinctive category of synthesis in which the findings from completed qualitative studies in a target area are formally combined. Qualitative metasynthesis constitutes a specific kind of data-driven research that is analogous to quantitative meta-analysis in its intent systematically, as opposed to impressionistically (Fawcett, 1999), to combine the findings in a target domain of scientific research. *These last two statements constitute an example of what we call* strategic disarmament, *which entails anticipating likely areas of controversy, debate, or differences of opinion. Because the word* synthesis *is used in a variety of ways to refer to a variety of entities, differentiating right away the kind of synthesis that was the focus of our proposal was critical. These statements are also in response to a previous review in which our take on synthesis was not sufficiently clear.* We have chosen the area of women with HIV/AIDS as our method case because a sufficient number of qualitative studies exists here to warrant metasynthesis, and it is a field of great significance to women's health and nursing practice. *We were, in fact, funded as an HIV/AIDS project.* HIV infection is a priority area of Healthy People 2000.[2] The development of techniques to improve the analysis, interpretation, and use of data and, specifically, to integrate evidence from qualitative research is also a goal of the National Institutes of Health. *Referring to research, practice, or policy priorities or initiatives of various national agencies helps to underscore the significance of study aims. We specifically staged our application as a response to the NIH Program Announcement concerning Methodology and Measurement in the Behavioral and Social Sciences.*

Qualitative research is on the "crest of a wave" (Morse, 1994, p. 139) and has become immensely popular in the practice disciplines. The proliferation of qualitative studies on various aspects of health, illness, and life transitions—phenomena of key interest to nurses—has been unprecedented. Despite its new prominence in the practice disciplines, however, concerns remain about the ability of qualitative research to resolve "real-world" problems. A key factor accounting for the perceived lack of usefulness of qualitative research is the relative absence of efforts to integrate, synthesize, or otherwise put together the findings from this research. *Having stated the aim of the proposed study, we introduce here the problem that generated it and the significance of the problem. We worked backward from the aims to the research problem and its significance.*

Qualitative research findings contain information about the subtleties and complexities of human responses to disease and its treatment that is essential to the construction of effective and developmentally and culturally sensitive interventions. However, for qualitative research findings to matter, they must be presented in a

form that is assimilable into the "personal modes of knowing . . . valuing" (Noblit, 1984, p. 95) and/or doing of potential users, including researchers and practitioners. Although a few laudable efforts have been made to integrate the findings of qualitative health research (e.g., Jensen & Allen, 1994; Paterson, Thorne, & Dewis, 1998), qualitative metasynthesis as method remains largely undeveloped.

Moreover, calls for more research in a target domain do not necessarily entail the collection of yet more data but, rather, might require the insightful mining of data already collected. A new moral consciousness has emerged about inviting persons, already vulnerable by virtue of their health conditions or life circumstances, to participate in yet more studies to obtain information we already have (e.g., Thorne, 1997). Recruitment of persons into qualitative studies, in particular, cannot be justified by the benefits of such participation alone (e.g., Hutchinson, Wilson, & Wilson, 1994). Qualitative metasynthesis is such a mining project, that is, an important avenue toward the development of knowledge (especially the "soft" knowledge often eluding measurement) and an exemplar of clinical scholarship (Diers, 1995) equal to "primary" research in its potential to improve health research instrumentation and health care practices. *In the preceding paragraph, we emphasized the significance of the problem.*

Here, we return to the aims and flesh them out with specific objectives. Accordingly, we propose to develop a systematic, comprehensive, usable, and communicable research protocol for conducting qualitative metasynthesis projects in any health-related field. To accomplish this objective, we will offer solutions to problems that qualitative metasynthesis raises, including how to (a) define the limits of a synthesis project, (b) group studies for comparison and combination, (c) evaluate the quality of studies, (d) determine the "true" as opposed to surface topical and methodological comparability of studies, (e) choose and apply the analytic techniques most appropriate for integrating the findings from a particular set of studies, and (f) select and use the re-presentational form for the metasynthesis product best suited to different consumers of qualitative research, including researchers and practitioners. We will also provide a metasynthesis of research findings in the area of women with and in a second area of research to "test" the metasynthesis protocol we develop. The "test case" will involve research on couples undergoing prenatal testing.

The outcomes of the proposed project will therefore include both a product (the metasyntheses themselves) and a process (a research protocol to conduct qualitative metasynthesis projects). Our long-term goals are to advance substantive knowledge in the field of HIV/AIDS and prenatal diagnostic technology and to advance qualitative methodology. The project will enhance the analytic power of qualitative research findings so that the understandings of human experience contained in them can serve as a basis for improved research and health care practices.

In this first section of the proposal, we adopted the following logic: immediate aim → significance of aim → problem → significance of problem → aim with objectives → outcome and long-term aim. By the end of this section, reviewers should have been offered what amounts to an executive summary of the proposed study emphasizing its significance. The significance of establishing significance cannot be overestimated. A research proposal low in significance, albeit high in technical perfection, is not likely to be funded.

Background and Significance

In the following paragraphs, we review the literature (accurate as of 1999) or develop ideas previously introduced in the Aims section. A good literature review has a clearly defined logic in the service of only one goal: making the case for the proposed study. We followed a largely "gap" logic, in that our review was oriented to showing what was still missing in the domain of research integration and the reasons for this gap. We have described other logics for the literature review elsewhere (Sandelowski & Barroso, 2002). Over the past two decades, largely in response to Glass's (1976) work in the area of meta-analysis, a surge of efforts has been directed toward research integration, especially in the health/medicine domain (Bausell, Li, Gau, & Soeken, 1995; Kavale, 1995). Although research integrations were promoted and conducted prior to this time, the proliferation of empirical research in the behavioral and social sciences and science-based practice disciplines has made ever more urgent the need for research integrations both to reduce "information anxiety" (Harrison, 1996, p. 224) and to facilitate better use of research findings (Cook, Mulrow, & Haynes, 1997). Not only do hundreds of published reports of quantitative research integrations now exist, major collaborative efforts have also been directed toward such integrations, including the Sigma Theta Tau *Online Journal of Knowledge Synthesis* and the Cochrane Collaboration to synthesize the results of randomized controlled trials of health/medical practices and treatments (Chalmers, 1993). *In this paragraph, we have set the scene.*

We now move quickly to the point: detailing the problem previously introduced in the Aims section. Conspicuously absent from this thriving research integration scene are efforts to integrate the findings of qualitative research. This absence is all the more remarkable as few other research approaches now rival the interest shown in qualitative research by scholars in many different disciplines and fields of study. Since the 1980s, at least 1,000 qualitative studies have been conducted in the health field alone, which have been disseminated both in research journals once almost exclusively devoted to quantitative research reports and in media newly created to disseminate qualitative work (e.g., the interdisciplinary journal *Qualitative Health Research* and the annual international Qualitative Health Research Conference). These studies contain findings about a diverse range of health issues, including, most notably, personal and cultural constructions of disease, prevention, and risk; living with and managing the effects (including the treatment effects) of an array of chronic conditions; and decision making around and responses to beginning- and end-of-life technological interventions. Despite its new prominence, however, the false notions still prevail that qualitative research is only a prelude to "real" research, and that qualitative findings are ungeneralizable, noncumulative, and, ultimately, irrelevant in the "real" world of clinical practice (Sandelowski, 1997). The paradox is that qualitative research is conducted in the "real world"—that is, not in artificially controlled and/or manipulated conditions—yet is seen as not applicable in that world. This perceived lack of relevance and utility has potentially serious consequences for the use of qualitative methods and findings and, therefore, for nursing and other health-related practice fields.

One recent response to the utility problem has been the call for qualitative metasynthesis. Qualitative metasynthesis—as it is conceived in the few articles on this subject *(with this phrase, we reinforce how little there is on qualitative metasynthesis and thus the significance of the proposed study)*—is a form of metastudy, that is, study of the processes and results of previous studies in a target domain that moves beyond

those studies to situate historically, define for the present, and chart future directions in that domain. In metastudies, the researcher seeks not only to combine the results of previous studies but also to reflect on them (Zhao, 1991, pp. 377-378). Like *phenomenology*, *ethnography*, and *grounded theory*, the term *qualitative metasynthesis* refers both to an interpretive product and to the analytic processes by which the findings of studies are aggregated, integrated, summarized, or otherwise put together (Estabrooks, Field, & Morse, 1994; Jensen & Allen, 1996; Kearney, 1998a; Noblit & Hare, 1988; Sandelowski, Docherty, & Emden, 1997; Schrieber, Crooks, & Stern, 1997). Although it can be considered an analogue to meta-analysis (Glass, McGaw, & Smith, 1981) in that there is "a shared interest in synthesizing empirical studies" (Noblit & Hare, 1988, p. 10) and a shared desire to use a systematic, comprehensive, and communicable approach to research integration, qualitative metasynthesis is not about averaging or reducing findings to a "common metric" (Wolf, 1986, p. 33). *We again use the device of contrasts to clarify our focus and to differentiate qualitative metasynthesis from other entities reviewers might view (and, in the case of one of our reviewers, did view) as similar to it.* Instead, the aim of qualitative metasynthesis is to create larger interpretive renderings of all of the studies examined in a target domain that remain faithful to the interpretive rendering in each particular study. A prime directive for qualitative researchers, no matter what their method or research purpose, is to preserve the integrity of each sampling unit or case (Sandelowski, 1996). In qualitative metasynthesis projects, this prime directive entails preserving the integrity of and the richness of findings in each individual study.

Yet this prime directive is likely a major reason why few qualitative metasyntheses have been conducted. Indeed, by virtue of their emphasis on case-bound or idiographic knowledge, qualitative studies seem to resist "summing up" (Light & Pillemer, 1984). Efforts to summarize qualitative findings appear to undermine the "function and provenance" of cases (Davis, 1991, p. 12) and to sacrifice the vitality, viscerality, and vicariism of the human experiences re-presented in the original studies. The very emphasis in qualitative research on the complexities and contradictions of "$N = 1$ experiences" (Eisner, 1991, p. 197) seems to preclude adding these experiences up. Moreover, the sheer diversity of qualitative research practices is another reason why so few efforts to synthesize qualitative findings have been attempted. Qualitative researchers have vastly different disciplinary, philosophical, theoretical, social, political, and ethical commitments, and they often have very different views of how to execute ostensibly the same kind of qualitative research. Neopositivists and constructivists, feminists and Marxists, and nurses, educators, and anthropologists conduct grounded theory, phenomenologic, ethnographic, and narrative studies. Furthermore, given the wide variety of re-presentation styles for disseminating qualitative research, even finding the findings can be a daunting challenge. *We are showing here that we know that not all qualitative researchers agree that metasynthesis is warranted, feasible, or congruent with a "qualitative" attitude.*

Yet, qualitative research is endangered by the failure to sum it up. *By using the "yet" device, we quickly move here to reinstate the need to address the problem of resistance to qualitative research integration. We show here a yes-but logic, that is, yes, we support the legitimacy of the arguments of those who might disagree with what we intend, but we also affirm the need to try.* A recurring concern is that qualitative researchers are engaged in a cottage industry: working in isolation from each other, producing "one-shot research" (Estabrooks et al., 1994, p. 510) and, therefore, eternally reinventing the

wheel. Early in the history of grounded theory, Glaser and Strauss (1971) warned that continued failure to link local grounded theories into formal theories (a type of qualitative metasynthesis) would relegate the findings of individual studies to "little islands of knowledge," separated from each other and doomed ultimately never to be visited (p. 181). Qualitative metasynthesis is increasingly seen as essential to reaching higher analytic goals and also to enhancing the generalizability of qualitative research. Schofield (1990) viewed qualitative metasyntheses as cross-case generalizations created from the case-bound generalizations in individual studies. *We wanted reviewers to have a sense of a debate here and what "side" we were, and had to be, on to propose this study.*

Examples of Qualitative Metasyntheses

Two kinds of interpretive syntheses of findings from qualitative studies have been attempted. One involves the integration of findings from multiple analytic paths pursued within one program of research by the same investigator(s). An example is the synthesis work Morse and her colleagues conducted in her program of research on chronic illness (e.g., Morse, 1997a; Morse & Johnson, 1991). Another example is the Field and Marck (1994) anthology, in which the faculty supervisors of six doctoral dissertations used uncertainty as the concept around which to organize findings about motherhood from these studies. A third example is one of our own efforts (Sandelowski, 1995) to synthesize the findings of different aspects of the transition to parenthood of infertile couples. (This study is described in more detail in the Preliminary Studies section.) In all three of these studies, the investigators used grounded theory techniques to produce larger conceptual renderings of substantive theories developed in their primary studies. In this kind of synthesis effort, "synthesists" maintain the same relationship to data as they had in their primary research, having created both data sets (the primary data and the studies derived from these data). Moreover, they have direct access to the primary data for the synthesis.

