

*Centre for Advancement in Realist Evaluation and Synthesis (CARES)
Conference 2014*

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Undertaking a realist review for a Ph.D. in public health:

Slow and steady wins the race

Emilie Robert
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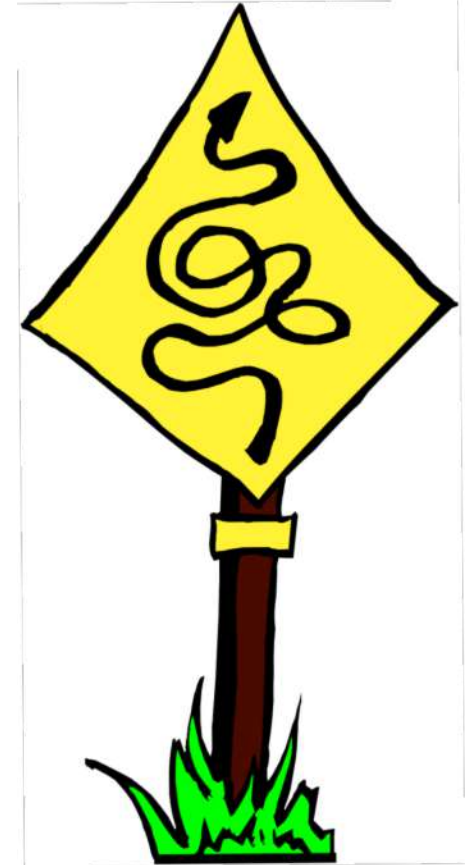
CRCHUM

Centre de recherche du Centre hospitalier de l'Université de Montréal

Outline

Along the winding road to the PhD:

- 1. A few conceptual misunderstandings...**
- 2. Everlasting methodological doubts...**
- 3. Take-home messages**



CONTEXT: An innovative approach

- **What it means:**

“being or producing something like nothing done or experienced or created before”



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- What it means:
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- **What it sounds like:**
Challenges
Discovery



CONTEXT: An innovative approach

- What it means:
 - “being or producing something like nothing done or experienced or created before”*
- What it sounds like:
 - Challenges
 - Discovery
- **What it really meant:**
 - General unawareness of this approach



CONTEXT: An innovative approach

1997 - 2010

- In health research:
 - 10 syntheses using the realist approach
 - 8 empirical studies using realist approach

(Ridde, Robert, et al., 2010)
- Theoretical writings:
 - Epistemology / philosophy
 - Theory-driven evaluation

2014

- In health systems research:
 - 23 syntheses using the realist approach
 - 7 protocols for RR

(Google scholar rapid search)
- Reflexive approach by researchers
- Visibility in HSR symposia (Beijing / Cape Town)

Grasping the scale of the research?

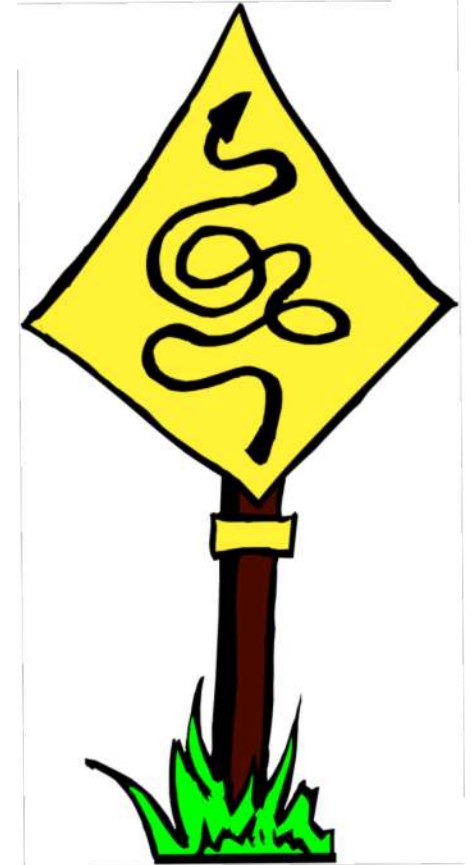
- “*Oh, you are doing a literature review... Is this **enough** for a PhD?*”
- “*Wow, you are conducting a realist review... Isn't that **ambitious** for a PhD?*”



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Plethora of NEW concepts...



