The use of street-level bureaucracy theory in health policy analysis in low- and middle-income countries: a meta-ethnographic synthesis

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This article presents a synthesis of studies that explicitly use the theory of street-level bureaucracy to illuminate health policy implementation in low- and middle-income countries. Street-level bureaucrats are frontline workers in bureaucracies, e.g. nurses, who regularly interact directly with citizens in discharging their policy implementation duties and who have some discretion over which services are offered, how services are offered and the benefits and sanctions allocated to citizens. This synthesis seeks to achieve the dual objectives of, first, reflecting on how street-level bureaucracy theory has been used in the literature and, second, providing an example of the application of the synthesis methodology of meta-ethnography to the health policy analysis literature. The article begins by outlining meta-ethnography and providing more information on the papers on which the synthesis is based. This is followed by a detailed account of how the synthesis was achieved and by an articulation of the synthesis. It then concludes with thoughts and questions on the value and relevance of the synthesis, the experience of conducting the synthesis and the partial way in which street-level bureaucracy theory has been used in the literature examined.

Keywords Health policy analysis, health policy implementation, low- and middle-income countries, meta-ethnography, street-level bureaucracy

KEY MESSAGES

- The synthesized papers reflected key dimensions of the concept and theory of street-level bureaucracy, but certain aspects of this body of theory remained under-explored.
- This work demonstrates the interpretative nature of synthesis and the potentially powerful influence of the understandings and perspectives of the person conducting the synthesis.
- The small number of papers this synthesis could draw on supports the conclusions of an earlier comprehensive review of the field about its limited use of relevant theory.
Introduction

This article presents a synthesis of published studies that invoke the theory of street-level bureaucracy to illuminate health policy implementation in low- and middle-income countries. This theory was developed and articulated in the context of the USA some decades ago, has had a significant impact on academic fields such as public policy studies and continues to find application, also in public health and the more specific terrain of low- and middle-income country health policy analysis.

This theory (Lipsky 1980) refers to the frontline workers in government bureaucracies, e.g. teachers, nurses and police officers, who regularly interact directly with citizens in discharging their policy implementation duties and who have some discretion over which services are offered, how services are offered and the benefits and sanctions allocated to citizens. This discretion is linked to one of the key propositions of street-level bureaucracy theory: the idea that the decisions and actions of street-level bureaucrats become the policies of the agencies they work for (Lipsky 1980). This is so because citizens primarily experience policy as the street-level bureaucrat’s decision about their case, the benefit allocated by the street-level bureaucrat or the sanction applied by the street-level bureaucrat. Given their discretion, street-level bureaucrats can ‘make policy’ in unwanted or unexpected ways that contradict formal policy directives or work against their agencies’ stated goals (Lipsky 1980).

Street-level bureaucrats often work in organizations with vague or ambiguous goals and it can be difficult to determine if their actions contribute to achieving organizational goals; have insufficient resources at their disposal; tend to be faced with demand for their services that simply increases to match the supply and often work with non-voluntary clients who have limited options in terms of accessing the services offered by street-level bureaucrats elsewhere, but who are not completely powerless in this unequal relationship (Lipsky 1980). Influenced by the nature of their work and their working conditions, street-level bureaucrats often develop routines to reduce the complexity they face, give them more control over their work and manage work stresses. These include rationing services, conserving their own resources, e.g. by building ‘slack time’ into their days, and controlling clients and securing their co-operation, e.g. by allocating benefits and sanctions, structuring the context for client interaction (e.g. the power communicated by the judge’s high bench or desks that all face the teacher) and by teaching clients how to behave in their role as clients (Lipsky 1980).

This article aims, first, to provide a synthetic review of how street-level bureaucracy theory has been used and what has been reported using the label of ‘street-level bureaucrats’ in the low- and middle-income country health policy analysis literature. It is hoped that this will contribute to stimulating some thinking about the use of theory in the low- and middle-income country health policy analysis literature generally, which has often been limited, and about how this literature has engaged with the important theory of street-level bureaucracy in particular. Street-level bureaucracy theory is a potentially powerful analytical resource for addressing one of the key concerns in the discipline of health policy analysis: the reasons why the expectations and objectives outlined in policies are often not realized. This policy failure or implementation gap can, at least partly, be argued to result from the fact that policy implementation involves negotiation and bargaining between those who have to implement policy and those seeking to achieve and direct policy change (Barrett 2004). Used to its fullest extent, street-level bureaucracy theory can shed much light on the reasons for and nature of this negotiation and bargaining in policy implementation.