A second kind of effort, and the one we will focus on in this project, involves the interpretive synthesis of qualitative findings across studies conducted by different investigators. Kearney (1998b) used grounded theory methods to synthesize the findings from 10 studies on women's addiction recovery. The remaining efforts were ostensibly based on the Noblit and Hare (1988) work, which involved three kinds of "translations" of individual ethnographies into each other to produce three metaethnographies in the field of education. Jensen and Allen (1994) synthesized the findings from 112 studies on wellness-illness; Paterson et al. (1998) produced a metaethnography of living with diabetes from 43 studies; Sherwood (1997) synthesized 16 qualitative studies on caring to produce a "composite description" (p. 39) and "therapeutic model" (p. 40) of caring; and Barroso (a co-principal investigator in the proposed project) and Powell-Cope (1998) synthesized the findings from 21 studies on living with HIV/AIDS. (This study is described in more detail in the Preliminary Studies section.) In this kind of synthesis effort, where the focus of analysis is studies in a topical domain conducted by a range of investigators, synthesists are far removed from, and typically have no access to, the primary data on which these studies were based. (An exception here is when synthesists include one of their own studies, as, for example, Noblit, Kearney, and Sherwood did in conducting their projects.) Accordingly, their data are composed solely of what is on the pages of a

research report, which might be influenced by limitations in the research enterprise itself and/or imposed by the publication venue.

These efforts to synthesize the findings of qualitative data are valuable for the methodological direction they provide but, more important, also for the proposed project, for the continuing methodological problems they illuminate and dramatize. For example, although Jensen and Allen (1994) cited Noblit and Hare (1988) as their metasynthesis method source, the techniques they used, the product they generated, and the research purpose they stated were different from those of Noblit and Hare. Jensen and Allen's (1994) purpose was to "inductively develop a theory of wellness-illness" from the "commonalities among individual representations of health and disease" (p. 350). Noblit and Hare espoused interest not in developing "overarching generalizations" (p. 25) but, rather, in determining how studies were related to each other. Indeed, they argued against the notion of synthesis—as accumulation or aggregation—after describing a failed effort at just such an aggregative synthesis of several ethnographies on school desegregation. Instead, they proposed, studies can be judged in relation to each other as (a) comparable and, therefore, subject to "reciprocal translation"; (b) refuting each other; or (c) representing a "line of argument" (p. 36). Moreover, they proposed their methods to fit explicitly ethnographic studies, thereby calling into question the applicability of these methods to the kinds of studies Jensen and Allen reviewed and, therefore, to the kinds of studies typically conducted in nursing and other health-related disciplines. Jensen and Allen grouped—by method—112 studies (an enormous sample in qualitative research) on "wellness-illness" (a concept incorporating many diverse dimensions not explored in their study) reported in journal articles, dissertations, and theses. They then used these same methods to synthesize the findings in each method group (e.g., grounded theory to synthesize the findings of grounded theory studies, phenomenology to synthesize the findings of phenomenology studies). Their final product was reportedly one metasynthesis of wellness-illness composed of a blend of conceptual and phenomenological description. Noblit and Hare produced one "comparable" metaethnography from the findings of two published book-length studies (one of which was a study Noblit had himself conducted), two "refutational" syntheses of the findings from two book-length studies each, and one "line-of-argument" synthesis of the findings from six studies (also including one Noblit had conducted) published in one anthology on school desegregation. The Paterson et al. (1998) study shows a similarly distant relationship to the Noblit and Hare work but a close relationship to grounded theory work, despite the investigators' naming Noblit and Hare as a method source. With references to the Jensen and Allen and Noblit and Hare works, the Sherwood (1997) study is the most impressionistic of all the qualitative metasyntheses we reviewed, showing a greater similarity to a conventional narrative review of literature than to systematic integration of findings across studies.

All of these studies are exciting efforts but lack sufficient communicable detail concerning how they achieved their integrations, and none explicitly addressed or showed how key dilemmas in conducting qualitative research syntheses were resolved. *Our intention here was to present the work of other scholars positively and respectfully while also pointing out the gaps that our proposed study was designed to address. Our two rules in presenting the work of others are (a) never to use the word "fail" in describing what other scholars merely did not do (as this would only be a reflection of what we wanted them to do, or thought they might have done, and not a failure on their part) and*

(b) describe accurately what they did do. The dual imperatives to give other scholars their due and to advance scholarship are somewhat antithetical, as finding something that requires further researching is the sine qua non of the academic enterprise. These imperatives thus require a delicate balancing act, as the continuation of this enterprise depends on scholars' finding gaps, errors, or inconsistencies in existing scholarship. Some of these dilemmas are comparable to those still unresolved in quantitative research integrations, for example, deciding whether and how to use quality as a criterion for inclusion of studies in the bibliographic sample, and whether and how to integrate heterogeneous studies (e.g., Cook, Cooper, et al., 1992; Lynn, 1989; Mulrow, Langhorne, & Grimshaw, 1997). Dilemmas distinctive to qualitative research integrations include separating data from the interpretation of those data, preserving the integrity of each study, and avoiding immersion in so much detail that no usable synthesis is produced. Moreover, qualitative metasynthesis entails resolving persistent dilemmas in qualitative research itself, most notably, the problems of determining what constitutes a trustworthy study and the influence of method on findings. Because the proposed project is directed toward developing and explicating means to resolve these and other dilemmas in conducting and creating qualitative metasyntheses, we will address them in detail in the section on Research Design and Methods. *Here is where we begin to depart from standard procedure because we are proposing a study of method, and so we alert reviewers to this change. Generally, writers should avoid presentations in which readers are constantly referred to what was said previously or what has yet to be said later. Too many references to discussions that took place "previously" or that will take place "below" suggest that writers have not placed material in the right order in the first place. Writers might thereby be forced to repeat material unnecessarily and thus to consume space better used for other components of their proposal.*

Women With HIV/AIDS as a Method Case

We have chosen research on women with HIV infection as our method case because of the many and complex health care needs these women have and because a sufficient number of qualitative studies containing information important to these women's health has been conducted to warrant metasynthesis. No integrations of these findings have been conducted. In 1991, Smeltzer and Whipple published an article summarizing the "state of the science" on women with HIV infection. Since then, researchers have published several reviews of the literature, all of which have focused on the epidemiological profile of HIV infection and a variety of medical problems (e.g., Burger & Weiser, 1997; Cohen, 1997; Fowler et al., 1997; Klirsfeld, 1998). Most recently, Sowell, Moneyham, and Aranda-Naranjo (1999) summarized the major clinical, social, and psychological issues facing women with AIDS, emphasizing the many differences between men and women.

Women now represent the fastest growing segment of persons infected with HIV, with up to 160,000 adolescent and adult females living with HIV infection in the United States alone (Centers for Disease Control and Prevention [CDC], 1999; Cohen, 1997; Fowler, Melnick, & Mathieson, 1997). Between 1981 and 1997, the percentage of seropositive women increased from nearly zero to almost 20% of all new cases (Cohen, 1997; Klirsfeld, 1998). As of December 1998, there were 109,311 reported cases of AIDS in women, which represents only a small proportion of all women infected with the virus; this figure does not include those infected women who have not progressed to AIDS. Of this number, 61,874 women are African

American, 21,937 are Hispanic, and 24,456 are White. The remaining women are in other ethnic/racial categories, including Native American. The largest numbers of AIDS cases in women are in the 30- to 39-year-old age group. HIV/AIDS was the fourth leading cause of death among women in the United States between 25 and 44 and the leading cause of death among African American women in this age group (CDC, 1999). AIDS disproportionately affects minority women, with women of color making up approximately 75% of AIDS cases in women in the United States (Cohen, 1997; Gaskins, 1997; Klirsfeld, 1998; Stein & Hanna, 1997). The typical woman with HIV is a young, poor, "minority" woman in her childbearing years (Russell & Smith, 1998; Sowell et al., 1999).

Since 1993, and as a consequence of the increasing rate of HIV infection in women, there has been a proliferation of qualitative studies addressing women's experiences as infected individuals. Prior to 1993, qualitative research that included women was devoted largely to their roles as mothers of seropositive children or as vectors of transmission. Even when researchers began to seek information from women about their experiences with HIV, they combined it with information obtained from men. (This is why women were not the focus of study in the research integration of findings on HIV/AIDS described below in the Preliminary Studies section.) *We wanted to ensure that reviewers did not think a metasynthesis of qualitative studies on HIV-positive women already existed and that we were simply repeating a previous study.* Scholars in women's/gender studies and in women's health have shown the importance of treating gender as a key variable differentiating experience (e.g., Fogel & Woods, 1995; Harding, 1991). Indeed, there is evidence that sex/gender is a critical variable in understanding HIV/AIDS disease. For example, the findings from a recent study suggest biological differences in HIV viral load between men and women, with women developing AIDS at a lower viral load (after adjustment for CD4 count) than men (Farzadegan et al., 1998). Women bear the greater burden in the areas of reproduction, child care, and other family functions. Seropositive women must make critical and even agonizing decisions about childbearing, abortion, sterilization, and child care (Arras, 1990; Levine & Dubler, 1990; Sowell et al., 1999). Their parenting and other family responsibilities often preclude seeking health care in a timely fashion. Because they are often disempowered in their relationships with male partners, women might find it more difficult to engage in practices to prevent HIV transmission. Heterosexual relations are the most rapidly increasing mode of transmission of HIV in women, with most women infected in this way reporting contact with male partners who inject drugs (CDC, 1999; Cohen, 1997). The imbalance of power between women and men often limits women's ability to negotiate condom use (Bedimo, Bennett, Kissinger, & Clark, 1998; Bedimo, Bessinger, & Kissinger, 1998; Gaskins, 1997; Walmsley, 1998). Increasingly, women with HIV infection are unaware of their male partner's exposure to or risk for HIV infection (Cohen, 1997; Fowler et al., 1997). Women who are abused are often prevented from practicing "safe sex" (Gaskins, 1997). Among 2,058 seropositive women in the Women's Interagency HIV Study (Barkan et al., 1998), 66% reported abuse by their partners. Violence has also emerged as a key variable in other studies of women with HIV (e.g., Bedimo, Bennett, et al., 1998; Sowell et al.,1999). Finally, some investigators have suggested that stigma might be differently and/or more intensely experienced among HIV-infected women than men (Leenerts, 1998; Raveis, Siegel, & Gorey, 1998).