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'There is considerable diversity in the way in which the principles were applied' (Marchal et al., 2012)

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DOUBT n° 1

Defining the mechanism(s)

Technical mechanisms	Cognitive mechanisms
Managerial mechanisms	Staff's motivation / satisfaction
<i>Financing and costs</i>	Coping strategies of staff
<i>Management of medicine and material</i>	User / provider relationship
<i>HR management</i>	Users' satisfaction
<i>Supporting measures</i>	Users's perception of the policy outcomes
Communication mechanisms	<i>Perception of outcomes on health</i>
<i>Information / training of staff</i>	

DOUBT n° 1

Defining the mechanism(s)

Technical mechanisms	Cognitive mechanisms
Management systems	Staff /
Financial	of staff
Management and material	relationship
HR	
Service	User of the
Communication mechanisms	possibilities
Information / training of staff	Perception of outcomes on health

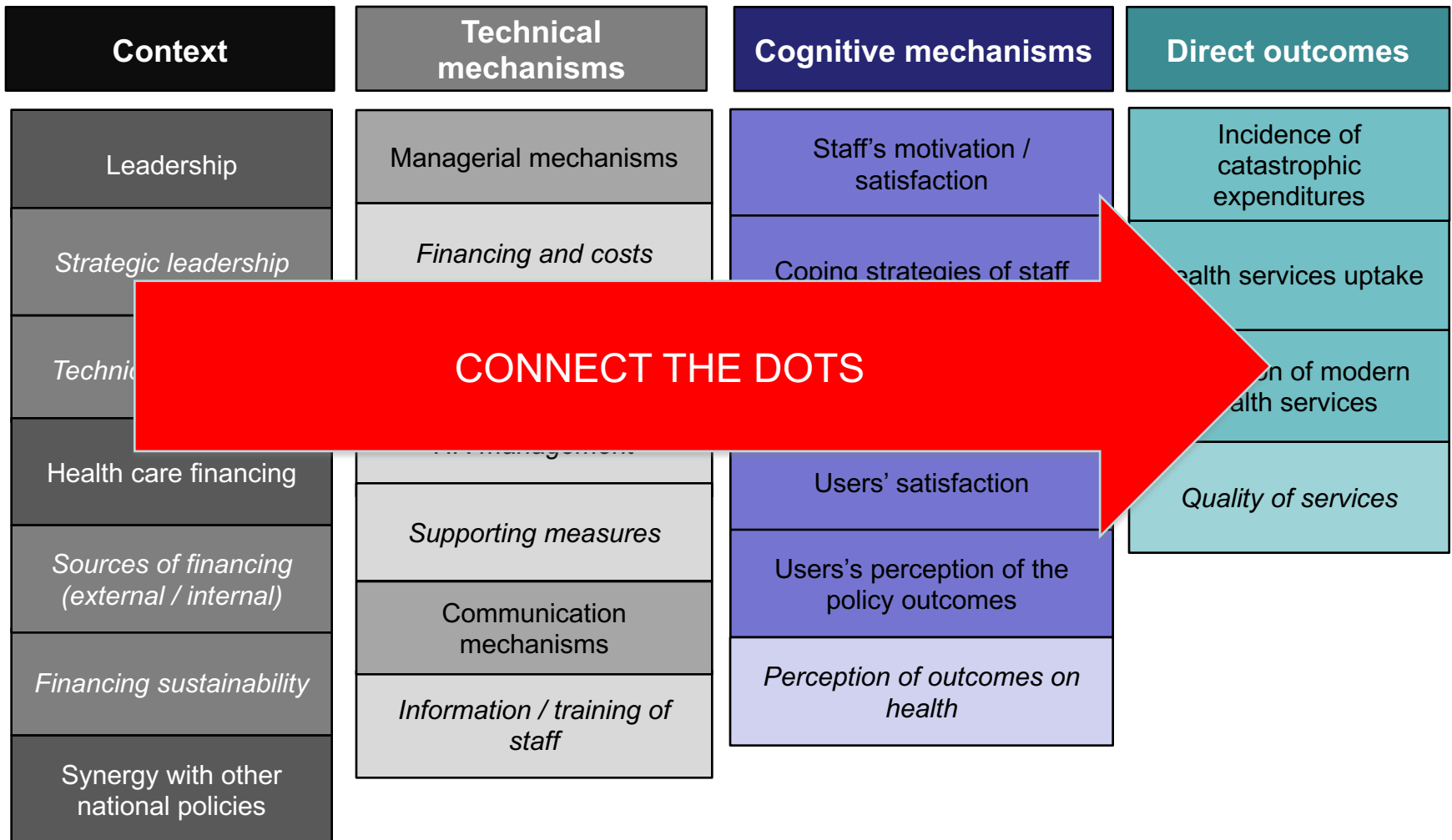
DOUBT n° 2