There are many techniques for synthesizing qualitative evidence (Dixon-Woods et al. 2005; Barnett-Page and Thomas 2009). This synthesis was conceived as part of a broader programme of work that applied a range of qualitative synthesis approaches to the low- and middle-income country health policy analysis literature. Its second aim, therefore, is to provide an example of the application of one such synthesis technique—the approach of meta-ethnography. In this, the article seeks to contribute to a discussion about the value and application of synthesis techniques to the low- and middle-income country health policy analysis literature. Building on an interpretive epistemological foundation, meta-ethnography outlines a series of steps or phases for the comparative analysis and synthesis of ethnographic or interpretive studies, with the aim of achieving substantive, new interpretations based on those texts (Noblit and Hare 1988). In adding this example of meta-ethnography to the low- and middle-income country health policy analysis literature, the approach of this article shares similarities with the work of authors such as Britten et al. (2002) and Atkins et al. (2008), who have also sought to apply meta-ethnography and to explicitly outline and reflect on the processes followed in implementing this technique. Despite such similarities, this article is primarily oriented to the low- and middle-income country health policy analysis literature and not to adding to or critiquing what others have done to operationalize meta-ethnography.

The first section of this article provides more information on meta-ethnography and the papers on which the synthesis is based. This is followed by a detailed account of how the synthesis was achieved, as well as the substantive articulation of the synthesis. The article concludes with thoughts and questions on the value and relevance of the synthesis, as well as the experience of doing the synthesis.

Methods

In this synthesis, the intention was to implement the principles and steps of meta-ethnography as originally outlined by Noblit and Hare (1988). Epistemologically, meta-ethnography is an interpretive approach that is in sympathy with the idea that knowledge does not necessarily aggregate or accumulate and that is underpinned by the view that the explanation or understanding of social phenomena is basically achieved through comparison. Practically, this stance gives rise to a procedure or series of steps that essentially directs the synthesizer to compare and contrast studies to achieve a substantive, new interpretation.

An important step towards this comparing and contrasting involves the reduction or summarizing of the studies included in the synthesis. The intention is to preserve the sense or
meanings articulated in the studies, which is achieved by extracting their key metaphors, concepts or themes. These key themes and concepts are then juxtaposed across the studies to translate the studies into each other through a process of making analogies between the studies. This step of analogy and translation, of understanding how the senses, concepts or themes of the studies are alike and not alike is crucial to arriving at a synthesis. Ultimately, there are three main types of meta-ethnographical syntheses, as originally articulated by Noblit and Hare (1988) and subsequently mentioned in more recent work (e.g. Britten et al. 2002; Dixon-Woods et al. 2005).

First, reciprocal translations, which will be applicable when the studies being synthesized cover similar things (see Noblit and Hare 1988, pp. 39–47 on the phenomenon of social order). Second, refutational syntheses of studies that refute or contradict each other (see Noblit and Hare 1988, pp. 54–62 on the different accounts of two scholars). Third, lines-of-argument syntheses, where the focus is on what it is possible to say about a whole, based on studies of the parts (see Noblit and Hare 1988, pp. 64–75 on the issue of desegregation).

For this synthesis, the individual studies underpinning the synthesis were read thoroughly, more than once. The aim of this was, as far as possible, to identify and extract all the key themes and concepts regarding street-level bureaucrats. Because the objective of the synthesis was to learn about street-level bureaucracy, the aim was not to summarize or reduce the entire studies, but to focus only on those concepts and themes that illuminated the intellectual interest driving the synthesis. Some of the concepts or themes from the studies underpinning this synthesis were, therefore, excluded from the synthesis because they were irrelevant to a consideration of the concept and theory of street-level bureaucrats. In reading the studies, and attempting to stay true to meta-ethnographic principles, the aim was not only to note the key themes and concepts but also to preserve the conceptual relationships between them as articulated in the studies. These ideas can be briefly illustrated using one of Noblit and Hare’s (1988, p. 41) syntheses on the issue of social order, mentioned earlier. Using two studies, Noblit and Hare (1988) extracted for each study separately certain key themes or concepts relating to the context in which certain actors were doing their jobs, with these contexts informing certain conduct on the part of the actors and leading to certain consequences or situations. For the first study, e.g. the contextual concept was ‘freedom to make no serious mistakes’, which gave rise to conduct that was a balance of ‘patience and prudence’ and led to the situation of ‘maintaining the system’. This preserves the conceptual relationships in the study because the interconnected issues are presented as they are in the study and not viewed in isolation.