Qualitative research findings are now available that contain information not captured in biomedical and epidemiological studies on such topics as stigma and disclosure, barriers to health care, symptom management, and alterations in parenting. Bedimo, Bessinger, and Kissinger (1998) observed that although they had obtained important facts about women's reproductive decision making from their chart review, they had failed to learn anything about the meaning of those facts to women themselves. At a recent meeting of the Society for Medical Anthropology, researchers reportedly noted how little impact qualitative studies had on "AIDS research and prevention agendas" (Swanson et al., 1997, p. 256). The proposed project will address these problems by creating a synthesis of findings from qualitative research on women with HIV/AIDS that can be used for research and in practice. *What we intended here was to establish the significance of choosing the studies for the "method case," which is comparable to defending the choice of a particular sample.*

Significance for Research and Practice

The larger significance of this project lies in the potential for qualitative research integrations to enhance the practical value of qualitative research (Thorne, 1997), that is, to serve as a "creative bridge" (Swanson, Durham, & Albright, 1997, p. 256) between qualitative research findings and practice. Qualitative research is still largely viewed as contributing primarily to enlightenment, something to the conceptual use of knowledge, and virtually nothing at all to the instrumental use of knowledge. Indeed, contemporary models of research use emphasize quantitative research findings (Cohen & Saunders, 1996; Estabrooks, 1997; Sandelowski, 1997; Swanson et al., 1997). Moreover, contemporary notions of evidence-based practice, with their virtually exclusive emphasis on randomized and controlled clinical trials as the gold standard in methods, discount qualitative findings as evidence (Estabrooks, 1999).

The proposed project will enhance the actionability of knowledge produced by qualitative research by developing a user-friendly procedure for conducting qualitative research integrations that can stand as evidence for practice. A key deterrent to researchers' attempting qualitative metasynthesis projects is the virtual lack of direction on how to conduct them. A persistent problem impeding practitioners' use of research findings is that they are presented in forms that are incomprehensible and irrelevant to practitioners (Funk, Tornquist, & Champagne, 1995).

The findings from the proposed project will also contribute to the actionability of qualitative research by enhancing the generalizability of study findings. As Sandelowski (1996, 1997) summarized it, in quantitative research, emphasis is placed on nomothetic generalizations, or the formal knowledge toward which random sampling and assignment are directed. The objective is to enhance the external validity of findings by permitting generalizations to be made *from* representative samples *to* populations. In contrast, in qualitative research, the emphasis is placed on idiographic or naturalistic generalizations, or the knowledge derived *from* and *about* cases. Nursing and medical practice depend on both kinds of generalizations, as practitioners must fit formal knowledge to the particulars of cases. Qualitative metasynthesis is a means to enhance the analytic power of idiographic knowledge, as it entails the intensive case-oriented study of target phenomena in larger and more varied samples than are typically the rule in any one qualitative study. For example, Kearney (1998b) combined the findings of 10 studies in the area of

women's substance abuse recovery, which involved more than 200 women in different cultural, racial, historical, and geographic circumstances. The "power" (Kearney, 1998a, p. 182) of this sample size and configuration lies in the ability not to draw statistical inferences but, rather, to draw case-bound generalizations concerning a target phenomenon across a range of cases. The practical value of this work lies in making the most of the idiographic knowledge that qualitative research distinctively yields. Knowledge of the particular is critical to offset the frequent failure of formal generalizations to fit the individual case. The development of valid instruments to measure health conditions and appropriate interventions to improve them depend on just this kind of knowledge.

Finally, the findings from the proposed project will enhance the applicability of qualitative findings directly to practice. A key deterrent to the use of qualitative findings is the persistent notion that findings from qualitative studies cannot be applied directly in practice without quantitative testing. This idea reprises the false notion that qualitative research is always incomplete by itself (Morse, 1996). Moreover, it permits the idea of testing to remain appropriated exclusively for quantitative research. *Testing* is a sociocultural and linguistic concept and practice that does not belong exclusively to the quantitative domain, as this word has meaning beyond the mathematized definition it has there. Indeed, qualitative findings are by definition findings validated against experience. Grounded theory, for example, is—by both definition and purpose—theory grounded in and tested against human experience. There is no more justification for applying "tested" nomothetic knowledge that often fails, or must be adapted, to fit the individual case than there is for applying idiographic knowledge directly to a case. All findings, whether quantitatively or qualitatively generated and tested, must ultimately be tested in practice with individual cases to ensure their pragmatic and ethical validity (Kvale, 1995). The proposed project will provide a means to further this goal and to offset the current trend toward reducing our understanding of "evidence" to findings only from experiments (Colyer & Kamath, 1999; French, 1999). Yet the findings from this project will likely also clarify how qualitative evidence can be used to improve the evidence from experiments, that is, to improve the design sensitivity and validity of clinical trials (Lipsey, 1990; Sidani & Braden, 1998). *In the preceding paragraph, we confronted the thorny issues of validity and generalizability by countering the quantitative appropriation of the word* testing.

In the previous section, we brought home the significance of the likely products of the proposed study. Again, making the case for the significance of research problems, research aims, and research outcomes is a defining attribute of a successful proposal. Reviewers are more likely to forgive technical flaws in design if an excellent case is made for significance in these three areas.

Preliminary Studies

The proposed project builds on metasynthesis studies the co-principal investigators have conducted previously. Sandelowski (1995) has published a theoretical synthesis of findings generated from multiple analytic paths pursued in her study of the transition to parenthood of infertile couples. (A copy of this article is in Appendix A. *Appendix A is not reproduced here.*) This work is in the category of metasynthesis projects, characterized by the integration of findings from multiple analytic paths pur-

sued within the synthesist's own program of research. The synthesist maintains direct access to the data generating the findings and can easily answer questions about the findings and the procedures that produced them. Moreover, the synthesist here does not have to deal with issues related to bibliographic retrieval. Sandelowski used traditional grounded theory techniques to find a core variable around which to organize the various findings generated from primary data analysis. This variable was "work" and, specifically, "illness work" and "biographical work." She then compared several groups of infertile couples to each other and to a group of fertile couples to define the "overlapping" and "special" work distinctive to each group. Although this work represents a kind of qualitative metasynthesis, it did not entail a significant methodological departure from other grounded theory efforts directed toward creating more abstract and transferable conceptual renderings of phenomena.

In contrast, Barroso and Powell-Cope (a member of the Expert Panel to be described below) conducted the more difficult kind of qualitative metasynthesis involving other investigators' studies, where the synthesist has no direct access to the data that generated the findings reported in these studies. (A copy of the in-press article reporting the results of this study is located in Appendix A. *Appendix A is not reproduced here; the article was published in 2000.*) This is the kind of metasynthesis that is the target of the proposed project. The focus of the Barroso/Powell-Cope project, which began in 1996, was living with HIV disease. (As noted previously, women were not the focus of study here. The participants involved in the studies reviewed were largely gay men). An exhaustive search of multiple computer databases showed a large number of qualitative studies had been conducted in this area. The investigators limited their study to research published in refereed journals, because they had limited resources with which to conduct this project and the refereed journal venue implied peer review. Accordingly, such important "fugitive literature" (Lynn, 1989, p. 302) as doctoral dissertations was not included in their study. They initially examined 45 English-language articles. The final bibliographic sample for the metasynthesis included 21 studies consisting of a total of 245 pages of tightly printed text. Studies were excluded for the following reasons: (a) They were not qualitative but, rather, only qualitative adjuncts to quantitative studies; (b) qualitative data were analyzed quantitatively; (c) they did not address HIV/AIDS but, rather, treated related topics, such as patients' responses to hospital care; (d) they consisted of secondary analyses of data collected in another study; and (e) they did not meet quality standards.

Barroso and Powell-Cope (2000) evaluated quality using Burns's (1989) standards for qualitative research, which include determining whether all of the desired elements of a research report are present and the extent to which a report meets five critique standards. Burns's guide remains the most comprehensive guide for evaluating qualitative research. Each of the critique standards consisted of multiple items the investigators used to score each study. As Burns did not offer a means to score studies on her critique standards, the investigators had to create a scoring system. An item was judged to be present, minimally present, or absent. The investigators decided to include studies if 75% of these criteria were at least partially met. Each investigator scored half of the studies. Studies deemed unacceptable by one investigator were reviewed by the other investigator, and studies deemed unacceptable by both investigators were excluded. The investigators also reached consensus on studies about which they initially disagreed.

In doing this work, Barroso and Powell-Cope (2000) were confronted with the difficulty of applying critique standards to qualitative studies. For example, they found that studies rarely met the Burns (1989) criteria fully, and they surmised this was most likely because of publication limitations, that is, a study might have actually met the criteria in practice, but all of the information supporting these criteria could not be included in the report of the study. Moreover, Barroso and Powell-Cope began to question whether all of the criteria were equally important to establishing the trustworthiness of the findings. They also questioned the meaning of some of the criteria themselves. For example, they were uncertain about how to find evidence for, score, or weigh the adequacy of a researcher's self-awareness. Burns listed "inadequate self-awareness" as a threat to "descriptive vividness" (p. 48) In short, the investigators concluded there was a need to find a standardized, communicable, and useful means of judging the value of qualitative work that could both (a) serve as a guide for what a qualitative report should include regardless of publication constraints and (b) account for the idiosyncratic ways in which qualitative research is conducted.

After determining which HIV studies would be included in their study, Barroso and Powell-Cope (2000) used constant comparison analysis as the major analytic tool to create the metasynthesis. They acknowledged the Noblit and Hare (1988) work but had difficulty applying the method described there, which involved analyzing two to six book- or chapter-length ethnographies in education, to their own study involving multiple article-length studies in the domain of health. They developed a classification system based on findings after discovering that grouping studies by method did not allow them to focus on the findings and their relationships to each other. They placed findings in a common area of HIV experience, such as dealing with stigma, in separate files. They then sought to develop ways to consolidate findings in each of these areas, attempting to find metaphors or concepts to grab the findings and to discern the variations in findings on a target experience. The findings in target experiences were then summarized in narrative form, with a section of the report devoted to each target experience. Questions were raised in this phase of the project concerning what to do with findings reported in only one or two studies, how to use the primary data the original investigators used to support the integration of findings, and what form the metasynthesis product should have. The investigators decided to concentrate on findings reported in the majority of studies, to use original quotes to support findings, and to present an informational summary of the metasynthesis findings.

Despite the methodological issues they confronted in conducting this project, the investigators found that their understanding of living with HIV/AIDS was enhanced. Indeed, Barroso and Powell-Cope have used the findings from their metasynthesis in their practice with HIV/AIDS patients as a basis for appraisal and intervention. For example, they were surprised to find how common the effort to "find meaning" in HIV/AIDS was among affected persons. This meta-finding enabled them to think of this effort as a positive outcome of coping toward which patients strove. The findings of their metasynthesis also heightened their awareness of the everyday work involved in living with HIV/AIDS and, therefore, of the need to communicate this to patients. That is, living long and well with HIV/AIDS is not a part-time job but, rather, requires daily work on the part of patients. The meta-finding that social support and human connectedness served as buffers against social stigma also encouraged Barroso and Powell-Cope to discuss more fully with

their patients the potential value of telling their loved ones about their infection. Finally, the meta-finding of "shattered meaning" led them to become more aware of patients who might require assistance to "find meaning" in HIV/AIDS. The net effect of their metasynthesis was to confirm what they had intuited by working with patients with HIV/AIDS but on which they had been hesitant to act.

In summary, our preliminary efforts confirmed our view of the potential value for practice of conducting qualitative metasyntheses but also forced us to revisit persistent issues in qualitative research related to quality and communicability of procedural and analytic moves. Moreover, they raised questions about how to disentangle methodological orientation and data from findings to understand their relationships to and mutual influence on each other and how to make judgments about the practice of qualitative research from the reports of qualitative research. We plan to offer answers to these questions in the proposed project.