The grocery list... or the missing link

Context	Technical mechanisms	Cognitive mechanisms	Direct outcomes
Leadership	Managerial mechanisms	Staff's motivation / satisfaction	Incidence of catastrophic expenditures
<i>Strategic leadership</i>	<i>Financing and costs</i>	Coping strategies of staff	Health services uptake
<i>Technical leadership</i>	<i>Management of medicine and material</i>	User / provider relationship	Utilization of modern health services
Health care financing	<i>HR management</i>	Users' satisfaction	<i>Quality of services</i>
<i>Sources of financing (external / internal)</i>	<i>Supporting measures</i>	Users's perception of the policy outcomes	
<i>Financing sustainability</i>	Communication mechanisms	<i>Perception of outcomes on health</i>	
Synergy with other national policies	<i>Information / training of staff</i>		

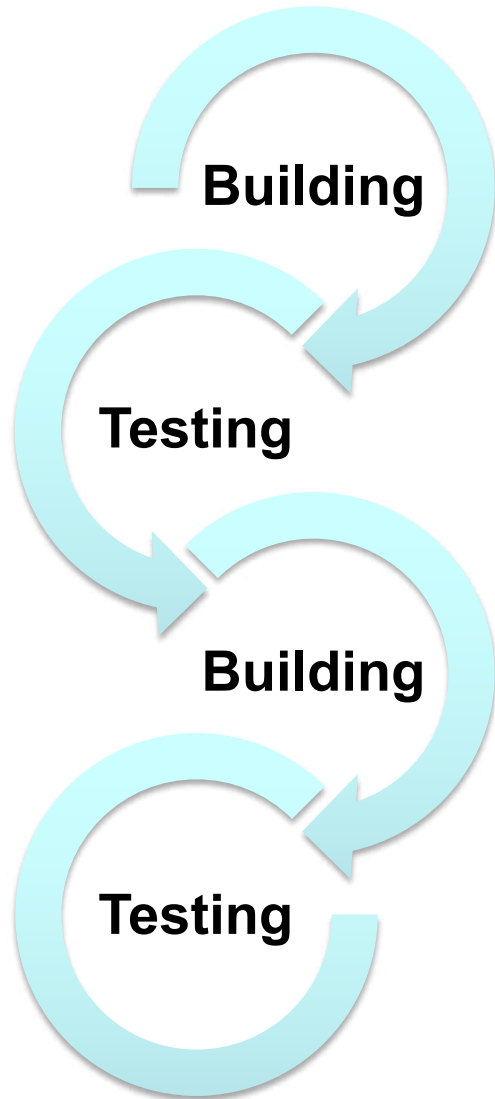
DOUBT n° 2

The grocery list... or the missing link



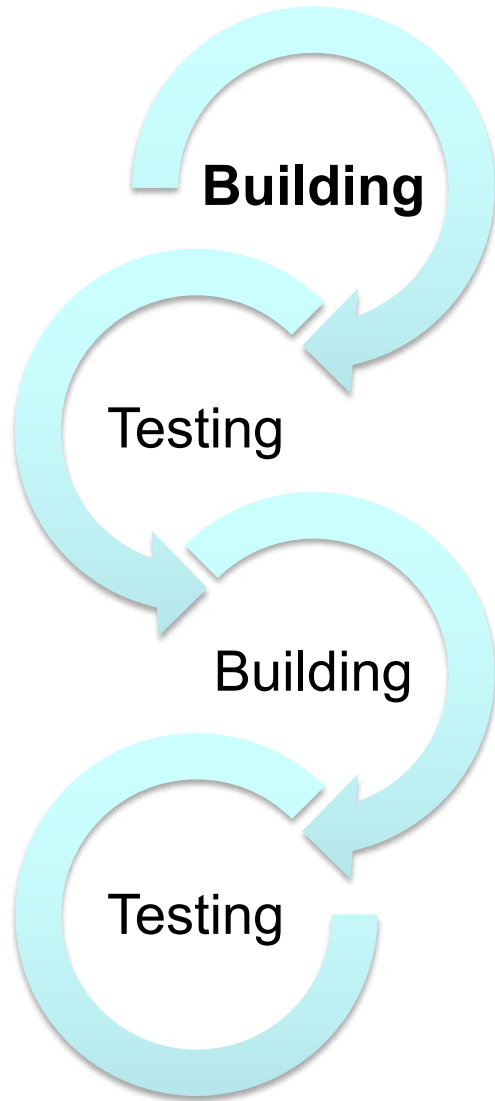
DOUBT n° 3

Theory building or theory testing?