However, concepts relating to context, conduct and consequences were also extracted for the second study. The concepts relating to conduct, e.g. were ‘negotiated order’ and ‘bureaucratic order’, in contrast to the ‘patience and prudence’ of the first study. This is where the comparison and translation across studies come in. With respect to the issue of street-level bureaucracy in this article, the relationships between the themes and concepts, their juxtaposition across the studies being synthesized and the synthesis eventually achieved are outlined in the following section.

This synthesis was embedded within a larger project that sought to synthesize evidence on health policy processes in low- and middle-income countries. This broader project, and hence also the specific synthesis presented here, relied on an extensive search for English-language peer-reviewed publications for the period 1994–2009. The first literature search (1994–2007) was done by Gilson and Raphaely (2008) for a paper on the field of health policy analysis in low- and middle-income countries and involved the review of several thousand abstracts and the eventual selection of 164 papers focused on any aspect of policy change. The current project team identified 97 of these papers as possibly relevant to the more specific aspect of policy implementation. The second literature search was done by the current project team and used the same search terms and databases to update the Gilson and Raphaely (2008) search for the period July 2007 to April 2009. This review identified a further 70 papers as possibly relevant to health policy implementation, bringing the total pool of potentially relevant papers to 167. Considering issues of relevance and quality, these papers were then reviewed by four reviewers, generating a final grouping of 86 judged most relevant to issues of health policy implementation.

From within this wider body of literature, this author selected four papers because their authors invoked the theory of street-level bureaucracy and used it in a significant way to illuminate the implementation experiences reported in the papers. These papers are Kaler and Watkins (2001), Walker and Gilson (2004), Crook and Ayee (2006) and Kamuzora and Gilson (2007). They focus, respectively, on community-based family planning in Kenya, nurses and user fee removal in South African clinics, environmental health officials in Ghana and district managers in the Tanzanian Community Health Fund.

Within the total body of literature, there were a number of studies that touched on the behaviour of frontline implementers—actors who could, in theory, be designated as street-level bureaucrats. However, these were excluded from consideration because they did not invoke the theory of street-level bureaucracy. This exclusion flows from the primary focus of this synthesis: a concern with how the theory of street-level bureaucracy has been used, not synthesizing the actions and behavioural drivers of all frontline implementers (who may or may not have been described using street-level bureaucracy theory). One study (Penn-Kekana et al. 2004) that invoked street-level bureaucracy was excluded because it did so only in passing and, therefore, did not present a substantive opportunity for addressing the synthesis’ primary concern.

This synthesis is therefore based on studies that explicitly and substantively used the concept and theory of street-level bureaucracy. This construction of the synthesis is justified because, first, these were the only papers that could be used to address the synthesis’ primary objective. Second, even though a small number of papers were included, this is still enough for achieving the objective of providing a worked example of meta-ethnography in the low- and middle-income country health policy analysis field. Third, much of the broader literature that reflects on frontline implementers without using the idea of street-level bureaucracy is being utilized in another synthesis, hence avoiding duplication across the project’s syntheses.
In interrogating what the studies have to say about street-level bureaucracy, this article will address and present synthesizes around questions such as: what actions do street-level bureaucrats take in health policy implementation? What drives them to take those actions? How do street-level bureaucrats influence health policy implementation? The intention is to reflect on the content of the synthesized papers and their use of the idea of street-level bureaucracy, but not to propose a full model on the role of street-level bureaucrats or frontline implementers in low- and middle-income country health policy implementation as one would need a broader set of studies to convincingly achieve this. The author conducted this synthesis on his own. His academic background is primarily in political science, and he has worked in the field of health policy and systems research for ~10 years. During this time, he has taught health policy analysis, including theoretical constructs such as street-level bureaucracy, at post-graduate level in a number of universities and countries. The following analysis should be read against this background. In addition, the fact that this synthesis was carried out by a single person means that all interpretations and changes to interpretations that occurred in the various iterations of the analysis are the sole responsibility of the author and cannot be ascribed to factors such as research team dynamics or collective decisions, which might be relevant to other synthesizes (Atkins et al. 2008).

