

Using meta-ethnography to determine the attributes for a discrete choice experiment

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INTRODUCTION

The economic foundation for discrete choice experiments (DCEs) is provided by Kelvin Lancaster's work (Lancaster 1966), in which he suggests that, rather than getting utility directly from a good or service, people derive utility from specific characteristics or attributes of the good or service. By investigating the choices individuals make between goods defined by different levels of the attributes, DCEs allow the researcher to observe the relative value attached to the different attribute levels, and the rate at which they trade off the attributes against one another. In this way DCEs are a particularly useful and versatile form of preference elicitation.

DCEs have been increasingly used in health economics to elicit preferences in a range of settings from the design of a vaccination programme (Hall et al. 2002) to the value of informal carer time (Van Den Berg et al. 2005). The first step in carrying out a DCE is the establishment of the attributes of the good or service. Literature reviews, groups discussions, interviews and pre-defined policy questions have all been proposed as methods for determining these attributes (Ryan 1996), with a leading text in the field strongly advocating the use of qualitative methods in developing attributes (Louviere, Hensher, & Swait 2000).

However, despite the recommendation to use qualitative methods, and the need to have attributes appropriate to the study aim, DCEs in health economics are regularly carried out with little justification for the choice of attributes. Although most studies specify the source of the attributes, there is little clarity about how the methods resulted in the particular selection of these attributes (Grewal et al. 2006), or the extent to which these choices may be driven by the preferences of the researchers. The implication is that researchers in health economics may be excluding important components of an individual's welfare from preference elicitation. This is particularly of concern when providing social policy recommendations where health maximisation is unlikely to be appropriate as the sole goal.

One method that has not yet been discussed in relation to attribute development for DCEs is meta-ethnography. Meta-ethnography is a method for combining the results of qualitative or descriptive studies within a particular topic area and thus offers a

means of exploiting existing qualitative research findings in the development of attributes. Meta-ethnography is the qualitative ‘cousin’ of meta-analysis in the sense that it is a technique to combine the findings of a number of studies in a particular area to further, or summarise the knowledge in that area. However the aim of qualitative synthesis is distinct from quantitative meta-analysis, in that it does not entail an aggregation of findings (Campbell et al. 2003). Because it seeks to develop an interpretation of the research that is greater than the ‘sum of the parts’, qualitative synthesis (and meta-ethnography more specifically) is also distinct from a simple narrative or literature review (Campbell, Pound, Pope, Britten, Pill, Morgan, & Donovan 2003).

Meta-ethnography offers several potential advantages over alternative techniques for determining attributes. First, it utilises qualitative research to ensure attributes are grounded in reported experience. Second, by incorporating the findings of a number of studies, it can capture a wider range of responses than using a single primary or secondary piece of qualitative research. Third, because meta-ethnography draws on qualitative research already conducted it is potentially quicker and simpler to carry out than a primary qualitative study, where the need to obtain ethical approval, gain access to informants and conduct interviews all add to the length of time involved in conducting a study.

This paper explores the use of meta-ethnography for attribute development, using a particular case study – developing attributes in relation to the experience of informal care-giving – as an exemplar. The paper begins by describing the general approach taken to the meta-ethnography. It proceeds by reporting, step by step, the process of meta-ethnography, describing its application to the case study. The final section of the paper examines the strengths and weaknesses of this approach relative to alternative methods of developing attributes for DCEs, considering where the use of meta-ethnography might be most appropriate.

GENERAL APPROACH

The meta-ethnography approach was developed by Noblit and Hare, (Noblit & Hare 1988) who propose seven steps for meta-ethnography:

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

These seven steps acted as a guide to the process of the meta-ethnography conducted here, from the beginning (in considering the research question), through to the final expression of the synthesis (in this case, the list of attributes for informal care). The steps proposed by Noblit and Hare offer a structured way of thinking about the process for analysing and combining qualitative research. However, in the original text, the description of the steps is brief, and thus the work conducted here additionally drew on Britten et al.'s synthesis of qualitative studies of medicine taking (Britten et al. 2002) to interpret the individual steps and methods of comparing the findings of studies.