DOUBT n° 3

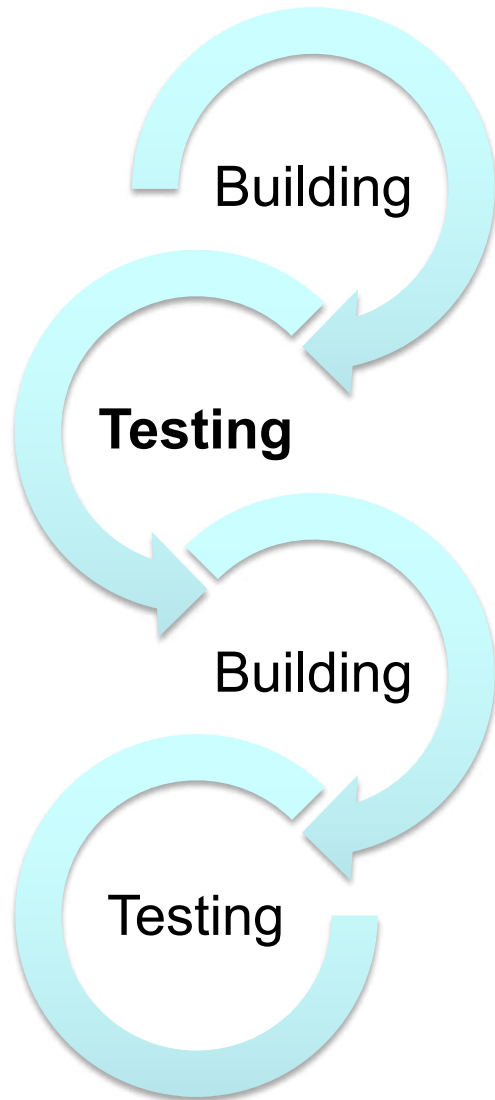
Theory building or theory testing?



1) *Intervention theory of UFEP*

DOUBT n° 3

Theory building or theory testing?

