



# Investigating interventions and phenomena with a realist lens: critical realism and realist evaluation in action

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# Organization of the session

- 1) Why is there an interest in critical realism and realist evaluation?
- 2) What are the fundamentals of critical realism?
- 3) What are the differences between critical realism and realist evaluation?
- 4) How were these approaches used in health research?

# **WHY AN INTEREST IN CRITICAL REALISM AND REALIST EVALUATION?**

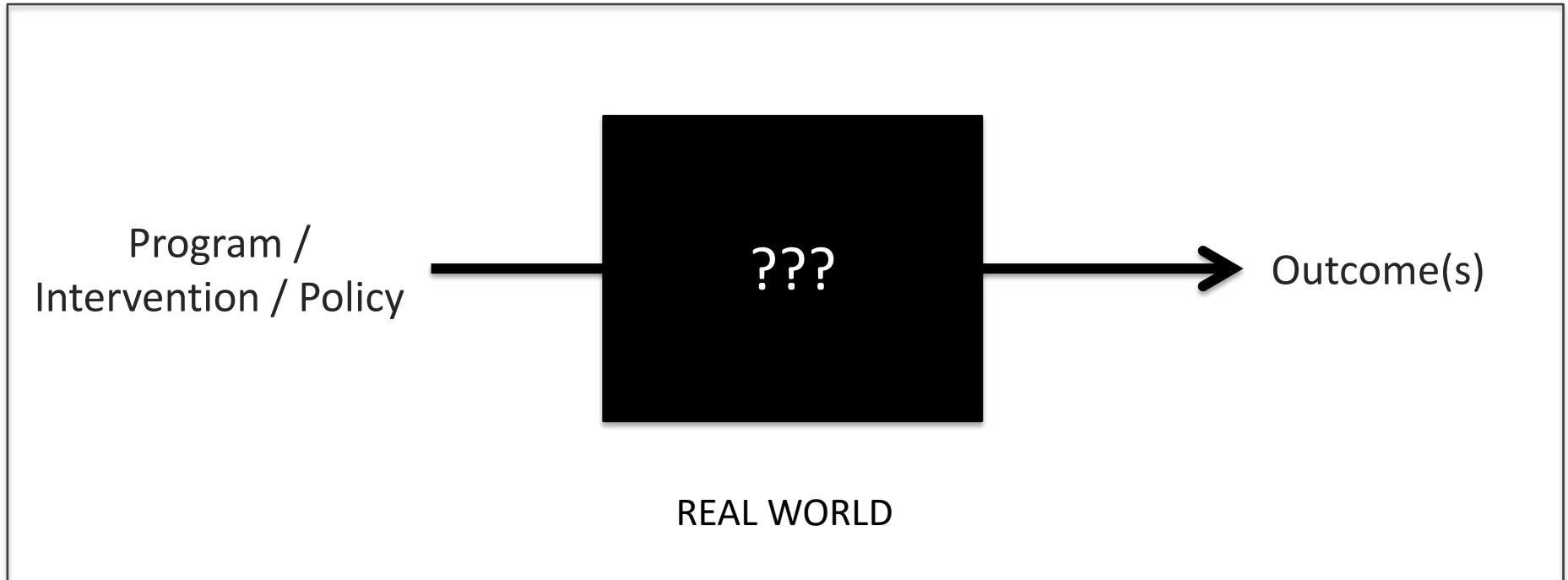
# Evolution of health research

- Definition of **health**: from the “absence of disease” to a “state of complete physical, mental, and social well being”
- Field of **public health**: interventions & policies targeting social determinants of health with a population health perspective
- Field of **health system** : beyond a functionalist perspective, towards a complex, dynamic and actor-oriented perspective

