Using Meta-Ethnography to Determine the Attributes for a Discrete Choice Experiment

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Summary of the paper

Application to the case of informal care for older people
General Approach (Noblit & Hare)

1. Getting started
2. Deciding what is relevant to the initial interest
3. Reading the studies
4. Determining how the studies are related
5. Translating the studies into one another
6. Synthesising the studies
7. Expressing the synthesis
1. Getting Started

- Defining the **aim** of the meta-ethnography and what will be the **focus** of the synthesis

**Ex**: Synthesise research that will uncover the areas over which carers for older people display strong preferences
2. Deciding What is Relevant to the Initial Interest

- Need for a trade-off between
  - Obtaining a high number of studies
  - Make the synthesis simple

- Defining the inclusion and exclusion criteria

- Planning and conducting the search

- Sifting the papers to select the final set
# Initially Included Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Carer gender</th>
<th>Relation</th>
<th>Ethnic group</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberg</td>
<td>Both</td>
<td>Anyone</td>
<td>NS</td>
<td>Very old</td>
</tr>
<tr>
<td>Adamson</td>
<td>Both</td>
<td>Relative</td>
<td>Black/S. Asian</td>
<td>Dementia</td>
</tr>
<tr>
<td>Baker</td>
<td>Both</td>
<td>Anyone</td>
<td>Minorities</td>
<td>HIV women</td>
</tr>
<tr>
<td>Cheung</td>
<td>Both</td>
<td>Spouse</td>
<td>NS</td>
<td>Multiple scelosis</td>
</tr>
<tr>
<td>De Graaf</td>
<td>Both</td>
<td>Relative</td>
<td>Turkish/Morroccans</td>
<td>Terminal illness</td>
</tr>
<tr>
<td>Harris</td>
<td>Male</td>
<td>Spouse</td>
<td>NS</td>
<td>Alzheimers</td>
</tr>
<tr>
<td>Lewis</td>
<td>Female</td>
<td>Daughter</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>McGarry</td>
<td>Both</td>
<td>Relative (&gt;75)</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Neufeld</td>
<td>Female</td>
<td>Relative</td>
<td>NS</td>
<td>NS</td>
</tr>
</tbody>
</table>
3. Reading the Studies

<table>
<thead>
<tr>
<th>Title</th>
<th>Year</th>
<th>Carers</th>
<th>Recipients</th>
<th>Analysis methods</th>
<th>Research methods</th>
<th>Location</th>
<th>Concepts</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 1</td>
<td>Article 2</td>
<td>Article 3</td>
<td>...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Determining How the Studies are Related

- Creating concepts from the comparison of the studies
- No ‘best’ method \(\Rightarrow\) alphabetical pairing
- Ex: « Control » emerged as a concept
  - Cheung: events overwhelm carers \(\rightarrow\) no control
  - Harris: satisfaction of carers who developed a routine \(\rightarrow\) control
- Return to the texts: no concept forgotten
5. Translating the Studies into One Another

Categorising the findings

<table>
<thead>
<tr>
<th>Concept 1</th>
<th>Concept 2</th>
<th>Concept 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>quote (1,1)</td>
<td>quote (2,1)</td>
<td>quote (3,1)</td>
</tr>
<tr>
<td>quote (2,6)</td>
<td>quote (1,2)</td>
<td>quote (2,1)</td>
</tr>
<tr>
<td>quote (4,3)</td>
<td>quote (1,2)</td>
<td>quote (2,1)</td>
</tr>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

Study-specific concept
5. Translating the Studies into One Another

Making the relevance of concepts in each study explicit

The same concept can have different translations according to the study

Ex: « Commitment »

- Adamson: Carers draw on religion and culture and feel duty-bound to care for sick relative
- Lewis: Carers committed to ensuring their elderly receives quality care
6. Synthesising the Studies

Separating out concepts between those which

- describe the caring experience
- influence the quality of the caring experience

Is the quality of the caring experience derived from the concept per se?

Or does the concept influence a higher over-arching concept which directly influences the quality of the caring experience?
7. Expressing the Synthesis

5 attributes

- Relationship between carer and recipient
- Formal support in caring
- Informal support in caring
- Strain
- Role in society
Authors’ Discussion

Limitations of the method

- No consensus on
  - Synthesise different qualitative approaches
  - Synthesise qualitative and quantitative evidence
  - How many studies to include in the meta-ethnography

- vs ethnography and interviews: need qualitative research and less rich
- vs literature review and expert opinion: need familiarity with qualitative methods
Advantages over alternative methods

- An interpretation beyond that obtained from a literature review
- High transparency
- Time needed smaller than that of interviews
- Potential for excluding important attributes lower than that of
  - ethnography
  - interviews/focus group
  - researcher opinion
Discussion
Confusion between themes and concepts

- « A grid was created (...) listing the study characteristics and the themes and quotes »
- « Quotes and themes (...) were categorised using the concepts »

Two issues

- The choice of the development method
- The justification for the genesis of attributes from this method
More than the « sum of the parts »

Translation stage
- Allow to gain familiarity with the general understanding of the phenomenon
What Could be Improved?

- Find an other threshold for the final set to be analysed?
- How to choose papers among those sharing the same characteristics?
- Validation by an expert: relate the methods instead of confronting them.
- Harmonisation needed for the notations.
Further Domains of Application

- Development of *levels* of attributes

- *Dimensions* for quality of life scales
Further Information

Publications:


- **Pound and al.** Resisting medicines: a synthesis of qualitative studies of medicine taking. Social science & medicine. 2005 Jan;61:133-155


- **Mays and al.** Systematically reviewing qualitative and quantitative evidence to inform management and policy making in the health field. J Health Serv Res Policy. 2005 Jul;10(1):6-20