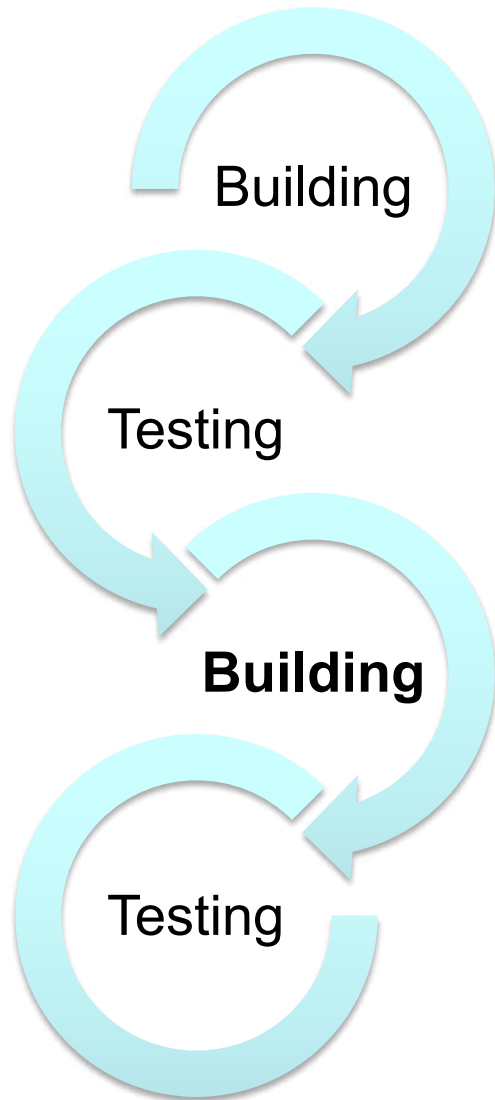


1) *Intervention theory of UFEP*

2) *What are the mechanisms?*

DOUBT n° 3

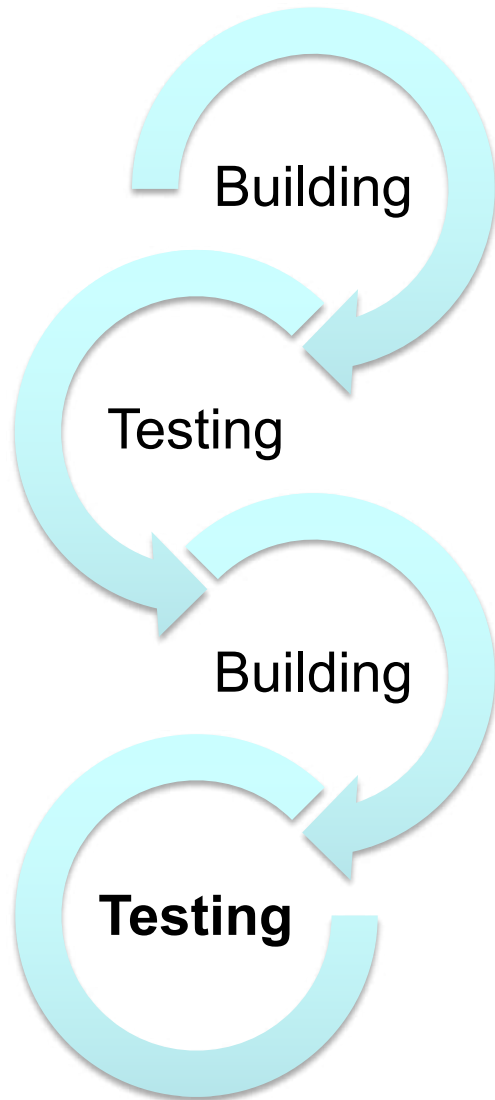
Theory building or theory testing?



- 1) *Intervention theory of UFEP*
- 2) *What are the mechanisms?*
- 3) **Users:** *Access to care and healthcare seeking behaviours*
- 4) **Practitioners:** *Coping strategies and street-level bureaucracy*

DOUBT n° 3

Theory building or theory testing?

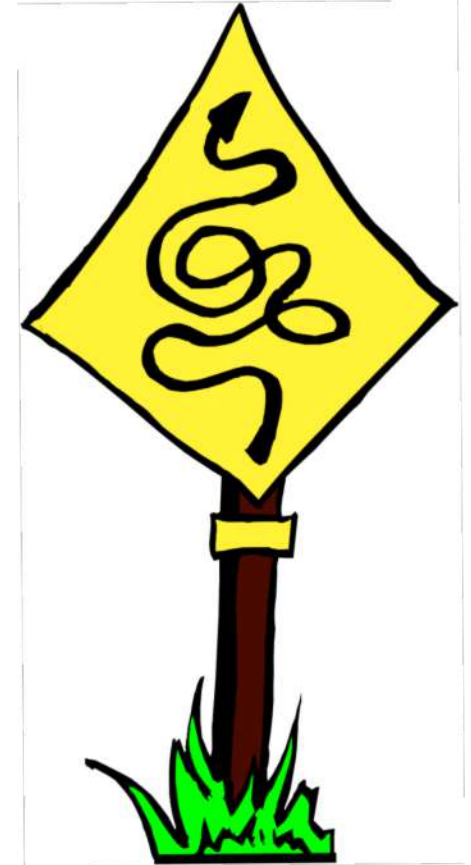


- 1) *Intervention theory of UFEP*
- 2) *What are the mechanisms?*
- 3) *Users: Access to care and healthcare seeking behaviours*
- 4) *Practitioners: Coping strategies and street-level bureaucracy*
- 5) ***What theory?***