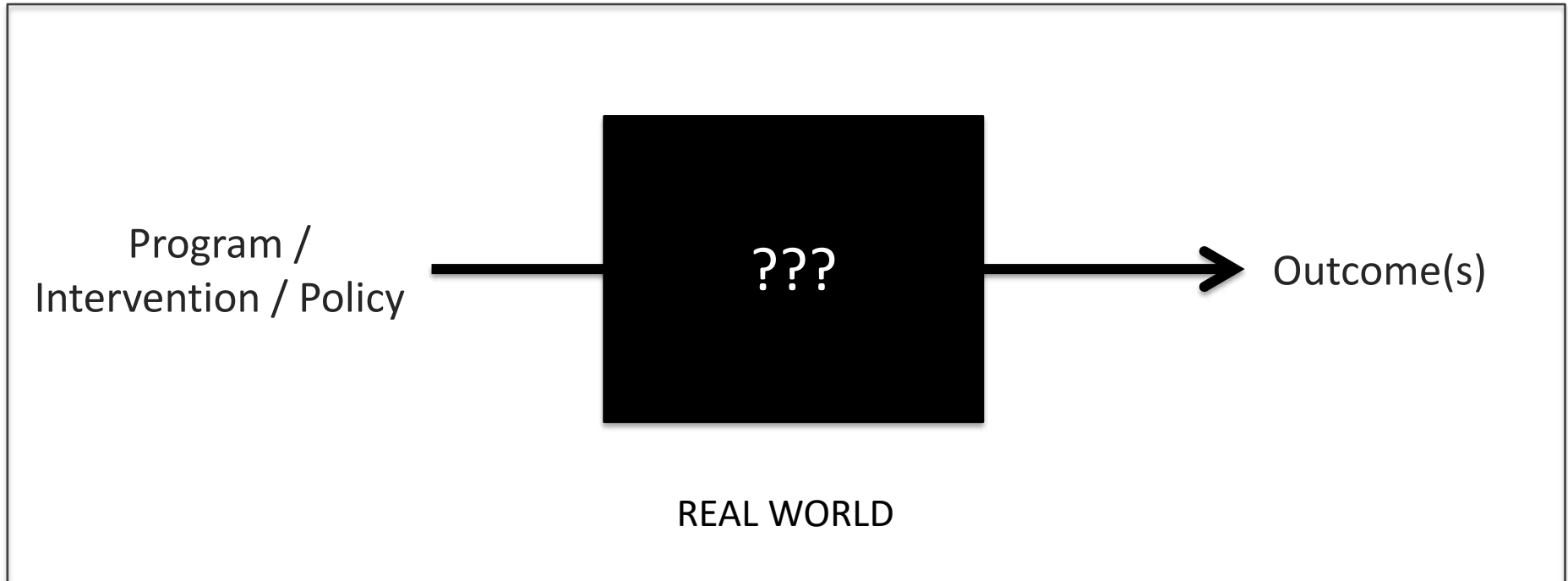
# The black box



# The black box



# The black box



Superiority of biomedical  
paradigm being questioned



Emergence of the paradigm of  
complexity

# The multiple & diverse objects of critical realist research in the health sciences

- To evaluate user fee exemption policies
- To understand healthcare seeking behaviours
- To evaluate heart health programmes
- To document and reconstruct the voices of homeless immigrant women



# The various realist lenses

Realist evaluation

Scientific realism

Constructive realism

Critical realism

Subtle realism

Experiential realism

Natural realism

Neo-realism

Emergent realism

Artful realism

Transcendental realism

# **THE FUNDAMENTALS OF CRITICAL REALISM**

# Where does critical realism stand?

	<b>Positivism</b>	<b>Postpositivism</b>	<b>Constructivism</b>
<b>Ontology</b> (what is the nature and form of reality?)	<b>Naive realism</b> Reality is assumed to exist.	<b>Critical realism</b> Reality is assumed to exist but only imperfectly apprehendable.	<b>Relativism</b> Not one reality but realities that can be apprehendable in the form of mental constructions.
<b>Epistemology</b> (what can be known?)	Objectivist « Replicable findings are true »	Objectivity is an ideal. « Replicable findings are probably true »	Findings are « value-mediated ».
<b>Methods</b> (how to acquire knowledge?)	Experimental and manipulative (laboratory settings)	Inquiry in natural settings Triangulation as a way of falsifying.	Transactional inquiry requiring a dialogue btw the inquirer and the subjects of the inquiry

# Critical realism

## Ontology

(nature and form of reality)

- The external world exists **independently** of our sense experience, ideation, and volition.