Limitations
First, and as mentioned earlier, this synthesis relied on a literature search covering the period 1994–2009. It therefore does not capture more recent articles that might have used street-level bureaucracy theory. Second, this synthesis focused on articles that explicitly and substantively used the concept and theory of street-level bureaucracy, excluding articles dealing with frontline implementers in general and articles referring to street-level bureaucracy only in passing. This approach was followed because of the primary concern with how the theory of street-level bureaucracy has been used in the literature. The limited number of articles consequently included in the synthesis should not, however, be read as a judgement about the importance of street-level bureaucrats in health policy implementation or a judgement about how broadly ideas around street-level bureaucracy have influenced health policy analysis in low- and middle-income countries, for which one would need to analyse articles mentioning the idea in passing and grey literature such as research reports. Third, one person did the analysis for this synthesis. This can be viewed as a weakness in the sense that the perspectives of other researchers did not inform each step of the process. However, as will be demonstrated in the analysis below, a single researcher can exercise considerable reflexivity. It is also relevant to note that this analysis was reviewed by two knowledgeable colleagues before being submitted for publication and that this review did not substantially challenge the interpretations.

The synthesis process and result
The themes and concepts in the papers underpinning this synthesis spoke to street-level bureaucrats’ actions, the explanations for these actions and the consequences of these actions for policy implementation. Table 1 presents summaries of the four synthesized studies, using these ideas of actions, explanations for actions and consequences, plus more specific concepts and themes from the studies themselves (columns 1–4). In line with the principles of meta-ethnography, the formatting of Table 1 allows one to keep track of the relationships between themes or concepts within each study. Reading from top to bottom within each column, information that occupies the entire column width applies to the entire study, whereas information in the split cells refers to specific themes or concepts in the paper that are linked. Using Kaler and Watkins (2001) as an example, the focus of the paper spans the whole column width and clearly applies to the whole study, but when moving down it becomes clear that certain explanations (advancing own interests, believing the pill can cause infertility and concern for clients’ health) are linked to the restriction of contraceptive methods, while the explanations in the next split cell (production of respect and altruism) are linked to providing additional care. In addition, reading across the rows, instead of down the columns, gives one an initial sense of the juxtaposition of themes and concepts across the studies in relation to explanatory factors, the actions explained by those factors and the policy implementation consequences. As reported by Atkins et al. (2008), meta-ethnographies fairly commonly use tables or grids to display themes and concepts.

Kaler and Watkins (2001) describe how beliefs about the role of contraceptives in causing infertility, concerns such as altruism and the health of the community, and personal interests such as the possibility of clientelistic relationships and the production of respect and recognition in the community can result in street-level bureaucrats changing the policies they are implementing. As in other papers, these changes were in conflict with official policy objectives and intentions.

Walker and Gilson (2004) give the sense of a policy that found some support because of its resonance with street-level bureaucrats’ commitment to their professional duties and communities. However, factors such as high workloads, resource constraints and limited managerial support underpinned a range of coping behaviours that may have limited the achievement of the policy objectives.

Crook and Ayee (2006) outline a series of policy reforms and the accompanying expectations created of environmental health officers. The paper highlights how some environmental health officers seem to respond quite positively to the changes and assimilate knowledge about the new policy approaches, while this is not the case for others. It outlines factors that might explain the street-level bureaucrats’ different responses. This paper is perhaps different from the others included in this synthesis in that it has the least clear focus on outlining the actions of street-level bureaucrats and the ways in which those actions may have subverted policy intentions. Like the others, it communicates the sense that policy objectives are not achieved, but in how the information is presented this can perhaps be more clearly linked to the actions and interests of figures such as senior politicians, rather than street-level bureaucrats.