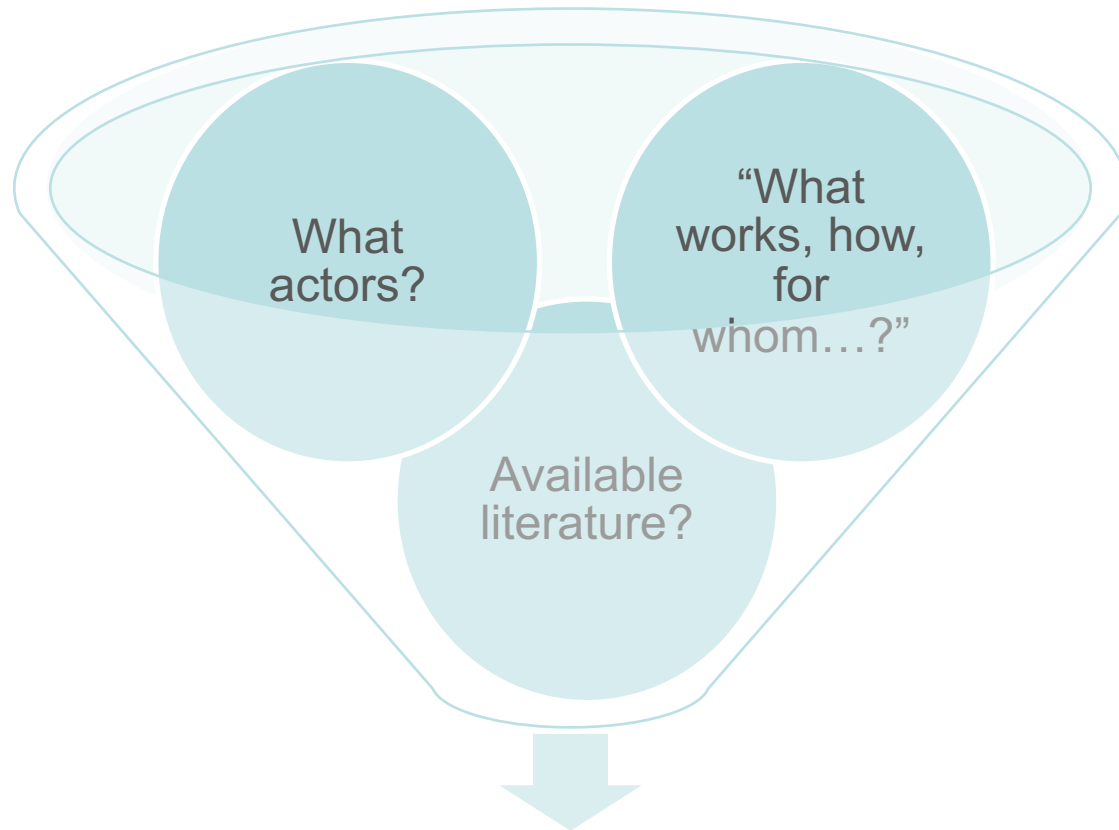
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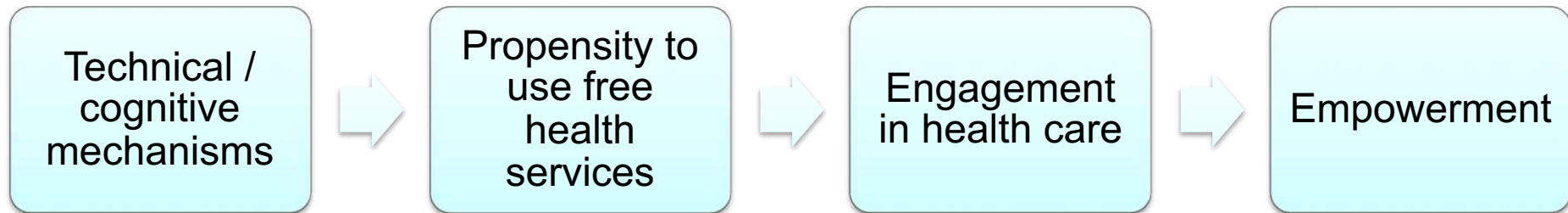
From the research question to the research object (or the other way round?)



How does removing part of the financial barrier to access to care influence healthcare seeking behaviours of users?

In quest of the mechanism(s)

- A mechanism is a theory.
- A mechanism is invisible.
- A mechanism can be passive (**NEW!**).

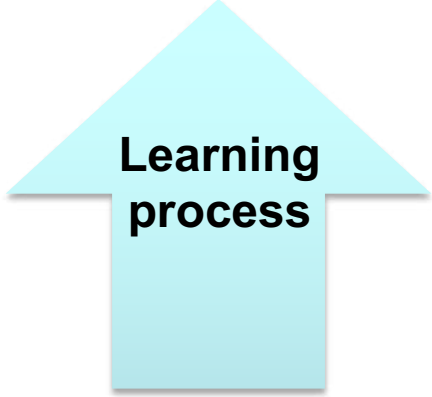


Collaboration vs. learning process?