## Epistemology

(nature of the relationship between the researcher and knowledge)

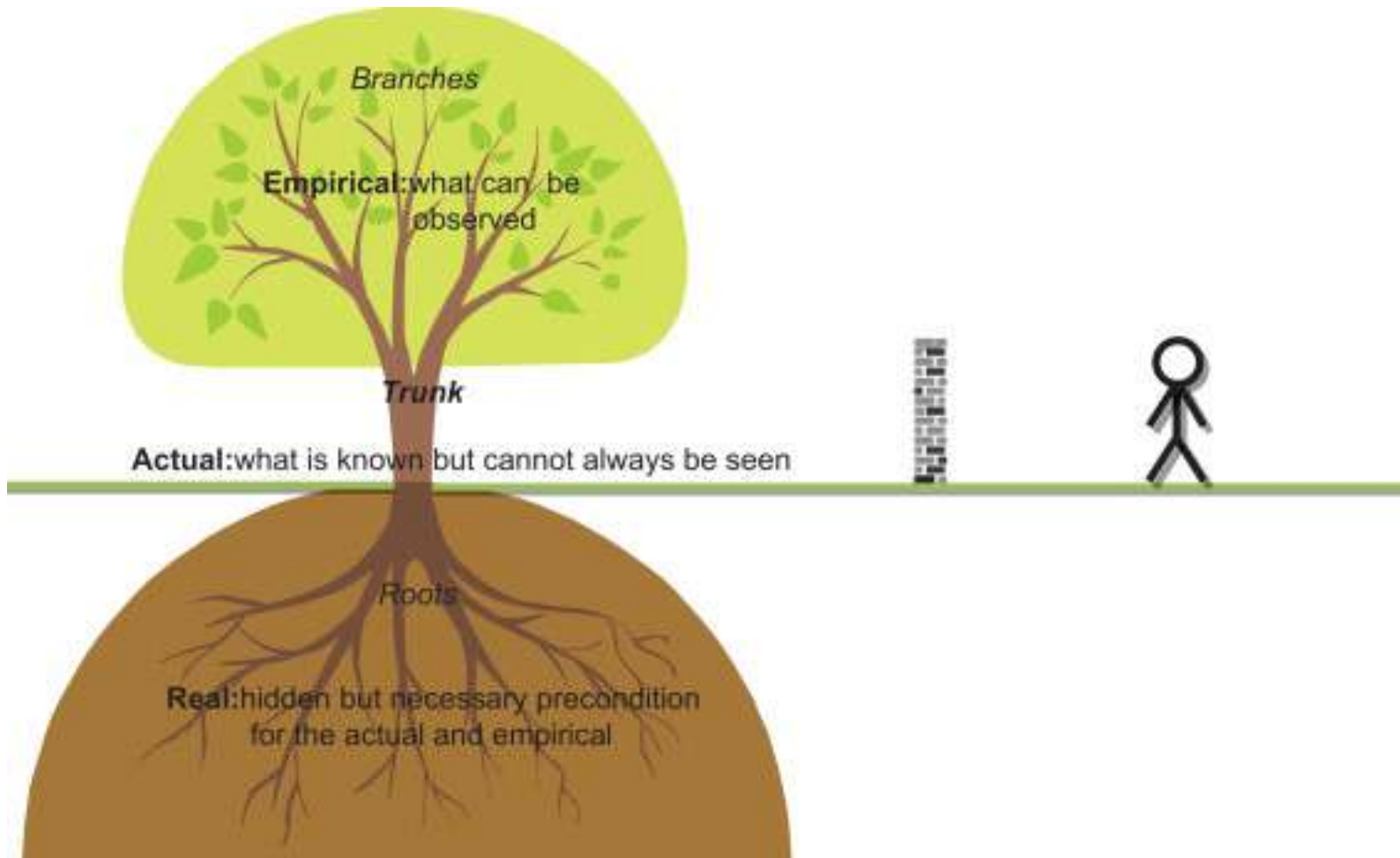
- The external world is only perceptible **through our senses.**
- Our knowledge of it is thus partial and progressive.

## Method

(research means to acquire knowledge)

- Research takes place in **natural contexts.**
- It takes into account the **emic perspective.**
- Both quant. & qual. methods are useful.