Our goal here was not only to show that we had already engaged the research problem but also to specify and discuss only those findings that served as the immediate basis for the proposed study. What we found concerning infertility and HIV was not the point here, so those findings are not featured. Rather, we feature those findings concerning methods, which is congruent with the method objectives of the proposed project.

Bibliographic Retrieval for the Proposed Project

In specific preparation for the proposed project, 1,500 abstracts in 4 databases (AIDSLINE, MEDLINE, CINAHL, and PsychInfo) were reviewed to locate qualitative studies on women with HIV/AIDS. Using such keywords as *women*, *females*, *mothers*, *HIV*, *AIDS*, *qualitative research*, *naturalistic research*, *grounded theory*, *phenomenology*, *ethnography*, and *interview*, we have already located 25 conference abstracts, 26 published articles, and 1 book chapter, ranging from 4 to 22 pages. Our location of 25 research abstracts reveals that a large number of qualitative studies on women with HIV/AIDS have been presented at conferences in the past 3 years, affirming the importance of this area for metasynthesis efforts. A significant number of these conference papers will likely appear in print during the grant period and, therefore, add to the rich body of literature for metasynthesis work. (Some of the reports of studies that are not published will likely be retrievable and therefore also contribute to the data base for this project.) Other results from this search are referred to in the section on Research Design and Methods. *In this paragraph, we emphasized our preparation for the proposed study and further defended the choice of HIV studies as constituting a good method case. In the following section, we featured only those aspects of each research team member's biography that were directly relevant to the proposed study. We also included key scholars in the area of metasynthesis—whose work we previously reviewed—to participate as members of our Expert Panel.*

Expertise of the Research Team

The research team is well prepared to conduct this project. *Margarete Sandelowski*, principal investigator, is an internationally recognized expert in qualitative methods. Her research has been in women's health and gender studies, particularly in the area of reproductive technology. She is Director and Principal Faculty of the Annual Summer Institute in Qualitative Research held at the University of North Carolina at Chapel Hill (UNC-CH) School of Nursing, which draws participants

from across the United States and several other countries. She is editor of and contributor to the "Focus on Qualitative Methods" series in *Research in Nursing & Health*, a member of the editorial boards of *Qualitative Health Research* and *Field Methods* (a new interdisciplinary journal devoted to qualitative methods), and the North American editor of *Nursing Inquiry*, an Australian journal emphasizing "critical" qualitative methodologies. She is regularly invited to present keynote addresses and distinguished lectures, conduct workshops, and provide individual and program consultation on qualitative methods. She has served as visiting scholar at universities in the United States, Canada, and Australia to disseminate information about qualitative research and the findings from her qualitative work on gender and technology. She has published extensively in both nursing and social science journals and books, with 25 refereed articles on qualitative methods alone. *With Child in Mind* (1993), a book-length synthesis of her qualitative studies with infertile women and couples, was awarded a national book prize from the American Anthropological Association. She is skilled in a variety of qualitative methods and techniques, including grounded theory, narrative analysis, and social history. Her latest book, *Devices and Desires: Gender, Technology, and American Nursing* (to be published in late 2000, or 2001),[3] is a social history of technology in nursing. She is also skilled in managing very large qualitative data sets, as were collected in the "Transition to Parenthood of Infertile Couples" study, in which she served as principal investigator and which was funded by the former National Center for Nursing Research from 1988-1993 (NRO1707).

Julie Barroso, co-principal investigator, brings both research and clinical experience to this project. She is an adult nurse practitioner with extensive clinical experience in caring for people with HIV disease. She currently maintains a practice with HIV-positive patients. In addition to completing the qualitative metasynthesis project described above, she has conducted and published qualitative research with long-term survivors of AIDS and long-term "nonprogressors" with HIV disease. She has presented numerous papers on her research to both professional groups and people with HIV disease. She has received two intramural grants to conduct a qualitative study exploring fatigue in people with HIV disease. She will also conduct a study of HIV-related fatigue, with funding from OrthoBioTech and from the UNC-CH School of Nursing, Center for Research on Chronic Illness, which recently received renewed funding for 5 years from NINR. Moreover, she has maintained an excellent network of relations in various HIV/AIDS communities, including researchers and clinicians. She continues to present her work to practitioners and people living with HIV/AIDS at Area Health Education Consortium (AHEC) HIV conferences around the state.

The *Expert Panel*, whose members will provide both consultation and expert peer review for the proposed project, is made up of scholars with the methodological, substantive, and clinical expertise required for this project. These scholars include investigators on the metasynthesis projects we discussed previously. *Cheryl Tatano Beck* is nationally known for her use of both qualitative and quantitative research methods, primarily in the area of postpartum depression. She has also conducted quantitative meta-analyses and, therefore, brings to the project an understanding of the comparability of issues relating to quantitative and qualitative research integrations. *Louise Jensen* has published one of the few qualitative

metasyntheses of health-related research findings. Having also conducted quantitative meta-analyses, she brings a broad view of issues related to research integration to this project. *Margaret Kearney* is well known for her qualitative research in the area of women and substance abuse. She has also completed theoretical syntheses from her own work and other studies in this area. *George Noblit* is well known for his qualitative expertise in the field of education. His text on metaethnography provided the impetus for conducting qualitative metasynthesis research. In addition, his research in education has been oriented toward the use of qualitative findings to improve education. *Gail Powell-Cope* is a substantive and clinical expert in the HIV/AIDS field. In addition to collaborating with Dr. Barroso in conducting a qualitative metasynthesis project, she has published several studies on HIV symptom management and AIDS family caregiving. She also has extensive experience working as an adult nurse practitioner with people with HIV disease. *Sally Thorne* is internationally known for her expertise in qualitative research, especially in the area of chronic illness. She recently published the results of a metasynthesis project on diabetes. Letters of support from these scholars are located in Section I. *Section I is not reprinted here.*

Research Design and Methods

The research design is directed toward developing method and therefore entails the challenging tasks of describing a process-to-create-a-process and "experimentation" with various approaches to conducting and creating metasyntheses. As is the case with any qualitative project, the design will be emergent, or highly dependent on the ongoing results of this experimentation as the study progresses. Although we separate data collection, analysis, and interpretation here, the better to communicate our research plans, these processes typically proceed together and strongly influence each other in qualitative studies. Design dictates what the quantitative researcher will do; in contrast, what the qualitative researcher does determines the design. We have drawn heavily from what we have learned from our previous work, discerned from the metasynthesis work of others, and gleaned from the research integration literature initially to design this project. This literature includes the work of Cooper (1982, 1989; Cooper & Hedges, 1994) and the Smith and Stullenbarger (1991) prototype for conducting integrative reviews. These works describe a reasonable way to begin this project, in that they offer useful guides for locating, dimensionalizing, and appraising studies. Although we begin this project with these works in mind, our objective is to build on them and to develop techniques that will fit the qualitative research integration enterprise especially well and that will preserve the integrity of each study we analyze. We have organized the description of our research plan to approximate the content and order commonly associated with research integration studies (Cooper & Hedges, 1994). We describe issues and/or plans related to (a) defining the limits of a study, (b) bibliographic retrieval, (c) detailing studies, (d) evaluating studies, (e) conducting the metasynthesis itself, and (f) ensuring the validity of study procedures.

Introductory paragraphs such as the previous one are crucial to setting the stage and helping reviewers understand the mind-set of the investigators. This introduction is especially critical here to prepare reviewers for a research plan that looks different from a typical human subjects study and to reinforce the method-on-method focus of the project. In essence,

the proposed project is one big audit trail. Here, we prepared reviewers for a highly specific research plan but also assured them that we understood the emergent nature of qualitative research design. We named the concepts and literatures to which we were sensitized but also suggested that they would have to earn their way into the study to remain guides. The temporal logic of the sections that follow is actual clock time: What we describe first, subsequently, and last is what we anticipate we will do first, subsequently, and last. The division of the description of design into clearly defined sections helps writers to maintain their focus solely on the topic of that section and it offers reviewers a clean and clear narrative flow. Devices such as section headers and visual displays ease the reading process for reviewers, who often have a dozen lengthy proposals to critique in any one reviewing period. Although qualitative research designs, and research integration studies in particular, are iterative and deliberately nonlinear processes and their phases experientially inseparable, the act of writing requires that these processes be analytically separated and laid out in some temporal order. However, we show our recognition of the nonlinear nature of the research process by emphasizing that our plan is a reasonable way to start the study, even though it might not be the plan we will actually follow.

Defining the Limits of the Study

In research integration studies, the researchers typically begin by defining the substantive, methodological, and temporal boundaries for study. To begin this study, we have already identified the broad substantive area as encompassing the experiences of women with HIV/AIDS and the methodological area as qualitative research. The initial data set for this study will be all qualitative studies published and/or conducted between 1993 and March 2003 with women in the United States who are seropositive for HIV in which some aspect of their experience is the primary subject matter. We define qualitative studies as empirical research conducted in any research paradigm, using largely qualitative techniques for sampling, data collection, data analysis, and interpretation, with human participants as the sole or major sources of data. We therefore do not exclude studies conducted in a neopositivist paradigm in which primarily qualitative techniques are used. Neopositivism is the prevailing paradigm for quantitative inquiry but only one of several competing paradigms for qualitative inquiry (Guba & Lincoln, 1994). For example, grounded theory can be conducted in a neopositivist or constructivist paradigm (Annells, 1996). A "neopositivist" conducting grounded theory believes in an external and objectively verifiable reality. In contrast, a "constructivist" conducting grounded theory believes in multiple, experientially based, and socially constructed realities. For the neopositivist, concepts emerge or are discovered, as if they were there to be found. The act of discovery is separate from that which is discovered. For the constructivist, concepts are made, fashioned, or invented from data. What constructivists find is what they made. For the constructivist, all human discovery is creation.

We will include studies completed between 1993, the year in which the first of these studies appeared (as indicated by our search to date), and March 2003, 2 years before the anticipated termination of the proposed project. Excluded from our project are (a) qualitative studies in which there are no human subjects per se (as, for example, in discourse, qualitative content, semiotic, or other qualitative analyses of media representations of women with HIV/AIDS); (b) qualitative studies about nonseropositive women and their experiences as mothers, partners, relatives,

friends, and/or caregivers of seropositive persons; and (c) qualitative adjuncts (such as open-ended questions at the end of a structured questionnaire) to largely quantitative studies. We anticipate that approximately 30 to 35 studies, with a total of 450 to 525 pages of text, will make up the bibliographic sample in the method case. *Here, we used numbers to emphasize the volume of data despite an ostensibly "small" sample. Sample size is a key focus of strategic disarmament in writing qualitative research proposals.*

Retrieving Literature

We will locate these studies using the techniques for information retrieval that Cooper (1982, 1989) and Cooper and Hedges (1994) described, including (a) informal approaches, (b) the ancestry approach, (c) the descendency approach, and (d) the use of online computer databases. Informal approaches include gleaning information about studies by networking with researchers in the target area (here the HIV/AIDS field) and at conferences and other professional meetings, such as the National Conference on Women and HIV. The ancestry approach involves tracking citations from one study to another until citation redundancy occurs. The descendency approach involves the use of citation indices (such as Social Science Citation Indexes) to locate studies. The use of computer databases involves the careful selection of keywords and phrases to locate studies in journals, books, dissertations, and conference proceedings included in these databases. A list of the electronic resources available to this project is included in the Resources section of this proposal. The employment of all of these retrieval channels will make it more likely we will capture fugitive literature, or studies that are not published or might otherwise escape retrieval. The failure to capture such literature is considered a threat to the validity of research integrations.