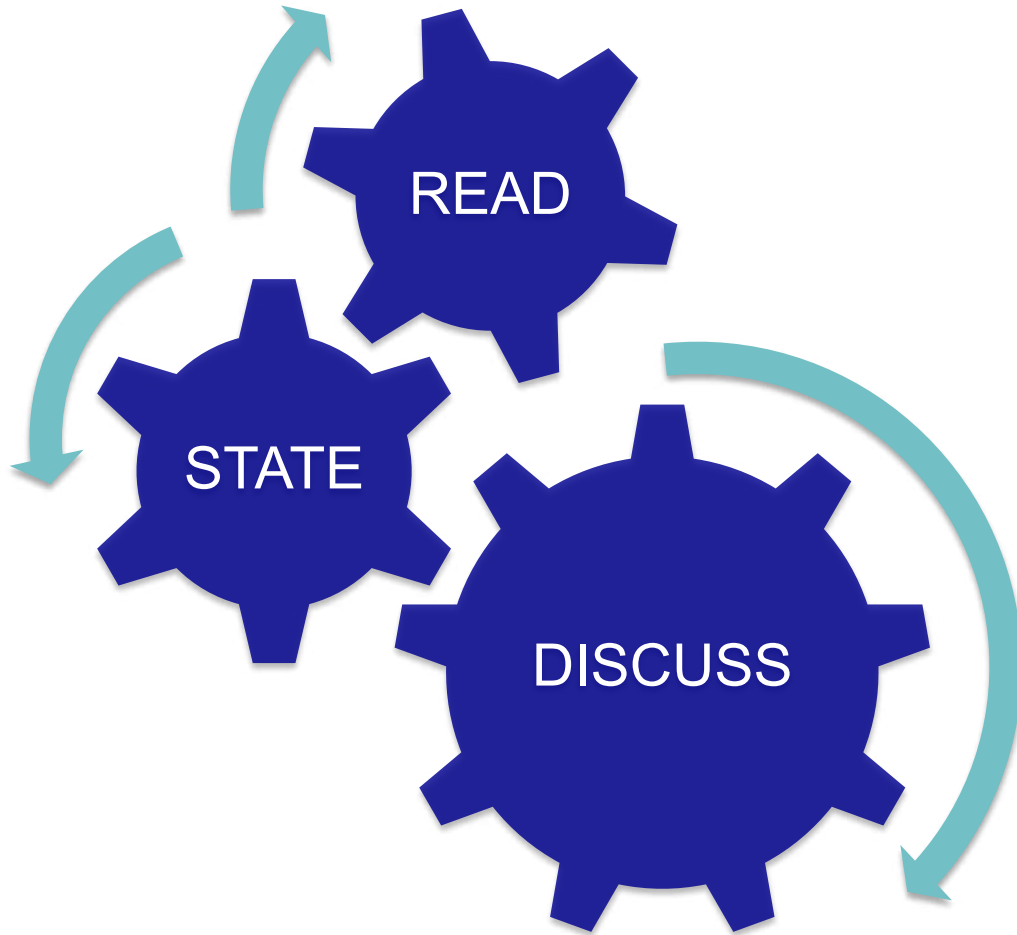
Collaboration

- Define and set up the collaboration process.
- Find time and money for effective collaboration.

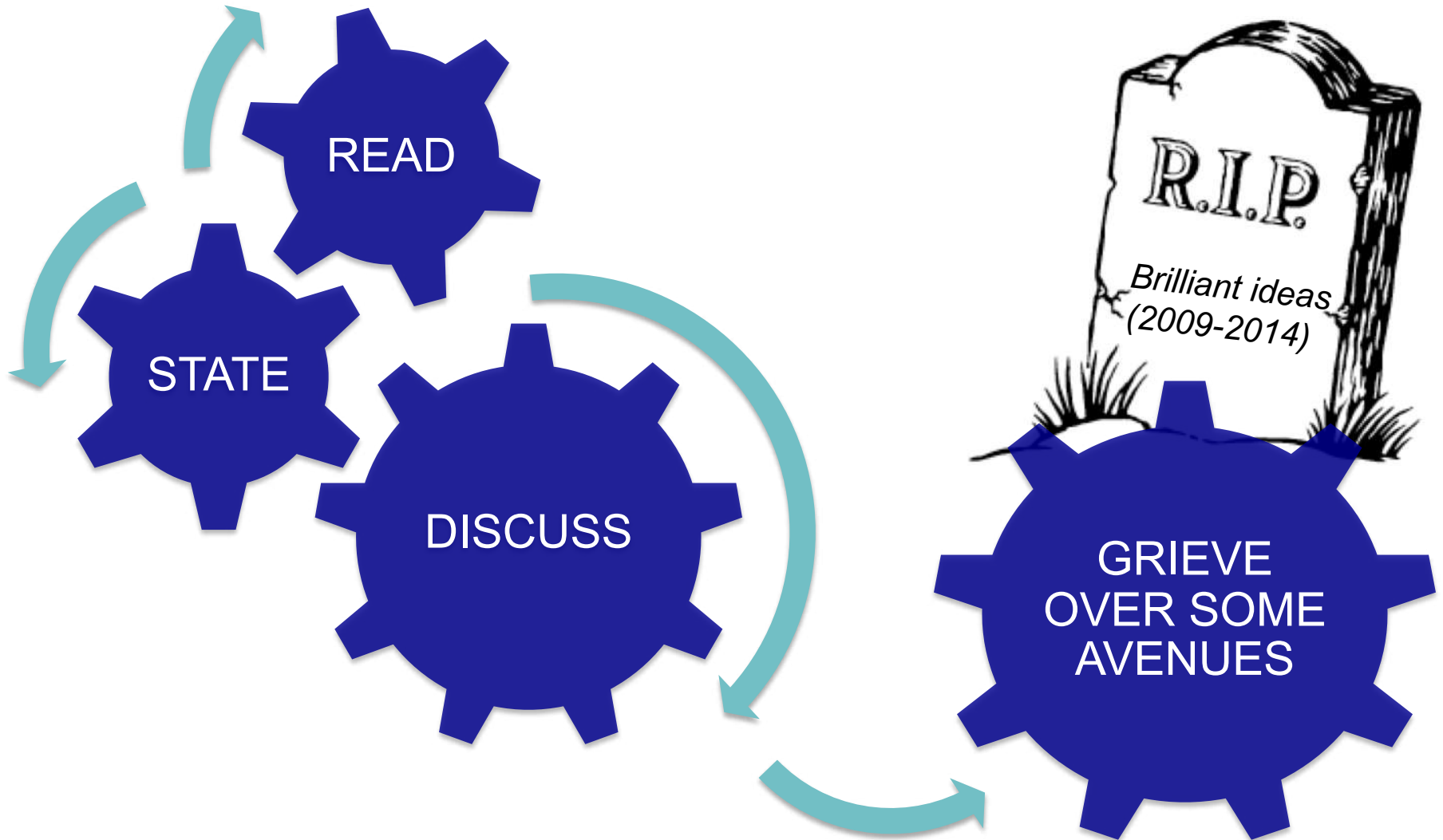
- 
- Understand and apply the concepts.
 - Respect the timing and constraints of the PhD process.