STEP-BY-STEP PROCESS

1. Getting started: choosing the scope of the investigation

The aim of the meta-ethnography was to create attributes for a DCE, which in turn would be used to determine utilities attached to the characteristics of informal care for older people. A priori the characteristics of informal care were unknown, so the aim was to synthesise research that would uncover the areas over which carers (particularly for older people) displayed strong preferences.

2. Deciding what is relevant to the initial interest: selecting the studies to analyse

The selection of studies to be synthesised was a relatively lengthy and complex process. It consisted of; (i) setting inclusion and exclusion criteria; (ii) planning and conducting the search; (iii) sifting the papers to select the final set.

Unlike quantitative meta-analysis, where the aim is to include all relevant studies (Egger, Davey Smith, & Phillips 1997), for meta-ethnography there is a trade-off between obtaining a high number of studies to make the interpretation rich and potentially generalisable, and obtaining a low number to make synthesis simpler and to avoid generalising over disparate areas of research. Consideration should be given to the audience for the synthesis, in particular what they will be interested in, and what they will understand (Noblit & Hare 1988). A variety of techniques exist for searching for qualitative research for synthesis, but there is no consensus on a ‘best’ approach (Finfgeld 2003).

In this study there were several debates over which research to include, and which to exclude. These are summarised in figure 1, below:

Figure 1 - Setting exclusion criteria for the literature search

Issue	Debate	Decision
Quantitative studies	Quantitative studies may add additional information, and a priori there is no reason to exclude them. However, our investigation of meta-ethnographies found none that included quantitative studies.	Exclude on the basis that quantitative research (in questionnaire form) pre-specified the attributes, which this research aimed to uncover.
Multiple qualitative methods	Some researchers don't support synthesising findings from different qualitative approaches, because the data are handled in different ways (Walsh & Downe 2005).	Include on the basis that most studies used interviews and presented their findings in a common format.
Secondary research	Additional useful information may be generated through secondary research, however basing the meta-ethnography on this would remove the results further from the original data and context.	Exclude on the basis that primary research is available and thus there was no need to risk being too far removed from the original findings.
Different groups of carers and recipients	Greater heterogeneity in the sample would potentially make the findings harder to synthesise, but would provide a richer and more representative base for the attributes.	Include , on the basis that the possibility of having too few studies would be minimised and the resulting sample would be more generalisable across different groups of carers.

To meet the inclusion criteria the study should investigate the preferences of carers, without specifying the attributes for these (i.e. by conducting interviews with open questions). As familiarity was gained with the research it became clear that these sort of studies were those that investigated the ‘experience’ of carers, that is, by carers talking about the things that were important to them, that made their life difficult, or that made their life pleasurable.

Searching systematically for qualitative, as opposed to quantitative research posed additional problems. First, there is a tendency for the titles and abstracts to be less precisely written, and as a result online keyword searches may miss large numbers of useful studies. Second, qualitative research is often published in book form, which is less likely to be indexed in online databases. These issues were dealt with by adopting a wide search strategy. This consisted of:

- Two online ‘key word’ literature searches
- A hand search through all articles in five key journals, for the last five years
- Advice from researchers in the field
- Citation tracking.

Two online searches were conducted. The first focussed on identifying papers that mentioned ‘preferences’ and variants of ‘older people’ and ‘informal care’ in the title or abstract. The second looked for papers that mentioned a qualitative approach such as ‘phenomenology’, ‘ethnography’ or ‘grounded theory’ as well as ‘older people’ and ‘informal care’. The second search was conducted because there was a concern that many studies that contained useful information about understanding carers’ preferences would not contain terminology relating to preferences in the title or abstract.

A range of medical and social science search engines were used. Figure 2 presents the results of the searches. It is worth noting that while there was substantial overlap between the results within a search from different search engines (e.g. Medline and Embase), there was little overlap between the two searches, reflecting in part the problem of identifying the ‘right’ qualitative literature through an online search.

Figure 2 – Results of systematic literature search

Search engine	References	
	First search	Second search
Medline	167	215
Cinahl	97	273
Embase	142	63
Econlit	2	0
PsychInfo	300	207
ASSIA	56	51
Sociological Abstracts	99	289
Sigle	0	1

The number of papers identified from the online search was then reduced on the basis of reading through titles and abstracts to 30.

