

The 11th Advances in Qualitative Methods Conference
October 7–8, 2010, Vancouver, Canada

Advances in Qualitative Methods

Abstracts

International Journal of Qualitative Methods
Volume 9, Issue 4

December 2010

Understanding Home Dialysis Service Usage: A Systematic Review Using Meta-ethnography and Rational Choice Theory

Lori Harwood

University of Alberta/ London Health Sciences Centre

Alexander M. Clark

University of Alberta

Chronic kidney disease (CKD) is increasing globally, and the treatment is costly. Home dialysis has economic and quality of life benefits, yet usage remain low. An important means to increase home-based dialysis services is to better understand why patients do/do not select it as their preferred option. This systematic review examined dialysis modality decision making for individuals with CKD using meta-ethnography. This poster presentation will present the findings of the review in the context of rational choice theory. After a systematic search, 15 studies met the inclusion criteria (containing data from: 404 patients with varying stages of CKD). Across all the studies reviewed, decisions about dialysis contained elements of rational choice theory as decision making was in response to the nature and context of the patient's life. Dominant themes across decisions were (a) The illusion of choice, as patients perceived they were not given a choice of modality however, for those who were given a choice this decision was of great significance—a matter of life or death; (b) minimization of the intrusiveness of dialysis on quality of life, autonomy, values and sense of self; and (c) decision making was not done in isolation; knowledge and support were essential. These findings emphasize the need for health policy and programs to support planned and timely discussions about modalities in which home-based dialysis is presented as a viable option.

Immigrant and Aboriginal Women's Experiences of Maternity Care Services in Canada: A Narrative Synthesis

Gina Higginbottom

University of Alberta

Myfanwy Morgan

King's College London

Christine Kenney

University of Alberta

Jayantha Dassanayake

University of Alberta

Paulette Tremblay

National Aboriginal Health Organization

Yvonne Chiu

Multicultural Health Brokers Co-op

Ellen Gabriel

Quebec Native Womens Inc

Joan Forgeron

Royal Alexandra Hospital

Canada currently experiences large-scale immigration and increasing ethnocultural diversity. Both immigrant and Aboriginal women may be regarded as vulnerable populations, as difficulties can exist with access to and navigation of health services and more specifically maternity care services. Challenges to overcome may include poor access to culturally appropriate care, ineffective cross-language/communication, and discriminatory practices. A recent quantitative survey of maternity care services failed to provide representative data from immigrant and Aboriginal women. Our multidisciplinary and multicultural team asks "What are the experiences of immigrant and Aboriginal