**Learning
process**

Lessons learnt



Lessons learnt



Planning ahead

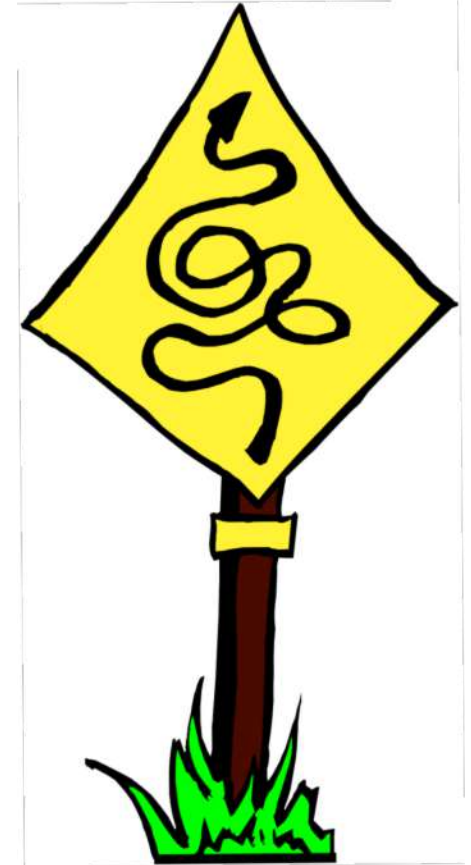
- Initial suggestion: June 2010 – June 2011
- Reality check: adaptation, choice and flexibility
- What are you looking at? For what purpose?



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Take-home messages for PhD students



Ensure to be part of a team that has expertise and hands-on experience of realist inquiry.



Take time to think and reflect on learning, and be aware that thought process can be long.



Favor a 'small-steps' approach in order to pass through the various stages of the RR.

Take-home messages for capacity building



Promote the teaching of the realist approach in methodology / evaluation courses.



Engage in existing networks of realist 'experts' (RAMESES , SHaPeS), and pursue reflexive process.



Popularize / demystify the approach among peers, students, and policy-makers.



**Remember that
SLOW AND STEADY WINS THE RACE**

Special thanks



- Valéry Ridde
- Justin Jagosh, Pierre Pluye and the PRAM team
- Geoff Wong

For their helping me push my boundaries, reflect on my journey, and get to better understand the realist approach.



Emilie Robert is a Ph.D. student in public health at the University of Montreal and a senior fellow of the Global Health Research Strengthening Program, funded by the Canadian Institutes of Health Research and the Population Health Research Network of Quebec.

Her doctoral thesis is supervised by **Valéry Ridde**, associate professor at the Department of social and preventive medicine at the University of Montréal.

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