Detailing the Studies

As soon as a study is retrieved, it will be scanned into its own computer file. Each study will then be detailed, or analyzed for its structure, informational content, and methodological orientation. We will initially use the guide shown in Figure 1 to do this work. *Our use of the word* initially *is to reinforce the emergent nature of qualitative design.* The results of an application of this guide, using one of the studies in the Barroso/Powell-Cope (2000) project, are shown in Appendix B *(not reproduced here). Whenever possible, writers should show an example of how a process might be executed. Concise visual displays are highly effective for communicating process and a sense of order.* This a priori guide will be further refined in the course of the project to ensure the inclusion of all of the salient features of every study. Each member of the Expert Panel will independently evaluate the content validity and usability of a refined version of this tool by applying it to five studies randomly selected from the HIV studies used to create it. After we receive their evaluations, we will further refine the guide to include additions or amendments they recommend. The Expert Panel members will then review a second version of this guide to determine whether the revisions we made address the problems they noted in reviewing the first version and to evaluate its broad applicability as a tool to detail any qualitative study. If these revisions were extensive, each member will be asked to apply this second version of the guide to a different set of five randomly selected studies. They will also

Title of study
Investigator(s) name(s)/discipline/institutional affiliation(s)
Publication venue (name and type): e.g., journal, authored/edited book, conference proceeding, dissertation
Mode of retrieval: e.g., computer database (specify), citation list (specify), personal communication (specify)
Funding source for study
Research problem/significance
Research purpose(s)/question(s)
Type and area of literature reviewed
A priori theoretical orientations to, assumptions about the target phenomenon
Methodological orientation (name and type; specify with citations provided): e.g., naturalistic inquiry (Lincoln & Guba, 1985), hermeneutic phenomenology (van Manen, 1990), constructivist grounded theory (Charmaz, 1990)
Sample: e.g. size, composition, type
Data collection methods or sources (for each one, indicate kind; specify with citations provided): e.g., interview (narrative, Mishler, 1986), observation (participant, Spradley, 1980), documents (diaries), artifacts (photos)
Data analysis techniques (type; specify citations provided): e.g., qualitative content analysis (Altheide, 1987), phenomenological thematic analysis (van Manen, 1990), constant comparison analysis (Strauss & Corbin, 1990)
Techniques to ensure validity/trustworthiness: e.g., audit trail, member validation, peer review, prolonged contact with participants/time in the field
Interpretive product: e.g., informational summary, theory or other conceptual rendering, phenomenological description, ethnographic description, visual displays
Major findings
Significance of findings: e.g., for research, for practice
Study format: e.g. conventional (literature review separated from method, results separated from discussion), other (describe: e.g., results foreshadowed, data merged with interpretation)
Additional information/comments

FIGURE 1: Topical Guide for Detailing Studies

be asked to comment on whether the revisions solved the problems raised for them in reviewing the first set of studies. We will further refine the guide if any additional revisions are warranted after this second review. Consensus on any persistently troublesome features of the guide will be reached through a process of negotiation described later in the section on Procedures for Enhancing Study Validity. *Although we will discuss validation techniques later, in a section of the proposal reserved for this purpose, the concern to ensure valid findings is foundational to every design choice. Accordingly, we embed these techniques throughout the design section.*

Before the findings from studies can be synthesized, the studies themselves must be understood for what they uniquely are. Each study must be understood as providing a specific context for its findings before attempts are made at cross-study comparisons or combinations of findings. The objectives here are to understand the particular configuration and confluence of elements characterizing each study as the investigators themselves presented them and to preserve the integrity of each study. This objective can be difficult to achieve because of the great diversity in conducting and presenting qualitative research. A hallmark of qualitative research is "variability," not "standardization" (Popay, Rogers, & Williams, 1998, p. 346). Yet our goal in this phase of the project is to find a standardized way to characterize studies that retains their unique character.

The detailing of each study will allow us to address several key problems in conducting qualitative research integrations. First, unlike quantitative researchers, qualitative researchers are not necessarily obliged to separate the "results" of their studies physically from their "discussion" of these results. Accordingly, the reviewer must know how to find the results throughout the research report, and this skill entails an understanding of various formats and language conventions for the

written presentation of qualitative research. Our goal is to specify these conventions with the larger goal of ensuring that any two reviewers of any one qualitative study will identify the same results.

Finding the results of studies is a necessary prelude to determining the topical similarity of studies, or deciding which studies are really about the same substantive phenomenon, event, or experience. In the qualitative studies of women with HIV/AIDS we have already located, the findings have addressed diverse topics—all aspects of the HIV/AIDS experience—including responses to the diagnosis, concerns regarding the welfare of children, social relations and stigma, difficulties obtaining health care, and managing symptoms. Our detailing of each study will allow us to group studies by the aspects of women's experiences of HIV/AIDS addressed in the findings of each study. Based on Barroso's metasynthesis (Barroso & Powell-Cope, 2000), this kind of grouping appears to us now as more relevant than grouping studies by method. *We refer back to preliminary work here to show how it informed our design choices in the proposed study.* Because studies typically contain findings on more than one aspect of experience, we will use an open system of classification, by which any one study may be placed in more than one group. We will use Ethnograph 5.0 to place findings on each target experience in separate files for retrieval and analysis. *The specific text management system to be used is less important than describing how data management, analysis, and interpretation might proceed. Indeed, writers can simply state that they will use a system (which might simply be a word-processing program) to be determined later.* We will then be able to focus on each aspect of experience and all of the findings related to it. Our goal here is to develop and articulate techniques to isolate the findings around a target experience while maintaining the connection each finding has both to the individual study generating it and to other findings around other target experiences in each study. For example, there will be a set of findings in individual studies and across studies on how women with HIV manage social relations and on how women manage symptoms that will each be filed separately. However, the findings in these two topical areas may be combined if we discern a link between managing social relations and managing symptoms. The detailing work in this phase of the project will allow us to "see" such relations and to communicate how to see them.

This detailing work will permit us also to address another problem in conducting qualitative metasynthesis, namely, determining the methodological comparability of studies and whether and/or how methods influence findings. Given the varieties of ways in which, for example, grounded theories, phenomenologies, and ethnographies are conducted and created, and the varieties of practices to which these and other technical words are attached, we cannot rely solely on the surface uses of method language to compare studies. Depending on their worldview or disciplinary commitments, one investigator's phenomenology might be more like another investigator's grounded theory than the grounded theory of a third investigator. One investigator's rendering of symbolic interactionism might be more like another investigator's rendering of critical theory. Accordingly, our work with the guide in Figure 1 will involve developing a means to determine the methodological comparability of studies below the surface of language and rhetoric. This work will permit us to discern how methodological practices might have influenced the findings of a study, and will be a prelude to evaluating the quality of the studies. As shown in Figure 1, we have included items that ask the reviewer to specify not just the words investigators used to define their studies, but also the citations they used

and the actual interpretive product shown in the research report. We will further develop these items in the course of the project.

When this work is completed, we will provide narrative and quantitative summaries of the information we collected from this process. For example, we will show the total and mean sample sizes across studies. We will show the frequency with which different methodological approaches were used and topics were studied. We will look for any associations between methods used and topics addressed in studies. This work will provide an overall profile of qualitative research with women with HIV/AIDS and permit us to suggest useful ways for synthesists to describe a set of studies. This work will allow us also to suggest which features of a study are necessary to detail. We surmise that there will be much less "true" diversity in method in qualitative health-related studies than is commonly believed, but this work will allow us to determine whether that impression is accurate.

Evaluating the Quality of Studies

Once the detailing work is complete, we will address the problem of evaluating the quality of studies. Whereas the initial detailing phase of the proposed project will have been directed toward answering the question "What is it?," the next phase of the project will be directed toward answering the question "What is it worth?"

The issue of quality remains controversial among researchers conducting quantitative integrations, with some scholars arguing that no study should be excluded for reasons of quality and others arguing for a "best-evidence" approach, by which less rigorous studies can be excluded (Cooper, 1989; Slavin, 1995). Quantitative researchers also disagree on what aspects of rigor to emphasize in their evaluations of studies, for example, internal versus external validity. Although issues related to quality are not wholly resolved for quantitative research integrations, there appears to be reasonable consensus among quantitative researchers concerning what a good correlational or experimental study is.

There appears to be much less consensus concerning what a good grounded theory, ethnographic, or other qualitative study is, as there are no "in principle" (Engel & Kuzel, 1992, p. 506) arguments that can adequately address goodness in the varieties of practices designated as grounded theory, ethnography, or qualitative research as a whole. In addition, criteria of goodness (for any human endeavor) are historically and culturally context dependent. Different communities of knowledge makers and users have sanctioned different criteria of goodness, and these criteria have changed over time (Emden & Sandelowski, 1998). For example, nursing standards for conducting qualitative research have tended to emphasize procedural rigor and conformity. In contrast, other standards for qualitative research have emphasized such factors as the real-world significance of the questions asked, the practical value of the findings, and the extent of involvement with, and personal benefit to, the participants of the research (Heron, 1996; Lincoln & Reason, 1996). Indeed, in the most recent explorations of quality criteria for qualitative research, scholars describe them as "emerging" (Lincoln, 1995) and the quest for validity as an obsession interfering with quality (Kvale, 1995). Schwandt (1996) suggested moving beyond "criteriology," and Garratt and Hodkinson (1998) questioned whether there could ever be "preordained" (p. 517) "criteria for selecting research criteria" (p. 515).

	Evaluation	
	Adequately Described	*Adequate and/or Appropriate for Purpose/Method/Claims*
Focus of Evaluation	*Yes/No*	*Yes/No*
Research problem/significance Comments:		
Research purpose(s)/question(s) Comments:		
Literature reviewed Comments:		
Method Comments:		
Sampling strategy Comments:		
Sample size Comments:		
Sample composition Comments:		
Data collection methods/sources Comments:		
Data analysis techniques Comments:		
Validation techniques Comments:		
Interpretive product Comments:		
Significance of findings Comments:		

FIGURE 2: A Generic Guide for Evaluating the Overall Quality of Qualitative Studies

We will address the problem of quality by experimenting with and adapting available generic criteria for evaluating any qualitative work (e.g., Burns, 1989) and specific criteria directed toward evaluating qualitative work in particular methodological domains, such as grounded theory (e.g., Corbin & Strauss, 1990). Indeed, an important product of the proposed project will be the development of more user-friendly guides to evaluate qualitative research. In Figure 2, we show a preliminary guide for evaluating any qualitative study that is directed toward determining the adequacy and/or appropriateness of the design choices investigators made. *Adequacy* refers to whether a design choice is qualitatively and/or quantitatively sufficient to support the claims made for it. For example, a sample size might not be adequate to support a claim to maximum variation sampling. *Appropriateness* refers to whether a design choice fits the stated purpose or methodological orientation of a study. For example, using an interrater reliability coding technique to appraise the findings produced from interview data does not fit the narrativist's assumption that those data are inherently revisionist.

In Figure 3, we show a beginning guide for evaluating qualitative studies in particular methodological domains. The sample methodology is grounded theory. The results of an application of the guides in Figures 2 and 3 (to the same study used to apply the guide in Figure 1) are located in Appendix B *(not reproduced here)*. The members of the Expert Panel will also evaluate the content validity and usability of

	Yes/No
Research purpose/question is amenable to grounded theory. Comments:	
Literature/theoretical review is in the service of showing theoretical sensitivity. Comments:	
Sampling is theoretical. Comments:	
Data collection and analysis proceeded together. Comments:	
Constant comparison analysis is evident. Comments:	
Concepts are grounded in data. Comments:	
Concepts are the basic units of analysis. Comments:	
Concepts/categories are well developed. Comments:	
Concepts/categories are shown in relation to each other. Comments:	
Relationships among concepts/categories are verified. Comments:	
Negative cases are accounted for. Comments:	
The findings are re-presented in a fully integrated theoretical product. Comments:	
A psychosocial process is at the core of this product. Comments:	

FIGURE 3: A Guide for Evaluating Grounded Theory Studies

these guides by applying them to yet another set of five studies randomly selected from the sample of HIV studies. We will then work to refine these guides in the iterative manner we proposed above to develop the guide to detail studies.