Finally, in Kamuzora and Gilson (2007), the overall sense was of a top-down and rushed policy process. In this context, district managers engaged in behaviours such as rule breaking.
<table>
<thead>
<tr>
<th>Table 1</th>
<th>Key concepts and themes related to street-level bureaucrats in the synthesized papers</th>
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<tbody>
<tr>
<td>Paper focus</td>
<td>Action explanation</td>
</tr>
<tr>
<td>2. Walker and Gilson (2004)</td>
<td>Primary healthcare nurses’ experiences of user fee removal in South Africa.</td>
</tr>
<tr>
<td>3. Crook and Ayee (2006)</td>
<td>Self-administered survey of professional nurses in seven community health centres. Case studies of three clinics, including in-depth interviews with primary healthcare nurses and clinic co-ordinators.</td>
</tr>
<tr>
<td>4. Kamuzora and Gilson (2007)</td>
<td>Ghanaian environmental health officials faced with organizational changes, such as privatization and the contracting out of services.</td>
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<td>Data collected through participant observation, interviews and a survey of environmental health officials in selected sub-metropolitan districts.</td>
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and slow work practices by, e.g. ignoring guidelines from the central government and taking a long time to respond to communities’ requests for funds. These behaviours partly explained the low enrolment in the Community Health Fund (CHF).

As outlined in the ‘Methods’ section, the substance of a meta-ethnographic synthesis is in large part determined by translating the studies into one another and synthesizing the translations. According to Noblit and Hare (1988), this entails, among other things, treating the accounts presented in the different studies as analogies to explore the ways in which they are similar and different. In this, it is important not only to preserve the articulated conceptual relationships within the studies but also to compare the concepts and their relationships across the accounts of the different studies. This step could involve exploring the possibility of certain themes or concepts encompassing others. What this means, is illustrated by Britten et al. (2002), who provide a worked example of meta-ethnography about the meanings attached to medicines and the effect of this on medicine taking and communication with health workers. In the table summarizing their different studies, the concept of ‘self-regulation’ is, e.g. used to encompass the issues of ‘levels of non-compliance’, ‘leaving off drugs’, ‘preference for not taking drugs’ and ‘adjustment of medication, self-regulation’.

The rest of this section will be devoted to showing how the analysis process unfolded for the studies listed in Table 1 and to expressing the synthesis eventually arrived at. Meta-ethnographies have often used Schutz’s (1971) ideas of first order (reflecting research participants’ understandings), second order (authors’ interpretations of participants’ understandings) and third order constructs (synthesizing first and second order constructs into something new) in analysis (Atkins et al. 2008). However, these notions were not used in this analysis because a key idea was to try and get to grips with and operationalize the original ideas of Noblit and Hare (1988) and these ideas do not feature in their work. In addition, it was not clear how the notion of different order constructs would be applied in practice. In hindsight, this analysis would have experienced many of the difficulties reported by Atkins et al. (2008), including accessing the full set of participants’ understandings because the published paper is already a selection of these and difficulties in distinguishing between first and second order interpretations.

To the extent that synthesis involves putting together different studies or making a whole out of disparate pieces, the challenge for this synthesis was to move from the contents of Table 1 to a more coherent and integrated articulation of the accounts presented in the individual papers; a statement that transcended the knowledge statements or claims of any of the individual papers. Table 1 shows that the papers’ argumentation around street-level bureaucrats shared the same underlying structure in that it identified certain factors that influenced street-level bureaucrats to take certain actions, with these actions often subverting official policy expectations. Despite this underlying similarity, there was often considerable diversity in exactly which explanatory factors were identified and how the actions of street-level bureaucrats were labelled. This diversity was approached in different ways for different parts of the synthesis.

Looking across the studies, it seemed clear that they were not refutations of each other. However, they were also often not directly and easily comparable in terms of their key concepts and themes. On the face of it, some key concepts and themes across the studies communicated similar ideas [e.g. ‘support’ for free care policy objectives in Walker and Gilson (2004) and ‘positive responses’ to new policy approaches in Crook and Ayee (2006)], while others seemed simply different and unique to the individual studies [e.g. the production of respect in Kaler and Watkins (2001) and officious rule enforcement in Kamuzora and Gilson (2007)].