Five journals (Social Science & Medicine, Qualitative Health Research, Age and Ageing, Aging and Society and Sociology of Health and Illness) were searched for relevant papers from January 2001 onwards by checking the contents of each journal and investigating the abstracts of studies that appeared from the title to be relevant to the inclusion criteria. Nine additional studies were identified.

Advice from a fellow researcher who had previously conducted primary and secondary qualitative research in this field was one of the most fruitful sources of information, and a number of papers not identified through the online or hand searches were identified on her recommendation. Finally citation tracking was used but this did not identify any further references. The studies identified through the different search techniques were combined and considered for the final synthesis.

There is no clear guidance about reducing the initial set of papers to a smaller set for synthesis. One leading researcher in the field has suggested that no more than 10 studies should be included, and where more than 10 are identified; "... a clearly defined and purposeful sampling strategy to set tighter boundaries for the synthesis" should be employed (Sandelowski, Docherty, & Enden 2005). On the other hand

syntheses of up to 43 studies have been conducted (Paterson, Thorne, & Dewis 2005). Following the initial search, four options were considered for selecting the final set of papers. The advantages and disadvantages of each option were assessed, and a summary table is shown below in figure 3:

Figure 3 – Options for selecting the final set of studies for the meta-ethnography

Approach	Advantage(s)	Disadvantage(s)	When applied / suggested
i. Tightly defined search strategy	Identify only a small set of studies and so no need for additional sift.	May not identify enough papers, or may exclude potentially useful research. Sometimes it isn't easy to narrow search area, while maintaining coverage of all types of publications.	
ii. Synthesise all identified papers	Draws on large amount of material, without excluding any potentially useful studies. No need to draw up any sifting criteria.	May lose arguments / findings of individual studies. Depending on final number could be very time-consuming.	(Beck 2002a; Beck 2002b; Paterson, Thorne, & Dewis 2005)
iii. Preliminary set of mini syntheses	Draws on large amount of information. No need to develop sifting criteria. May produce interesting findings on sub topics as well as overall research question.	Time consuming. Final expression of synthesis is at least two stages removed from the source material. May not be possible to subdivide research question easily into topics.	(Pound et al. 2005)
iv. Additional sifting criteria / purposively sample to reduce number	Conduct synthesis on a small set of studies – more consistent with qualitative paradigm. Allows focus on the studies that add most value.	Selection and application of sifting criteria may be perceived as subjective, and potentially useful research may be excluded from the synthesis.	(Campbell, Pound, Pope, Britten, Pill, Morgan, & Donovan 2003)

The decision was taken to follow option iv, which offered the opportunity to consider a diverse range of studies in a synthesis of limited complexity.

After rejecting quantitative papers and secondary qualitative research (primarily the books) there were 44 studies. It was decided that these should be purposively sampled to gain a sample that was (i) manageable, i.e. less than ten, but (ii) diverse across a range of study characteristics. This is akin to maximum variation sampling, often used in interviews where the researcher aims to maximise the diversity of their study base. A priori there was no way to know whether carers' experiences would differ across population sub-groups so demographic and medical characteristics were used as the basis to seek variation across. These characteristics were: gender of carer; ethnicity of

the carer and recipient; the relationship between carer and recipient; and the disease or ailment that the recipient was suffering from.

In the end nine studies were selected for the meta-ethnography. These studies reflected a significant amount of the variation in study characteristics observed in the entire sample. This list is shown below in figure 4 (with full references in the appendix).