A key problem in current evaluation guides, which we will attempt to resolve by further developing the guides shown in Figures 2 and 3, is the conflation of different kinds of evaluations. For example, a sample might be adequately described but inadequate to support the findings of the study or claims to informational redundancy or theoretical saturation. The overall methodological approach chosen might be appropriate for the research question but inadequately executed. We will also consider how criteria might be differently weighted. For example, evoking a vicarious experience may be more important in phenomenological studies than in grounded theory studies, where the emphasis is on producing abstract conceptual rather than concrete, preconceptual renderings of experience. Theoretical development is, arguably, not a criterion at all for phenomenologies.

As a result of experimenting with these criteria, we will be in a better position to discern what really counts methodologically in deciding whether to discount findings, and whether quality should be a criterion at all for exclusion of studies from the bibliographic sample, or yet another contextual factor on which all studies are compared. The critical error here would be to exclude studies with valuable findings for only "surface" reasons, or reasons unlikely to devalue or invalidate the findings. For example, investigators might use what some reviewers would argue is

the "wrong" language and method citations to describe their work. A study presented as a phenomenology that is better described as a qualitative descriptive study may still be a generally "good" study. Using Burns's (1989) standards for the critique of qualitative research, such a study might still have "descriptive vividness" (p. 48), "analytic preciseness" (p. 49), and "heuristic relevance" (p. 51). Indeed, even a study misrepresented as a phenomenology can still have "methodological congruence" (p. 48). Moreover, a study presented as a phenomenology that is "really" a qualitative descriptive study should be evaluated as a descriptive study and not as a phenomenology. Similarly, a qualitative content analysis "wrongly" presented as a narrative analysis should be evaluated as a content analysis. Evaluating the goodness of a qualitative study requires reviewers to distinguish between nonsignificant "errors" and mistakes fatal enough to discount findings. Our goal is to assist reviewers to do this, that is, to know specifically what to look at and for in a study to judge the value of its findings. By meeting this goal, we hope to contribute to a satisfactory resolution of the "criterion" problem in evaluating research.

Creating the Metasynthesis

This is the heart of the project, in which we will experiment with various analytic techniques to discern, compare, combine, and re-present the findings of the studies in the bibliographic sample. We anticipate that we will be using a variety of analysis techniques, including qualitative content analysis techniques (Altheide, 1987; Morgan, 1993) entailing the development of data-derived coding rules to categorize data that summarize their informational content in largely substantive categories. Substantive categories stay closer to raw data and are less abstract than theoretical categories. *Raw data* here refers to the findings in each study and the data investigators cite to support these findings. We will likely also experiment with techniques other investigators have used in conducting metasyntheses. These include narrative analysis techniques (Riessman, 1993), in which larger collective, cultural, and/or metaphoric storylines are discerned in studies, and constant comparison analysis techniques (Corbin & Strauss, 1990), in which data are successively transformed into larger theoretical categories. In addition to these larger methodological approaches, we will use visual techniques for analysis, such as the various case-, time-, and other variable-oriented data displays that Miles and Huberman (1994) have described. Another useful technique for visual display is the Venn diagram (Cieutat, Krimerman, & Elder, 1969). Visual displays permit analysts to "see" patterns in data; the act of looking at data re-presented in graphs, tables, and other displays enables analysts to discern similarities and differences among study findings around a target event, thereby allowing them to draw conclusions about the extent to which these findings converge, diverge, or frankly contradict each other.

The key objectives in this phase of the analysis are to determine which set of analytic techniques is appropriate for which studies and purposes and then to communicate how these are determined. For example, we have already found a set of studies that, after a surface reading, all address women living with HIV/AIDS. However, there is one subset of these studies that addresses this topic phenomenologically—as a certain kind of "lived experience"—and a second that addresses it theoretically—as a disease to be medically and socially managed. Our task will be to determine whether we must use phenomenological thematic analysis as an initial strategy to synthesize the lived-experience data and constant

comparison techniques to synthesize the disease management data, as Jensen and Allen (1994) did, or, whether it is possible to move directly to a technique that draws together both data sets, as Noblit and Hare (1988) did in conducting their "reciprocal translations" of studies. The emphasis in qualitative research is on idiomatic (meaning), as opposed to semantic (literal), translation (Noblit & Hare, 1988). *Here, we are using the literature we reviewed previously and referring back to our preliminary work.* Qualitative metasynthesis entails the analysis of culturally diverse texts in different languages (albeit all English, in this case), that is, texts created in different disciplinary and philosophical contexts. Accordingly, the key to integrating the findings of studies around a target event may well lie in recognizing, for example, how they all reprise familiar cultural stories, such as the hero(ine) on a quest or the warrior battling an enemy (e.g., Martin, 1990). Such analytic experimentation is important for determining the best way to preserve the sense of each study without becoming so immersed in the details of each study that no useful synthesis is produced. Our goal is to develop techniques that will be useful for combining the results of multiple health-related studies conducted in different qualitative methodological traditions and to present these combinations in forms useful for health researchers and clinicians.

Among the most important barriers to research use is the presentation of research findings in forms that cannot easily be understood or applied (Funk et al., 1995). The ultimate objective of all of the work detailed thus far is to create usable knowledge, which necessarily entails a much more serious attention to how knowledge is presented than has hitherto been given in discussions of research use. Despite the burgeoning literature on rhetoric and display in science (e.g., Gusfield, 1976; Lynch, 1985; Lynch & Woolgar, 1990; Moore & Clarke, 1995; Van Maanen, 1988), in which scientific reports, tables, graphs, and anatomical displays are viewed as examples of how *form is content*, discussions of form are typically viewed as outside the realm of and irrelevant to science. Moreover, despite the burgeoning literature on writing texts that are "audience appropriate" (Noblit & Hare, 1988, p. 75), little effort has been directed toward disseminating the findings of scientific research with specific audiences in mind.

In this phase of the project, another of our goals will be to experiment with different ways to re-present metasynthesis findings to enhance their utility for researchers and practitioners. This work is especially significant for qualitative research where the interpretive goal is representation, not (statistical) inference. Representation in qualitative research refers, not to representative samples but, rather, to how qualitative researchers choose to re-present the lives of the participants as discerned from the data collected from and about them. Common representational forms in health-related qualitative research include conceptual renderings (e.g., theories, concepts, working hypotheses, analytic generalizations); storied renderings emphasizing character, plot, scene, and/or metaphor; phenomenological descriptions; and informational content summaries of events. Our goal is to discern the different interpretive products that might be produced that will capture the subtleties in findings and be most useful to researchers and practitioners. (We will not address here other audiences, most notably policy makers and patients.) *Here is another example of strategic disarmament. Writers should state explicitly what they will not do whenever they anticipate that reviewers might expect it.* This might involve developing techniques to transform findings into guidelines for practice for the clinician and working hypotheses for the researcher. In a "clinical sidebar" attached to the

report of the Paterson et al. (1998) metasynthesis on living with diabetes, Gillespie observed that the value of their research integration lay in helping clinicians see the importance of reconceptualizing the target of appraisal and intervention in the care of persons with the disease, that is, nurses were advised to see diabetic persons positively—as actively striving to balance their disease with a normal life—instead of negatively—as potentially noncompliant with prescribed regimens. The findings of the integration suggested the "working hypothesis" and "working course of action," namely, that treating these patients as active managers led to better compliance, whereas treating them as potentially noncompliant led to noncompliance.

Procedures for Enhancing Study Validity

We will use several techniques to maximize the validity of this study, including (a) the maintenance of an audit trail (Rodgers & Cowles, 1993), (b) the negotiation of consensual validity (Belgrave & Smith, 1995; Eisner, 1991), (c) expert peer review (Lincoln & Guba, 1985), (d) application of the protocol to an additional set of HIV studies not included in the method case, and (e) application of the final protocol to a "test case," or set of studies in a different domain of research. These techniques will be directed toward ensuring the descriptive, theoretical (Maxwell, 1992), and pragmatic (Kvale, 1995) validity of study findings. Descriptive validity refers to the "factual accuracy" (Maxwell, 1992, p. 285) of our detailing of each of the studies making up the data for this project, for example, entering the correct sample size and characteristics, setting, and data collection techniques. Descriptive validity is about representing the "facts of the case" accurately and typically involves low-inference data, about which it is most easy to obtain consensus. Theoretical validity refers to researchers' "constructions" (p. 291) or interpretations of these facts: for example, our evaluations of the studies, the interpretive syntheses we produce, and the procedures we used to produce them. Theoretical validity is about making the case for the analytic and re-presentational techniques developed in the study. Pragmatic validity refers to the utility and applicability of knowledge: for example, whether the techniques and protocol we develop can be easily used. *Here, we described our orientation to validity, an especially important move, as so many orientations exist in qualitative research, and validity is one of the most controversial areas. In the next sections, we move to naming and defining specific validation techniques and to showing their application to the proposed study.*

If maintaining an *audit trail* is highly desirable for any qualitative project, it is essential for this project, which will depend for its success on the development of techniques others can understand and use. The audit trail in this study will be composed primarily of "methodological (and) analytic documentation" (Rodgers & Cowles, 1993, pp. 221-222). Methodological documentation refers to the design decisions made throughout the life of the project, especially important because of the emergent nature of qualitative research designs. In the proposed project, such decisions will include what sources of data to sample and what studies to exclude and why. Analytic documentation refers to decisions made in coding, categorizing, and comparing data. In the proposed project, this documentation will not only serve to ensure the trustworthiness of findings but will itself be data that contribute to findings. Analytic documentation will involve tracking phases in the evolution of the various tools we will develop and the evolution of the actual metasynthesis.

To enhance the utility of this audit trail as both data and documentation, we will use a "think/talk-aloud" strategy (Fonteyn, Kuipers, & Grobe, 1993) to capture the procedural and analytic moves that often remain unexpressed in qualitative research reports. Although there is a "magic" (May, 1994) in qualitative research that will always resist expression in language, a think/talk-aloud approach can overcome some of this resistance. Indeed, this approach is especially suitable for this project as it entails that persons engaged in a problem-solving activity talk it through out loud *while in the act* to capture the cognitive steps they are taking to solve the problem. In this project, these acts include, for example, determining whether a study meets quality criteria for inclusion, discerning the findings of a study, and discerning the relationship between findings across studies. The principal investigators will use this strategy periodically, independently to document their individual thinking and with each other to play their thoughts off each other. Communicating the process we used to arrive at the process we will develop to conduct qualitative metasynthesis projects is essential to creating a useful audit trail and to enhancing the value of the products of our research, namely, the research integrations and the protocol for conducting them.

"Negotiated validity" (Belgrave & Smith, 1995) refers to a social process and goal especially relevant to collaborative qualitative research, such as the proposed project. Because the researcher is the primary instrument in qualitative research, analysis and interpretation will vary with the orientations of each investigator. In the proposed project, which will involve two investigators and a six-member Expert Panel, consensus will have to be reached on the facts and meanings of each study, on the appropriate means to discern these, on the final interpretive products, and on the process used to create these products. The negotiated validity process will require that team members explicate the orientations and assumptions leading toward various interpretations of study data, and persuade others that they offer the interpretation that is most grounded in and that best fits these data. Consensus is achieved not by conventional techniques for reliability coding but, rather, around the most persuasive argument.