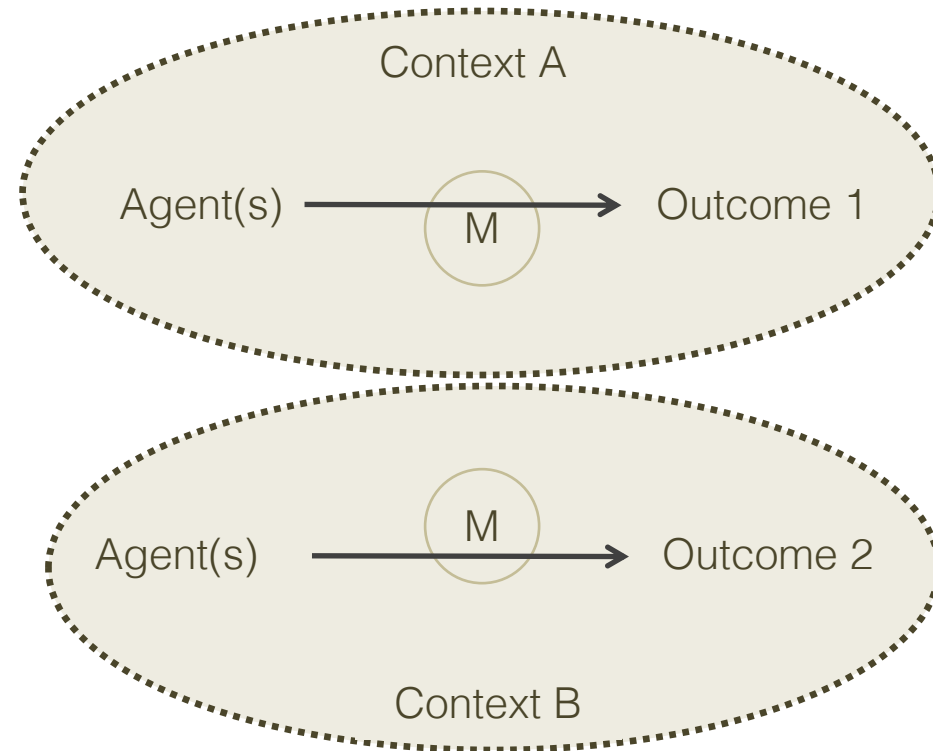
# Three ontological domains



Source: Walsh and Evans, 2013 (adapted from Dyson and Brown, 2005)

# A generative vision of causation

- **Agents** create change or maintain *status quo* through their actions, reactions and behaviours.
- All actions, behaviours, interventions, or changes take place at a certain time, in a certain **context**.
- There is no permanent laws, nor systematic pattern of outcomes.
- There are **regular** occurrences of an outcome in a specific context through the firing of a **mechanism**.
- Generative mechanisms = « **causal powers of things** » (Bhaskar, 1998)



# The concept of mechanism



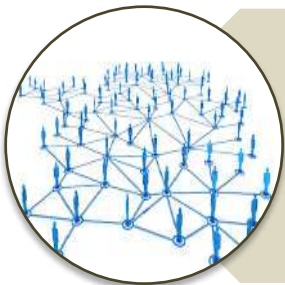
## **A mechanism is hidden but real.**

Existing prior to the intervention, but latent, a causal mechanism reveals itself during implementation of the intervention within a given context. Sensitive to the variations of context, it produces outcomes.



## **A mechanism is an element of reasoning and reactions of (an) individual or collective agent(s)**

in regard of the resources available in a given context to bring about changes through the implementation of an intervention.



## **A mechanism evolves within an open space-time and social system of relationships.**

It interacts with other mechanisms, with the context and with the outcomes it itself produced (feedback loop).

# **CRITICAL REALISM VS. REALIST EVALUATION**



# Realistic or realist evaluation?

- **“Real”** :  
The objects of realist evaluation are policies and programs that are implemented in the real world.
- **“Realistic”** :  
The objective is to answer realistically to the questions of users of the evaluation results.
- **“Realist”** :  
It is rooted in critical realism.

# Realist evaluation in action

## Research object

- Social interventions with a complexity lens
- Multiplicity of outcomes, processes, stakeholders

## Research focus

- Processes and chains of processes, and their outcomes
- Interactions between agents and structures
- Explanatory research

## Research objectives

- To understand how an intervention works, in what contexts with what outcomes
- To understand the diversity of outcomes produced by the same intervention in different contexts

# Added value of realist evaluation

- Adaptation and popularization (?) of the fundamentals of critical realism to the practice of evaluation and synthesis
- Heuristic tools (e.g. C-M-O configurations)
- Oriented towards methodological issues (although more work is needed)
- Explicit roots in theory-based evaluation

# Issue 1: Structure or context?

## Bhaskar (philosopher)

- Structure & Agency as core concepts
- Distinction btw « the genesis of human actions, lying in the reasons, intentions, and plans of human beings, on the one hand; and the structures governing the reproduction and transformation of social activities on the other »  
(Bhaskar, 1989, cited by Porter, 2015)
- « structures are defined as the **macro-level determinants** of behaviour » (Goby and Clark, 2013)