Figure 4 – Studies initially included in the meta-ethnography

Study	Carer gender	Relation	Ethnic group	Caring for people with (who are)
Aberg	Both	Anyone	Not specified	(Very old)
Adamson	Both	Relative	Black/ S. Asian	Dementia
Baker	Both	Anyone	Minorities	HIV (women)
Cheung	Both	Spouse	Not specified	Multiple Sclerosis
de Graaf	Both	Relative	Turkish/ Moroccans	Terminal illness
Harris	Male	Spouses	Not specified	Alzheimers
Lewis	Female	Daughter	Not specified	Not specified
McGarry	Both	Relative (carers > 75)	Not specified	Not specified
Neufeld	Female	Relative	Not specified	Not specified

3. Reading the studies: recording the study characteristics, themes, and key quotes

After carefully reading the nine studies it became clear that three of the studies were unlikely to add much value to the synthesis, despite initially looking attractive from their study characteristics. The Aberg study investigated what carers believed was important for the people they were caring for to live a fulfilling life. The focus of the study was not on carers' preferences per se, but their interpretation of the recipients' preferences (or their preferences on behalf of the recipients). The de Graafe study focused on carers' preferences for home care for their terminally ill relative, and therefore pre-specified the attribute of interest. Finally the Neufeld study focused on the methodological issues of using a card sort¹ on informal carers, and further, a card sort to purely investigate carers' perceptions of the support they receive. There was

¹ The researcher provides the respondents with a set of cards and asks them to sort them, for example into piles, to represent their feelings about the statements on the cards.

very little information to draw on about their general preferences. All three studies were dropped for the final synthesis.

The main concern after dropping these studies was that some of the richness of the sample would be lost. However, by referring back to figure 4 it can be seen that after taking out the three studies, diversity still remained in the sample in terms of all four areas of the study characteristics.

The first stage of the analysis of the studies' findings was consistent with the approach taken by Britten et al (Britten, Campbell, Pope, Donovan, Morgan, & Pill 2002). A grid was created for the remaining six studies, listing the study characteristics and the themes and quotes. The template used for the grid is shown below in Figure 5. The aim at this stage was to note down the concepts and quotes that stood out in each study, using the study characteristics as context. At this stage the concern was not how the studies related to one another.

Figure 5 – Reading the studies: template for results

	Adamson	Baker	Cheung	Harris	Lewis	McGarry
Title						
Year						
Carers						
Recipients						
Analysis methods						
Research methods						
Location						
Concepts						
Quotes						

4. Determining how the studies are related: identifying common themes

The next step was to begin to develop an idea of how the studies related to one another, and what concepts were relevant to carers in general, rather than just those in a specific study. A number of methods exist for comparing studies, but in the absence of any 'best' method, the studies were paired alphabetically so there were three pairs for comparison. A similar method for comparing studies is used in a recently

published meta-ethnography (Pound, Britten, Morgan, Yardley, Pope, Daker-White, & Campbell 2005).

Concepts and quotes were compared between the two studies, as in the following example, where the Cheung and Harris studies were paired. In the Cheung study carers suggested that events were overwhelming them (e.g. *"I'm very worried about the future. The way it is now, the future is really out of my hands"*). In the Harris study carers reported the positive side of developing a routine (e.g. *"No one takes better care of her than I do. I have set up a system that works."*). Both of these quotes appeared to emphasise the importance to carers of having control over their lives. Control emerged as a concept through the comparison of studies, rather than directly from reading an individual study.

Following the identification of these concepts, a coding exercise was conducted. The initial texts were re-read and each passage of the findings was related to a concept generated earlier in this stage (through the pairwise comparisons), or in the previous stage (in the initial reading). Where a passage of a study appeared to relate to more than one concept, it was coded as such. Where none of the concepts appeared relevant, a new concept was created, that was felt to most accurately describe the passage.

5. Translating the studies into one another: categorising the findings

This was the second stage in relating the findings of the studies to one another. Quotes and themes from the individual studies were categorised using the concepts identified in stages 3 and 4 through a qualitative technique known as a descriptive account. By directly juxtaposing the specific quotes it was possible to start building up a greater understanding about how the six studies related to one another and which were the common themes, and which were study-specific themes. Text was added around the quotes, indicating how they related to one another. At this stage the overlap and relationships between the themes and studies became more apparent. Religion, for example, was an important concept in its own right but it was closely related to other themes such as instilling a sense of commitment and duty in the carers, as well as providing them with strength, and a social outlet.

The second stage of the translation involved an attempt to be explicit about the relevance of the concepts in each individual study. A second grid was produced, this time with the concepts as the rows and the studies as columns. In each of the boxes in the grid the interpretation of the concept in the context of the study was listed. Where the concept received no mention, an assessment was made of why this was. The completed grid is too large to present here, but by way of illustration, the transposed entries for the concept, ‘commitment’ are shown below in Figure 6.