The essence of "consensual validation" in qualitative research does not lie in a coefficient of agreement. Instead, as Eisner (1991) proposed, it lies in the reasons offered for a point of view, the "cogency of arguments" for it, and the "incisiveness of observations" relating to it (pp. 112-113). *Consensual validity* here does not rest on "unanimity" per se (p. 112). Indeed, efforts to achieve unanimity often result in "simplifications (that) compromise validity" (p. 113) in qualitative research. Moreover, as Eisner argued, and as Hak and Bernts (1996) demonstrated in their field study of research coders and coding, the consensus achieved via traditional techniques for establishing and demonstrating interrater reliability offers "no purchase on reality" (Eisner, 1991, p. 47). Morse (1997b) cautioned qualitative researchers about the "myth of inter-rater reliability." Such techniques simply show that raters can, or can be made to, agree. A correlation coefficient is itself a product of a socially negotiated process. Accordingly, such quantitative techniques ensure neither more nor less validity than the explicit process of negotiation typically used in qualitative research.

The principal investigators will each initially detail and evaluate every study using the guides in Figures 1 to 3 and then compare the results for each study. This will allow us to develop these guides further, to negotiate areas of disagreement, and to discern the reasons for our agreement about the detail and quality of studies.

Hak and Bernts (1996) found that the research coders they observed never discussed the codes on which they agreed—only the ones over which they disagreed—thereby losing the opportunity to check whether there was consensus on the reasons for consensus. Our goal here is to arrive at a set of techniques for detailing and evaluating qualitative studies that will reduce the likelihood of disagreement among investigators. Depending on the outcome of this work (and the Expert Panel work to be described below), it might be possible to develop coding tools for detailing the contents and evaluating the quality of qualitative studies that can be subjected to quantitative techniques for interrater reliability testing that will not invalidate these tools by oversimplification.

The two investigators will work together to analyze the findings of each study for metasynthesis and negotiate the analytic strategies best suited to each study. Once a set of strategies is negotiated, each investigator will apply it to each study, and then they will compare the results. This process will be documented as part of the audit trail. The goal here is to develop techniques for analyzing and combining qualitative findings that will result in interpretations on which different investigators can comfortably agree. Although it is axiomatic in qualitative research that interpretations of the same data will vary with each interpreter, qualitative researchers agree that a valid interpretation is one that is discernibly based on data. Accordingly, our validation work here will be directed toward developing techniques around which consensus can be comfortably achieved, as opposed to quantitatively established. A key component of the analytic documentation for this project will be to describe the process and outcomes of negotiations around issues where this kind of consensus was both easy and difficult to achieve.

A critical component of the negotiation of validity in this project is the use of the *Expert Panel*. The expertise required for the proposed project includes qualitative analytic and interpretive skills and substantive/clinical knowledge in women's health and HIV/AIDS. We will draw on the six members of the Expert Panel previously described to evaluate our work. This will entail their judgments about the overall conduct of the study and specific judgments about the metasynthesis protocol we will develop in the course of the project. Members will be convened in Chapel Hill 2 days each year of the project for group discussion of the work completed to date. They will also be convened 1 additional time per year by teleconferencing for 2 hours, and they will participate in ongoing communications—in between these on-site and distance meetings—via a online discussion group and discussion forum. These activities are designed to permit members to participate fully (in a manner that is practical and respectful of their other work and personal obligations) in evaluating the content validity, appropriateness, and utility of the guides we develop, and the trustworthiness and utility of the metasynthesis of qualitative findings about women with HIV/AIDS we create.

As described previously, once the principal investigators have reached consensus on the detailing and evaluation guides, each member of the Expert Panel will be asked to apply them to a common set of at least five randomly selected studies: one set for detailing and a second set for evaluating the quality of studies. We will mail these studies and the instructions that we have developed to date to each member. Members will also review the documentation of our progress in developing guides to conduct the metasynthesis itself, in analyzing the findings from each study, and in combining them across studies. In addition, they will evaluate the time it takes and how easy it is to use the techniques we develop.

The members of the Expert Panel will evaluate all of the various products of this project using an adaptation of the questions Hunt and McKibbon (1997) developed to appraise systematic reviews. These will be further developed in the course of the project. The questions are (a) Did the metasynthesis focus on clearly defined areas? (b) Is it likely that important, relevant studies were missed? (c) Were the inclusion criteria used to select studies appropriate? (d) Was the quality appraisal of each study included? (e) Were the various guides developed in the project appropriate and easy to use? (f) Are the synthesis products plausible, usable, and significant for research and/or practice?

In addition to the members of the Expert Panel, we will invite, in the final year of the project, at least three clinicians (yet to be named) in HIV practice and three researchers (yet to be named) experienced in conducting instrument development and/or intervention studies in the HIV field to review the final metasynthesis products for their utility and applicability to their work. The clinicians will review a form of the metasynthesis product oriented toward application of findings in practice, and the researchers will review a form of the product oriented toward serving as a basis for theory-based instrument and intervention research.

Protocol Application to Additional HIV and Test Cases

As a final validation technique, we will apply the entire protocol developed from using research with women with HIV/AIDS as the method case to (a) qualitative studies on women with HIV/AIDS published after March 2003, the temporal end point for the method case, to March 2004, 1 year before the end of the project, and to (b) a set of qualitative studies in an entirely different domain: namely, women's and couples' experiences with diagnostic/screening technology in pregnancy. Like HIV/AIDS this is a knowledge field of great significance to the health of childbearing families and nursing practice, and it is an area of expertise of one of the co-principal investigators. Researchers interested in conducting qualitative metasynthesis projects will choose areas of research to which they are heavily committed and in which they have clinical and/or research expertise.

The application of the protocol to the additional HIV/AIDS studies will ensure as up-to-date a metasynthesis as possible and will allow us to fine-tune the protocol. The application of this fine-tuned protocol to the "test case" (research on prenatal testing) will allow us to evaluate the transferability of the protocol to other areas of research. We will not only report the results of this metasynthesis effort but also document the process of applying the protocol, including any problems. The Expert Panel members will review this report, with a special view toward evaluating the clarity, fit, and trustworthiness of the procedures used.

Outcomes of the Proposed Project

The outcomes of the proposed project include (a) a guide to detail the informational contents, methodological orientation, and re-presentational form of any qualitative study; (b) a guide, or set of guides, to evaluate the quality of any qualitative study; (c) a set of guidelines for choosing and using analytic techniques to discern the findings of any qualitative study; (d) a set of guidelines for choosing and using analytic techniques to compare and combine findings across qualitative studies; (e) a set of guidelines for choosing and using audience-appropriate representational forms to

	Year				
Task	1	2	3	4	5
Literature retrieval					
Development of techniques for detailing and evaluating studies in "method case"					
Development of techniques for conducting and creating the metasynthesis with studies in "method case"					
Literature retrieval of additional HIV and "test case" studies					
Application of complete metasynthesis protocol to additional HIV studies					
Application of fine-tuned metasynthesis protocol to "test case" studies					
Consultation/peer review and evaluation					

FIGURE 4: Study Time Line

disseminate the findings from qualitative metasynthesis projects; (f) an up-to-date metasynthesis of qualitative studies on women with HIV/AIDS; and (g) an up-to-date metasynthesis of qualitative studies on couples undergoing prenatal testing. *Here, we summarized the likely products of the proposed study to ensure that reviewers would see its significance.*

Time Line

Figure 4 shows the time line for the proposed project.

Gender and Minority Inclusion

By virtue of the method case chosen, women, and minority women in particular, are included. In the 22 studies located to date, 532 women participated. Of these, 249 were African American, 151 were White, 76 were Hispanic/Latina, and 16 belonged to other ethnic/racial minorities. (Ethnicity was not reported in 3 of these studies.) These women ranged in age from 16 to 63 years. (One study did not report age.) Of these women, 133 had less than a high school education. (Eight studies did not report education level.) In the 5 studies reporting income, average yearly incomes ranged from U.S. $8,355 to $12,500. From studies providing information on children, we determined that 314 women were mothers. *Even though no human subjects are included in the proposed project, we calculated the gender and minority attributes of the proposed bibliographic sample. This move showed not only our recognition of the importance of inclusion in research but also the underrepresented gender and minority signature of the method case we selected.*

Human Subjects

There are no human subjects in this research per se, although the project involves the study of human subjects research.

Vertebrate Animals

There are no vertebrate animals in this study.

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REVISING AND RESUBMITTING

This proposal was funded after one previous submission. Because any writing enterprise typically requires revision and resubmission, writers are well advised to develop their skills in these areas, which include emotion and information management.

The most typical initial responses to having a research proposal not approved for funding are sadness, frustration, and anger, with researchers choosing to

withdraw or confront. Although researchers are entitled to these emotions, their response to the agency denying them funding should never be informed by them. Indeed, after a "cooling down" period, they will likely see that the reviews of their study were not as bad as they appeared on the first reading. Indeed, researchers reading their reviews will often find—in true qualitative fashion—that no more than three "themes" sum up the negative critiques. Once researchers have ascertained this, the task of revising will seem, and actually be, less onerous.

For example, from the reviews our original proposal received, we ascertained that one reviewer liked it, two reviewers liked it but were dubious we could overcome the barriers to integrating qualitative studies, and one reviewer disliked it. Our comments and revisions were thus primarily oriented toward emphasizing the positive views, overcoming the doubt the two reviewers expressed, and specifically addressing the comments of the reviewer who expressed the most negative opinions. What follows is the full text of our response (with our annotations in italics), which was placed before the section on aims in the revised proposal.

Our Response to the Initial Review

This introduction contains our response to the summary statement concerning application RO1 NRO4907, "Analytic techniques for qualitative metasynthesis." In it, we summarize the strengths and problems noted in each of the four critiques and the revisions we made to resolve the problems.

All of the reviewers evaluated the proposed study highly on its significance and novelty, the strong qualifications of the research team, and the excellent resources available to the study. Reviewer 2 (Critique 2) evaluated this proposal as "outstanding" and as having "exceptionally high scientific merit." He or she "supported" it "at the highest level of enthusiasm," (p. 6), stating that the findings of the proposed study could "revolutionize the place of qualitative research in the advancement of our knowledge base" (p. 4). Reviewer 3 found the proposal "highly significant and innovative," and likely to "make a major contribution to nursing science" (p. 7) if existing barriers to qualitative metasynthesis could be overcome. Reviewer 1 similarly expressed "enthusiasm," and Reviewer 4 noted its "potential significance" (p. 9). *We begin by emphasizing the positive.*

Yet, although Reviewer 2 observed that our study could "move nursing science forward by a giant leap" (p. 5), Reviewer 3 found that our proposal demanded a "certain leap of faith about (its) feasibility" (p. 7). Reviewer 3 was also concerned that the proposed study was "extremely ambitious" (p. 6). Reviewer 1 expressed a similar "skepticism" (p. 4) concerning the outcome of the proposed study. Although Reviewer 2 found our proposal to be "very 'user friendly,' " comprehensive, and thoughtfully conceived, Reviewer 4 expressed concerns about the literature review, representation of arguments, and design. *In the preceding paragraph, we played reviewers' comments off each other to emphasize contradictory opinions.*

In summary, Reviewer 2 was enthusiastic about the proposal and suggested no changes. He or she noted that our approach, expertise, and ability to communicate ideas effectively "convey(ed) a strong sense of confidence in the likelihood of success" of the proposed project (p. 5). For Reviewers 1 and 3, the essential problem to be resolved was largely a matter of a "leap of faith," as opposed to substance. They suggested that we had the qualifications to complete the proposed project

successfully but still had doubts concerning whether qualitative metasynthesis was feasible at all. Reviewer 4 itemized what he or she believed to be substantive omissions and errors. *In the preceding paragraph, we summarized what we saw to be the "themes" across all four reviews. This set the stage for the revisions we would describe.*

We now focus on specific issues raised in Critiques 1, 3, and 4. We addressed the problem of ambition by adding one more year to the study. Although Reviewer 3 suggested omitting the testing of the metasynthesis protocol we will develop with a group of studies on prenatal testing, we think this validation exercise is critical to any claims we will want to make about the credibility, feasibility, and utility of that protocol. Adding a year to the study will permit us more time to accomplish this critical step. It will also address the lack of time Reviewer 4 noted for achieving negotiated validity. We have added more "distance" and face-to-face meeting times among the members of the research team in each year of the study to increase their involvement.

