Workshop – realist methods in context

Richard Byng and Cath Quinn

Antwerp January 2017

This study was funded by a National Institute of Health Research (NIHR) Programme Grant for Applied Research (PGfAR) The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

This research was supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South West Peninsula at the Royal Devon and Exeter NHS Foundation Trust (PenCLAHRC). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.
OUTLINE

• Prison leavers project
• Why realist research?
• Aims:
  – Introduce the realist HSR map
  – Propositions for realist working
• Questions of clarification
• Try out the map in pairs
• Discussion
Why realist research?

Scientific basis:

• Layers of reality, interrelated
• Mechanisms of causation can be present but not always realized – whether triggered can depend on context

Potentially useful for:

Complex interrelated social, psychological and biological systems

When controlling the environment is not just impossible but will stop us understanding effects
Propositions

Based on:

Intervention can be evaluated in terms of how participants ‘reason in response to resources’ the mechanisms. (Pawson and Tilley, 1997)

And also:

- Health care systems can be understood in this way
- Interventions can be designed with this in mind
Main outcome of: individual’s changes in thinking, beliefs, behaviour, capacity, biological health
Builds on previous work

- Whole system causal thinking (MacFarlane et al, 2011)
- Outcomes are likely to be the result of multiple mechanisms interacting/adding and series of sequential CMOs produce more downstream (and upstream) effects (Byng et al, 2004)
- Two step models organization to practitioner to individual (Pearson et al, 2015)
- The concept of intervention ‘dose’ and that outcomes may be graded (Dalkin et al, 2015) – and that heterogeneity/context may partially explain this graded response
- Heterogeneity is key - practitioners and patients/individuals experience and respond to resources in different ways. Eg their capacity or innate responses vary
A realist ‘map’ of the HSR terrain

a. Key interactions and underlying mechanisms lead causally toward primary outcomes of concern - but causal paths are fluid and unpredictable and also upwards

b. When developing theory - CMOs:
• Worry first about the mechanism and outcome
• The resources and opportunities within mechanisms, could be human, technological or physical space
• The mechanism is the triggering of an innate capacity to respond – reasoned or automatic
• This mechanism therefore influences future thinking, emotions or behavior of individual practitioners and patients – the outcomes of interest
Context – still disputed

Context – could be

a) local geography/system or other external factor with causal influence – eg rurality

b) a (stable) capability (eg cognitive function) within an individual which means they can respond to the resource;

c) a ‘cultural’ influence, affecting habit/thinking (but this, in the next analytic moment might become the mechanism when it has become a mental habit)

The ‘analytic moment’ – having time in mind - and the specific resource being responded to at any moment

And preceding moments in the chain of causation
Engager Practitioner

Individual (with distrust)

Outcome of concern – Trust – to help ensure ongoing engagement in the community
Individual

Engager Practitioner

Outcome of concern – Trust – to help ensure ongoing engagement in the community

Dress differently from prison staff

Listen to concerns rather than focus on problem behaviours

Quick wins in prison
Individual with strained but not broken family relations

**Outcome of concern:** improved relationship with family and confidence to re-engage with them
Outcome of concern: improved relationship with family and confidence to re-engage with them
• Questions of clarification
• Work in pairs
Work in pairs

Consider a situation that you think might fit onto the map:

- Health services project
- Home situation – eg family or friends illness/healthcare
- Work situation

Try to identify

- the resources operating
- reasoning/automated responses being triggered
- Outcomes of interest
- Context that influences – within and outside individual
- Sequences of mechanisms
Main outcome of: individual’s changes in thinking, beliefs, behaviour, capacity, biological health