Figure 6 – Translating the studies into one another

Study	Meaning of ‘Commitment’
Adamson	Carers draw on religion and culture and feel duty-bound to care for sick relatives. Family role is prominent.
Baker	Carers draw on past relationship and desire to support recipient following diagnosis in stating commitment.
Cheung	Commitment appears natural. Carers focus on making caring environment better (social activity, accessing services).
Harris	Committed to caring for wives because they love them and feel they would do the same for them.
Lewis	Carers committed to ensuring their elderly parent receives (quality) care.
McGarry	Elderly carers are committed to maintaining continuity of caring relationship and will sacrifice their own health to do so.

6. Synthesising the studies

For each concept a line of argument was created. Essentially this was an interpretation of the meaning of that concept to carers in general (Campbell, Pound, Pope, Britten, Pill, Morgan, & Donovan 2003). For commitment the line of argument was:

“Carers are committed to the recipients. Commitment often stems from their cultural beliefs about duty, or from a close ongoing relationship.”

The aim was to cover the main issues identified in the individual studies. Although the emphasis in the interviews was often different between the studies, there was a high level of consistency between the nature of the responses. There were no serious contradictions, and as a result it was possible to develop lines of argument that were not refuted by any individual studies. Additionally, at this stage it was clear that some

concepts contained more than one distinct idea (e.g. respite care and institutionalisation) and these were separated.

The final stage of the synthesis involved moving from the individual concepts of the studies and the interpretation of them for carers in general to a list of the key attributes of the caring experience. The way this was approached was to think about the concepts that *described* the caring experience; and those that *influenced the quality* of the caring experience. Some concepts, for example love, feature under both headings. Figure 7 below shows the list.

Figure 7 – Influences upon, and descriptions of, the caring experience

Influence the quality of the caring experience	Describe caring experience
Religion	Commitment
Family role (support)	Family role (pre-determination)
Reciprocity	Burden (duty)
Burden (fatigue, ill health, emotional burden)	Social norms
Stigma	Continuity
Respite care	Challenging
Benefits	Uncertainty
Workplace flexibility	Love
Information & support	Freedom
Social and physical activity	Impacts on others outside carer-recipient dyad
Adaptation	
Control	
Love	
Freedom	

The first column was the natural one to use to base the attributes upon. Carers implicitly demonstrated preferences based on their own experience of these attributes (e.g. they were pleased because they had a close family for support, or they were dissatisfied because they could not get the quality of respite care which they sought).

The next stage was to think about how these concepts linked together and could be formed into attributes. Consideration was given to whether satisfaction was derived from the concept per se, or the influence of the concept upon a higher over-arching one (i.e. when satisfaction was derived from a religion, what exactly it was about the religion that was producing the satisfaction?). This process was similar to the

approach taken in a recent study to develop attributes for quality of life of older people (Grewal, Lewis, Flynn, Brown, Bond, & Coast 2006). In this case the process was a highly iterative one involving re-reading the interpretations of the concepts and sketching possible links between the concepts.

7. Expressing the synthesis

In the end a schema for explaining the influences of quality of the caring experience was devised. This consisted of a central list of five over-arching direct influences on the quality of the caring experience, which in turn were influenced by many of the other factors identified earlier. This is presented below in figure 8 (the numbers in parentheses refer to the main concept the secondary influence is linked to).

Figure 8 – Schema of quality of caring experience

Secondary influences	Direct influences on quality of caring experience	Secondary influences
Reciprocity (1)	<i>1. Carer-recipient relationship</i>	Love (1)
Workplace flexibility (2)	<i>2. Formal support</i>	Information (2) Respite care (2, 4)
Religion (3) Social network (3)	<i>3. Informal support</i>	Family (3)
Burden and health (4) Stigma (4,5)	<i>4. Strain</i>	Control (4) Freedom (4)
	<i>5. Role in society</i>	Social activity (5) Physical activity (5)

The five areas that directly influence the quality of the caring experience provide the basis for the attributes. From figure 8, it can be seen that these cover the key concepts that recurred throughout the paper. From earlier work at stages 3, 4, 5 we can be relatively sure these attributes cover the material in all the papers and do not contradict, in any substantial way any of the responses. Finally, the ‘sorting’ exercise in stage 6 filtered out concepts that were descriptions of the caring experience, rather than influences on the quality of the caring experience.