**Explanations for street-level bureaucrats’ actions**

First, with regard to the explanations for street-level bureaucrats’ actions, this diversity was dealt with by attempting to inductively develop concepts or themes that could encompass the individual motivations or explanatory factors discussed in...
the papers (see Table 1). Initially, this involved trying to map concepts onto each other across the different studies, based on the literal meanings of the words used to describe the concepts. For example, ‘poor working conditions’ in Crook and Ayee (2006) could be grouped with ‘poor working conditions’ in Walker and Gilson (2004). Similarly, the sense communicated by ‘imposed and rushed process’ in Kamuzora and Gilson (2007) could perhaps be regarded as somewhat similar to ‘feel aggrieved by the changes imposed through decentralisation’ in Crook and Ayee (2006). However, this approach was unsatisfactory because many of the concepts used to talk about the factors that motivated street-level bureaucrats seemed unique to the individual studies and could therefore not easily and confidently be joined to concepts in other studies. It was judged, therefore, that synthesis was not being achieved through this approach because, aside from the few examples listed above, across studies the concepts remained very fragmented and isolated. On further reflection, it was thought that a more satisfactory result might be obtained by abandoning the fairly direct and literal mapping attempt and instead developing slightly broader or more abstract categories to organize the concepts and themes used to characterize the factors influencing street-level bureaucrats’ behaviours. It was felt that it would be possible to describe the factors influencing the behaviours of street-level bureaucrats as emanating from the socio-political context, the work environment and their personal belief and value systems. The themes and concepts from the synthesized studies were used as follows in developing these categories (Table 2).

**The actions of street-level bureaucrats**

Second, a similar situation prevailed with regard to the concepts and themes from the studies that reflected the actions taken by street-level bureaucrats. Initially, there was not a strong sense that the papers were often talking about the same actions; again the first strategy for making meaning across the studies was to try to inductively map concepts across the studies, based on fairly literal meanings. As before, this did not produce a completely satisfactory result because the concepts remained quite fragmented and isolated, despite some possible successes in grouping some, such as ‘rule breaking’ in Kamuzora and Gilson (2007) and ‘restrict selection of contraceptive methods’ in Kaler and Watkins (2001).

On reflection, it was noticed that the category of actions taken seemed to contain two types of information. On one hand, examples of very practical behaviours demonstrated by street-level bureaucrats. On the other hand, information highlighting street-level bureaucrats’ stance towards or view on policy. This latter type refers specifically to the notions in Crook and Ayee (2006) of ‘positive responses to and knowledge of new policy approaches’ and ‘not buying into new policy approaches and don’t think they are working’, as well as the idea from Walker and Gilson (2004) that there was ‘support for free care policy objectives and gains achieved by the community’. These ideas were separated out from the rest of the material and synthesized in the statement that street-level bureaucrats could take both supportive and unsupportive stances towards policy initiatives.

Having achieved this separation, the synthesis effort focused again on the concepts and themes from the studies reflecting the actual actions undertaken by street-level bureaucrats. This time, there was an attempt to achieve a more satisfactory synthesis by using themes or concepts that were very close to the original concepts used in the studies, but not exactly the same as any one of the concepts. This analysis suggested that the actions of street-level bureaucrats seemed to ‘disregard direction’, ‘breach expectations’ or ‘affect relationships with patients’, as illustrated in Table 3. These categories were suggested not only by the underlying material, e.g. rules give direction and this direction is disregarded if one breaks the rules, but also by common sense, e.g. managers are expected to supervise and are breaching expectations if they do not.

On yet further reflection, which involved looking at the studies again, it was thought that the studies did, in fact, already contain concepts and themes that could encompass the examples of street-level bureaucrats’ actions and that could therefore be used to synthesize across them. The studies seemed to reflect two underlying metaphors: street-level bureaucrats ‘coping’ with their situation and street-level bureaucrats acting according to their ‘own logic’ derived from their situation or their own beliefs and values. The suggested relationship between these two organizers and the material from the studies are reflected in Table 4.