Critique 1

This reviewer stated that we believed conducting qualitative metasynthesis was more pressing than quantitative metasynthesis. Although we neither made nor implied this claim in the original proposal, we did state that qualitative metasynthesis ought to be subject to as much interest and effort as has been shown in quantitative research integration. *In the preceding statement, we specifically countered this reviewer's reading. Responding to reviewer comments does not necessarily mean accepting everything reviewers say.* Our reference to 1,000 qualitative health studies was simply to show that there exist more than enough studies to warrant such interest. This reviewer also stated that we spent too much time justifying qualitative research. We agree with the reviewer that qualitative research requires no defense. What we did in the original proposal was to justify the significance of efforts to conduct qualitative metasyntheses and to describe the problems they raise by virtue of the nature of qualitative research. *Here, we again countered a reading by deriving an area of agreement from a comment with which we frankly disagreed.* Reviewer 2 found "very convincing" (p. 4) the case we made for why qualitative research has still not been wholly accepted as "real" research. Reviewer 1 stated both that we had no explicit aims and that our aims were explicitly focused on resolving the problems qualitative metasynthesis raises. *Here, we featured what we perceived to be between- and intra-reviewer contradiction.* Our aim for the study, and the individual steps we will take to accomplish it, are stated on p. 36 and pp. 36-37. *Whenever referring to specific revisions, writers should give the page numbers where reviewers will find them.* The purposes of every design feature are stated in the relevant method section. Our aims are stated to capture the problem-solving orientation of our approach to developing a process, namely, conducting qualitative metasyntheses.

We have eliminated the reference to correcting scanned texts, as it seemed to be misleading. What we were referring to here was that scanning technology fails to retrieve every word of the texts it scans and that we would add those words to have a correct copy. The reviewer also described a potential problem in detailing studies, namely, whether two reviewers would identify the same results from one study. This is one of the many problems associated with understanding and evaluating qualitative research that we will explore and hope to resolve in the proposed study. We have clarified this on p. 49 of the revised proposal.

Critique 3

This reviewer affirmed that qualitative research designs are emergent and acknowledged that we had likely done the best anyone could in explicating our strategies but still seemed hesitant. Accordingly, we have added some material to the design section to further explicate our plans without violating the "design-by-doing" tenet of qualitative research. We believe, though, that any study—qualitative or quantitative—requires a "leap of faith" about its techniques and promises.

Critique 4

This reviewer stated that we did not adequately review the literature. We cited Morse' s qualitative metasynthesis work—which this reviewer stated we had not—and we found no research integrations of the kind addressed in our proposal by (*specific name of a nationally known scholar mentioned by this reviewer*) or anyone else not cited in the proposal. In a personal e-mail communication, (*this scholar*) stated she doubted whether anything she had done could be categorized as qualitative metasynthesis unless we widened the definition of that term to include conventional narrative reviews of the literature or broad overviews of a field. Indeed, we suspect that the problem here lies in the reviewer's holding a more expansive view of metasynthesis than we do. *Looking back, we now believe that a better way to convey this idea would have been to state that* we *had not sufficiently clarified our focus rather than transferring the obligation to understand our focus to the reviewer. The use of the first person conveys the assumption of the burden of agency: the researcher—as opposed to the reviewer—doing or not doing something he or she should have. Even though reviewers have obligations to be careful and informed readers, the greater burden is on writers to inform clearly.* Accordingly, we have added material further defining qualitative metasynthesis for this study. We state on p. 36 that qualitative metasynthesis refers to the synthesis of findings in completed qualitative studies. Qualitative metasynthesis constitutes a kind of data-based research that is analogous to quantitative meta-analysis in its intent systematically to "put together" or "sum up" findings in a specific domain of scientific research.

This reviewer also stated that we were taking a demonstrably "nonfruitful" approach to metasynthesis and that we misrepresented the Noblit and Hare work. We have checked all our references, and they were accurate in word and meaning in the original proposal. Nevertheless, we have significantly revised our presentation of the Noblit and Hare work on pp. 39-40. *We were countering this reviewer's opinion but nevertheless making changes based on it.* Moreover, in this revision, we have specifically addressed these authors' views of aggregation as an inadequate approach to metasynthesis. We have not committed ourselves to any one approach in the proposed study as our plan is to experiment with different approaches to metasynthesis. Noblit and Hare found aggregation to be inadequate for the very specialized kind of ethnographic work in which they were engaged. Such an approach might not be inadequate for other kinds of studies. Although the Noblit and Hare work is considered a key work in a methodological domain (namely, qualitative metasynthesis), that domain has yet to be developed. Their work cannot be held as the gold standard against which all other approaches to qualitative

metasynthesis in other fields of research are judged. Our aim in the proposed project is to contribute to the development of this methodological domain.

We disagree with the reviewer that the Barroso and Powell-Cope (2000) synthesis featured in the preliminary studies section does not advance the science. Since the original proposal was submitted, this work was accepted for publication in a peer review journal, indicating its value for dissemination. Moreover, not only do the findings enlarge our understanding of having HIV/AIDS and suggest new strategies for caring for persons with HIV/AIDS, the very act of conducting this study dramatized the problems that must still be resolved in qualitative research integrations. We have added material to the preliminary studies section on p. 44 to support our view of its contribution.

This reviewer stated that we were unclear about the criteria we will use to include studies. One of the major objectives of the proposed project is to specify these criteria further. As we state on p. 46, the proposed project is about developing a process to conduct a process. Moreover, contrary to this reviewer's observation, we have already done the preliminary work (described in the proposal) to specify both the criteria we tentatively plan to use and the problems that must be resolved to further specify them. Reviewer 3 found a strength of our approach to be that it was based on "tested experience" (p. 7), that is, that we had each completed and reported our preliminary metasynthesis work. *Here, again, we use other reviewers' comments to support our view.*

Reviewer 4 also stated that it was not necessary to detail each study to the extent that we will, and justifies this claim by saying that no one else has done that. We believe that it is essential to do this, in part because no one else appears to have done it. Moreover, no reader can safely infer from the few other metasyntheses done how detailed their authors' examinations of studies were as they did not provide much information in their publications on that subject. We cited this lack of information as a problem that had yet to be resolved. In addition, we emphasized in the original proposal the need to resolve persistent dilemmas in understanding and evaluating qualitative studies that can be resolved only by this attention to detail. We believe that it is only by this laborious detail that we can arrive at a credible and less laborious protocol for conducting qualitative metasyntheses that will preserve only that detail work necessary to do them. Our aim is to provide a user-friendly protocol. However, to achieve that goal, we must do the detail work that will allow us to say with confidence what details can be excluded in the future. For example, our preliminary work suggests that the stated method in a study might be a detail that is not relevant to evaluating the quality of a study or to creating credible metasyntheses. We have added material to the design section on p. 50 to clarify the detail issue.

All of the members of the Expert Panel named in the original proposal have again consented to participate in this study after receiving a summary of the proposed study, including its aims and methods.

In summary, we have revised this proposal to address the issues raised by reviewers and to update information. These revisions are in italics *(not shown here)*. As most of these issues related to sections A to C *(Specific Aims, Background and Significance, and Preliminary Studies)*, most of the revisions are in these sections. We appreciate the dilemma some reviewers face in encountering what they recognize to be a project well worth doing but that they suspect cannot be done. In our revised submission, we sought to clarify further the process we propose to engage in to develop a process for engaging in a process. We hope the explanations we have

offered here and the revisions we have made to the proposal itself, in combination with the potential contribution this study could make, will encourage reviewers to take a leap of faith.

REMEMBER THE SCIENCE, PRIVILEGE THE ART

In summary, appealing qualitative research proposals are exercises in "artful design" (Sandelowski, Davis, & Harris, 1989), reflexivity, elegant expression, imaginative rehearsal, and strategic disarmament. Key targets of disarmament are "small" sample sizes and the generalizability and validity of methods and outcomes. Winning qualitative proposals should convey the researcher's talent for conceptualizing, synthesizing, imagining, and writing, and the ability to perform the kind of work promised. The grounded theory proposal should show the researcher's ability to theorize; the phenomenological proposal, to engage in phenomenological reflection; and the ethnographic proposal, to interpret "culture." The qualitative research proposal should communicate the researcher's knowledge of the field and method, and convey the emergent nature of qualitative design by the use of words such as *tentative*, *anticipate*, *project*, and *plan*. The proposal should follow a discernible logic in the introduction to the proposed study (*aim → problem → significance of problem → aims detailed with objectives → research outcome → significance of outcome); in the review of literature (e.g., a gap, error, contradiction, or other logic); and in the description of design (tell → show → tell, or define → apply → illustrate).*

The qualitative research proposal should offer an explanation for every design choice and disarm the reviewer in favor of the design choices made, especially in cases where reviewers are likely to expect a different choice. This means that writers must know, and show respect for, the audience to whom they want their proposals to appeal. They should defend their choices without being offensive (e.g., by implying that qualitative research is superior to other methods or by describing the "failures" of other researchers or research methods) or defensive (e.g., by unnecessarily defending qualitative research when it needs no defense). Indeed, qualitative research proposals should not contain apologies for qualitative research, as it requires none. Accordingly, any limitations to their proposed study writers discuss ought not to convey that qualitative research is itself a limitation. Instead, discussions of limitations ought to be confined to the distinctive features of the study itself. For example, a limitation of a grounded theory study might be the inability to conduct theoretical sampling, not the fact of theoretical sampling or its mode of generalizing per se.

Although reviewers are obliged to demonstrate connoisseurship in reading and criticism, the greater burden is on writers of qualitative research proposals to convey their research intentions. Writers should become skilled in the use not only of words but also of numbers and visual displays to communicate more effectively and thereby also to reduce reader burden. Other techniques to reduce reader burden and enhance clarity include strategic nonrepetitious reiteration and location of material and section headers that capture the central theme of the material included in those sections. Although the naming of methods and techniques is important, name dropping should never substitute for a clear description of how researchers will apply the techniques named. Recitations on Heideggerian hermeneutics or symbolic interactionism are not informative if researchers do not address how these

mind-sets influenced the design and will influence the execution and findings of the study. Rote descriptions of theories of and techniques for maximizing validity in qualitative research are not informative if researchers do not show how they will be applied to and operate in the proposed study.

Successful qualitative research proposals in the practice disciplines appeal as science and art. They embody the attention to communicable procedure expected in the sciences and the creativity and expression associated with the arts.

NOTES

1. Material was used in the proposal that originally appeared in Sandelowski, Docherty, and Emden (1997).

2. For current information about the Healthy People initiative, see http://www.health.gov/healthypeople (retrieved May 1, 2003).

3. *Devices and Desires: Gender, Technology, and American Nursing* was published in 2000 by the University of North Carolina Press, Chapel Hill.

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