The five proposed attributes of informal care are therefore:

1. Relationship between carer and recipient
2. Formal support in caring
3. Informal support in caring
4. Strain
5. Role in society

DISCUSSION

A large amount of qualitative literature exists in healthcare but is rarely used for experimental design in discrete choice modelling. This paper demonstrates that meta-ethnography provides a practical method for utilising qualitative research to create the attributes for a DCE for informal carers. By using a relatively small sample of papers and constantly comparing and analysing the findings within the papers, familiarity is gained with the findings, and an interpretation of the research can be generated beyond that from a literature review or single piece of primary research.

There are many contentious issues with using meta-ethnography. The very idea of taking qualitative research out of context and synthesising it, is anathema to some researchers (Sandelowski, Docherty, & Enden 2005). While even amongst the ‘synthesists’ no consensus exists on whether it is reasonable to (i) synthesise research from different qualitative approaches; (ii) synthesise qualitative and quantitative evidence together; or (iii) set an upper limit on the number of studies included in a meta-ethnography.

The implicit assumption made here is that researchers should provide a justification for the attributes they use in a DCE. If this is accepted the logical next step is to select the method most appropriate for the context. In this case, it was argued that meta-ethnography provided the best approach. Potentially it would be a suitable approach in other cases too. The criteria likely to be considered in selecting the most appropriate method for generating the attributes include: familiarity with qualitative methods, availability of qualitative research in the field and available time for the research. These factors are considered in turn for some potential approaches to generating attributes in figure 9.

Figure 9 – Feasibility of selected approaches for generating attributes for DCEs

Approach	Familiarity needed with qualitative methods	Availability of qualitative research	Time needed
Ethnography	High	None	Long
Interviews/ focus group	Medium	None	Long
Meta-ethnography	Medium	Needs some qualitative research to draw on	Medium
Literature review	Low level	Needs many studies to draw on	Medium
Researcher opinion	None needed	None	Short

It is worth reflecting on the robustness of the attributes produced through each method. Below, figure 10 considers each of the methods proposed for developing attributes in terms of aspects of the quality of the attributes. The following areas are proposed as aspects of quality which the researcher would be interested in: (i) transparency (the clarity of the process for arriving at the attributes); (ii) scope (the range of responses the attributes will be based on); (iii) richness (a measure of the depth of the research); (iv) bias (the potential for excluding important attributes); and (v) policy suitability (whether the attributes will be fit for purpose).

Figure 10 – Assessment of selected approaches for generating attributes for DCEs

Approach	Transparency	Scope	‘Richness’	Bias	Policy suitability
Ethnography	Potentially high	Medium	Very high	Potentially through ‘one-shot’ nature	Suitable when attributes are unknown
Interview/ focus group	Potentially high	Medium	High	Potentially through ‘one-shot’ nature	Suitable when attributes are unknown
Meta-ethnography	Potentially high	Medium/ High	Medium/ High	Low	Suitable when attributes are unknown
Literature review	Potentially high	High	Medium/ Low	Low	Suitable when attributes are unknown
Researcher opinion	Low	Low	Low	High	Acceptable if answering specific policy question

The aim of figures 9 and 10 is provoke thought and discussion about the most appropriate way to generate attributes for a DCE. Doubtless there will be other methods available for creating attributes and other factors to consider when selecting the most appropriate method. The argument presented here is that researchers should be explicit about how they selected the attributes for a DCE and why they chose the method they did.

Issues for discussion

We would welcome discussion from HESG-CES about:

- Whether meta-ethnography is a good method for establishing attributes
- How meta-ethnography compares to other methods for establishing attributes
- Your views on whether the attributes of informal care seem realistic and comprehensive

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Appendix: 9 studies entering the meta-ethnography (6 included in the synthesis are in bold)

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