For the synthesis, it was decided to rely on the ‘coping’ and ‘own logic’ themes because the metaphors were already present in the synthesized texts, thereby perhaps rendering the

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**Table 3 Initial analysis of street-level bureaucrat actions**

<table>
<thead>
<tr>
<th>Disregarding direction</th>
<th>Breaching expectations</th>
<th>Affecting patient relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rule breaking (Kamuzora and Gilson 2007)</td>
<td>Failure to give information about entitlements to beneficiaries (Kamuzora and Gilson 2007)</td>
<td>Patient categorization (Walker and Gilson 2004)</td>
</tr>
<tr>
<td>Alter aspects of family planning programme: provide more care and services than directed to (Kaler and Watkins 2001)</td>
<td>Failure to supervise facilities (Kamuzora and Gilson 2007)</td>
<td>Feeling disempowered relative to patients (Walker and Gilson 2004)</td>
</tr>
<tr>
<td>Careless rule enforcement (Kamuzora and Gilson 2007)</td>
<td>Compromising key elements of professional practice (Walker and Gilson 2004)</td>
<td></td>
</tr>
</tbody>
</table>


**Table 4 Further analysis of street-level bureaucrat actions**

<table>
<thead>
<tr>
<th>Coping</th>
<th>Own logic</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Careless rule enforcement (Kamuzora and Gilson 2007).</td>
<td>– Failing to give information about entitlements to beneficiaries (Kamuzora and Gilson 2007).</td>
</tr>
<tr>
<td>– Officious rule enforcement (Kamuzora and Gilson 2007).</td>
<td>– Sloo work practices (Kamuzora and Gilson 2007).</td>
</tr>
<tr>
<td>– Failing to give information about entitlements to beneficiaries (Kamuzora and Gilson 2007).</td>
<td>– Failure to supervise health facilities (Kamuzora and Gilson 2007).</td>
</tr>
<tr>
<td>– Feeling disempowered relative to patients (Walker and Gilson 2004).</td>
<td>– Feeling disempowered relative to patients (Walker and Gilson 2004).</td>
</tr>
</tbody>
</table>

synthesis truer to the sense of the synthesized studies. Noblit and Hare (1988) argue that the ethnographer (perhaps also health policy researchers) effectively provides a reading of a culture (perhaps also the policy reform studied) and that a meta-ethnography is only an additional interpretation added to the earlier layers of interpretation. This means, among other things, that a meta-ethnography is in part a product of the person doing the synthesis. The truth of this is perhaps reflected in the descriptions of the analytical processes provided earlier, which start with a summary of the papers’ readings of the situations studied and then show how different readings can be given to the accounts of the original studies by the synthesizer in the attempt to achieve a synthesis.

**Policy implementation consequences**

Third, with regard to the consequences for policy implementation, the studies were judged to be very much alike in that they mostly described negative outcomes in terms of policies’ stated objectives.

**Summary synthesis**

By way of a summary synthetic statement it can therefore be stated that the studies highlight how street-level bureaucrats are affected by their socio-political context, working environment and personal beliefs and values. These influencing factors can lead street-level bureaucrats to take either a supportive or unsupportive stance towards policy initiatives. These influencing factors can also lead to behaviours through which street-level bureaucrats seek to cope with their situation or seek to act according to a logic embedded in the situation or derived from their personal values and beliefs. These behaviours often limit the success of the very policies street-level bureaucrats are charged with implementing, at least as judged against formal policy intentions.

**Discussion and conclusion**

This article sought to use meta-ethnography to synthesize low- and middle-income country studies that used street-level bureaucracy theory and reflected on the contexts of street-level bureaucrats, their views on policy, behaviours in relation to policy implementation and influence over the achievement of stated policy goals.

In line with the main aims of the article, this section focuses on three issues. First, it reflects on the relationship between the four synthesized studies and the eventual synthetic statement to ask whether the synthesis was worth it; whether it added anything to the original papers. Second, and from the perspective of wanting to contribute a worked example of meta-ethnography to the low- and middle-income country health policy analysis literature, the process of applying the method and conducting the synthesis is reflected on. Third, there is brief consideration of how the low- and middle-income country health policy analysis literature has used the theory of street-level bureaucracy, especially in relation to the notion as originally articulated by Lipsky (1980).

In terms of its value, this synthesis arguably adds to and transcends the individual papers in that it: (1) provides a clearer and more organized conceptualization of the factors that shape the behaviour of street-level bureaucrats, (2) highlights the possibility of street-level bureaucrats supporting or opposing policies, which was not equally present in all the studies and (3) brings together the twin action metaphors of ‘coping’ and ‘own logic’, which again were not highlighted in all the papers. However, with regard to the consequences for policy implementation—the idea of limiting policy success—the synthesis arguably did not add anything to the original papers.