## Pawson (evaluation researcher)

- A more pragmatic vision of structural forces / resources
- « I have opted for different terminology and chosen to call (structural resources) 'contexts'. I have done so because it is not just 'big structures' that enable or constrain the outcomes of social interventions. **Context is layered.** » (Pawson, 2016)
- Closer to a public health perspective : « any factor that impinges on the context in which health is produced »
- **Proximal causes** rather than macro-level causes

## Issue 2: Critical realism or critical realism?

### Bhaskar

- Scientific inquiry has an **emancipatory** and critical potential.
- « The aspirations of critical realism have a ring of utopianism to them » (Porter, 2015)
- Links with feminist approaches to epistemology (Choby and Clark, 2013; Hordyk et al, 2014), and emancipatory practice development (Wilson and McCormack, 2006)

### Pawson

- Realist evaluation has no emancipatory purpose.
- « If (researchers) want to do realist evaluation – then a modest, intelligent and sceptical commitment to the principles of objectivity and value-neutrality must remain the goal. » (Pawson, 2016)
- Cook and Campbell : « critical » means take a critical stance regarding our own **values**, research approach and results, following the principle of falsificationism.

# **CRITICAL REALISM & REALIST EVALUATION IN 'ACTION'**

# Evaluating user fee exemption policies

- **Research question:**
  - How do UFEPs enhance use of public healthcare services?
- **Sub-questions:**
  - In what contexts do UFEPs facilitate use?
  - Through what mechanism(s)?
- **Two main steps:**
  - 1) To propose a realist intervention theory
  - 2) To test the theory

# Evaluating user fee exemption policies

## **A realist intervention theory inspired by Sen's capability approach**

“By making public healthcare free, UFEPs empower users with an additional resource, enabling them to make strategic choices according to their needs (**mechanism**). This contributes to improve healthcare access (**outcome**). Users' ability to choose to seek free care is also influenced by structural, local, and individual factors (**context**).”



# Evaluating user fee exemption policies

## The interaction of context-mechanism-outcome

- **Example 1 - Configuration 1**

If public healthcare and medicines are actually free of charge at the point of delivery for targeted users (C), and they are informed about it (C), then users' ability to choose to seek free public health care according to their need is strengthened (M). This improves their access to care (O).

- **Example 2 - Configuration 2**

If health facilities are nearby, or if means of transportation are available (C), then users' ability to choose to seek free public healthcare according to their need is strengthened (M). This improves their access to care (O).

# Understanding free public healthcare seeking

## **Research questions:**

- What other mechanisms lead to free public healthcare seeking?
- In what contexts are they triggered or hindered?
- And how do contexts and mechanisms interact?

## **Example 1 – TRUST / DISTRUST**

If providers demonstrate professionalism and empathy and meet users' expectations (C), then users develop a sense of trust (M) that encourages them to choose to use free public health services (and vice versa) (O).

UFEP implementation failures and pre-existing dysfunctional public health systems undermine relations between users and providers. (C) They contribute to the emergence among users of a sense of distrust toward health service providers (M). This reinforces the bypass phenomenon or the choice of private providers or domestic care (O).

# Understanding and evaluating heart health programmes (Clark et al, 2007)

- **Program** : ‘Patient Pathway’ as part of a regional project addressing primary and secondary prevention and treatment of Coronary Heart Disease
- **Complex program**: individual care and follow-up + multidisciplinary team in primary and secondary sectors

Research questions	Realist focus	Methods
What is the effectiveness of the PP in promoting: programme usage; behavioural change; health...?	Outcomes	QUANT
What factors influence programme participation in patients who: participate? Did not participate?	Mechanisms / contexts and links to outcomes	QUAL. (stratified)
What factors cause favourable or less favourable outcomes?	Mechanisms / contexts and links to outcomes	QUANT
What are the causal pathways associated with different outcomes?	Mechanisms / contexts and links to outcomes	QUAL

# Documenting the voices of homeless immigrant women (Hordyk et al, 2014)

- Qualitative analysis of the « levels of generative mechanisms leading to homelessness in the actual housing and employment context »

<b>Domain of the Real</b>	<b>Domain of the Actual</b>	<b>Domain of the Empirical</b>
Race / Ethnicity	Majority of recent immigrants are people of colour, in contrast with the 'white' majority of Canadians	Discrimination
Class / Income level	Immigrant women – lowest income, lack of credit history of money for downpayment	Exploitation in low paying jobs Difficulty to find adequate housing