With regard to seeking to apply meta-ethnography, the overall sense was of a process characterized by a tension between, on one hand, being true to the studies being synthesized and, on the other hand, being creative in comparing the studies and creating interpretations to synthesize them. Reducing the studies to their key concepts, working with those key concepts to understand their similarities and differences and seeing how those key concepts could be read in different ways to create the synthetic product give one a strong sense of one’s own hand in the process and of the precariousness of knowledge and knowledge construction. This sense of precariousness is enhanced by the fact that, in seeking to use meta-ethnography, it is not always clear what to do and to know if one is doing the right thing. In their worked example, Britten et al. (2002, p. 211) say about one of the steps in meta-ethnography that ‘in the same way that it is often difficult to explain exactly how qualitative analysis is actually done, this stage of the synthesis cannot be reduced to a set of mechanistic tasks’. It is understandable that a synthesis of the kind reported here cannot be completely spelt out in advance. However, this does introduce an element of uncertainty and does sometimes make it difficult to judge the process that one followed and the outcome achieved. This article sought to be as specific as possible about how the synthesis was achieved. Perhaps one of its contributions can be that in the field of health policy analysis it can stand as an example of how to do or not to do meta-ethnography, despite the fact that it will not be able to...
reduce the uncertainty and interpretation that will inevitably be required of future attempts at meta-ethnographic synthesis.

In conclusion, and in considering how the theory of street-level bureaucracy has been used, it is noticeable that this synthesis could draw on only four papers that explicitly drew on and placed in the foreground the notion of street-level bureaucracy. While these papers very much placed the idea in the foreground, the overall sense was that the theory was primarily being used to explain, illuminate and provide richer descriptions of the empirical experiences investigated in the studies, as opposed, e.g. to testing or modifying the theory. This reflects one of the conclusions of Gilson and Raphaely (2008), who listed among the weaknesses of the field of low- and middle-income country health policy analysis the limited use of relevant theory in analysis.

With regard to the content that the four papers gave to the concept of street-level bureaucracy, a comparison with Lipsky's (1980) seminal publication entitled *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services* leads to the conclusion that the papers reflect key dimensions of the concept and theory of street-level bureaucracy, but that there are nevertheless aspects of this body of theory that remain under-explored. For example, in exploring the conditions under which street-level bureaucrats work and the reasons for their actions, the ideas that street-level bureaucrats work with limited resources, face high demand for their services and can exercise significant discretion over their day-to-day tasks are well-represented in the papers. This is not the case for other conditions of work highlighted in the original theory, including the often ambiguous, vague and conflicting goals of the organizations they work for and the fact that their clients are typically non-voluntary and not necessarily a primary reference group for street-level bureaucrats. A similar situation pertains to the actions taken by street-level bureaucrats, where notions such as the coping of street-level bureaucrats and the ways in which they might not adhere to policy are quite explicitly present in the papers. However, other constructs that might help in exploring the behaviours of street-level bureaucrats are less clearly present and explored, including those around street-level bureaucrats’ modification of their job conceptions and conceptions of clients.

The work of Gilson and Raphaely (2008) supports a general call for the more explicit consideration and use of theory in the low- and middle-income country health policy analysis literature. In the theory of street-level bureaucracy, this field has a potentially very valuable resource that can assist in the understanding of key questions and issues such as the gap between stated policy intentions and reality or the unintended consequences that often accompany the implementation of new policies. In addition to the initial and creditable steps taken by the four papers considered here, this synthesis specifically demonstrates that the field of low- and middle-income country health policy analysis can do more to explore and exploit the constructs embedded in the work on street-level bureaucracy.

In addition to doing more to explore and exploit street-level bureaucracy theory, a future research agenda might also benefit from thinking about possible intersections between street-level bureaucracy and other bodies of theory, as well as about ways of adapting street-level bureaucracy. These issues were not considered in detail in this work because the focus was on how street-level bureaucracy had been used, but might be useful to consider for future reviews and syntheses.

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### References


