

Critical realism & realist evaluation: An overview for everyone

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#IIQMWebinar
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FACULTY OF
NURSING
UNIVERSITY OF ALBERTA





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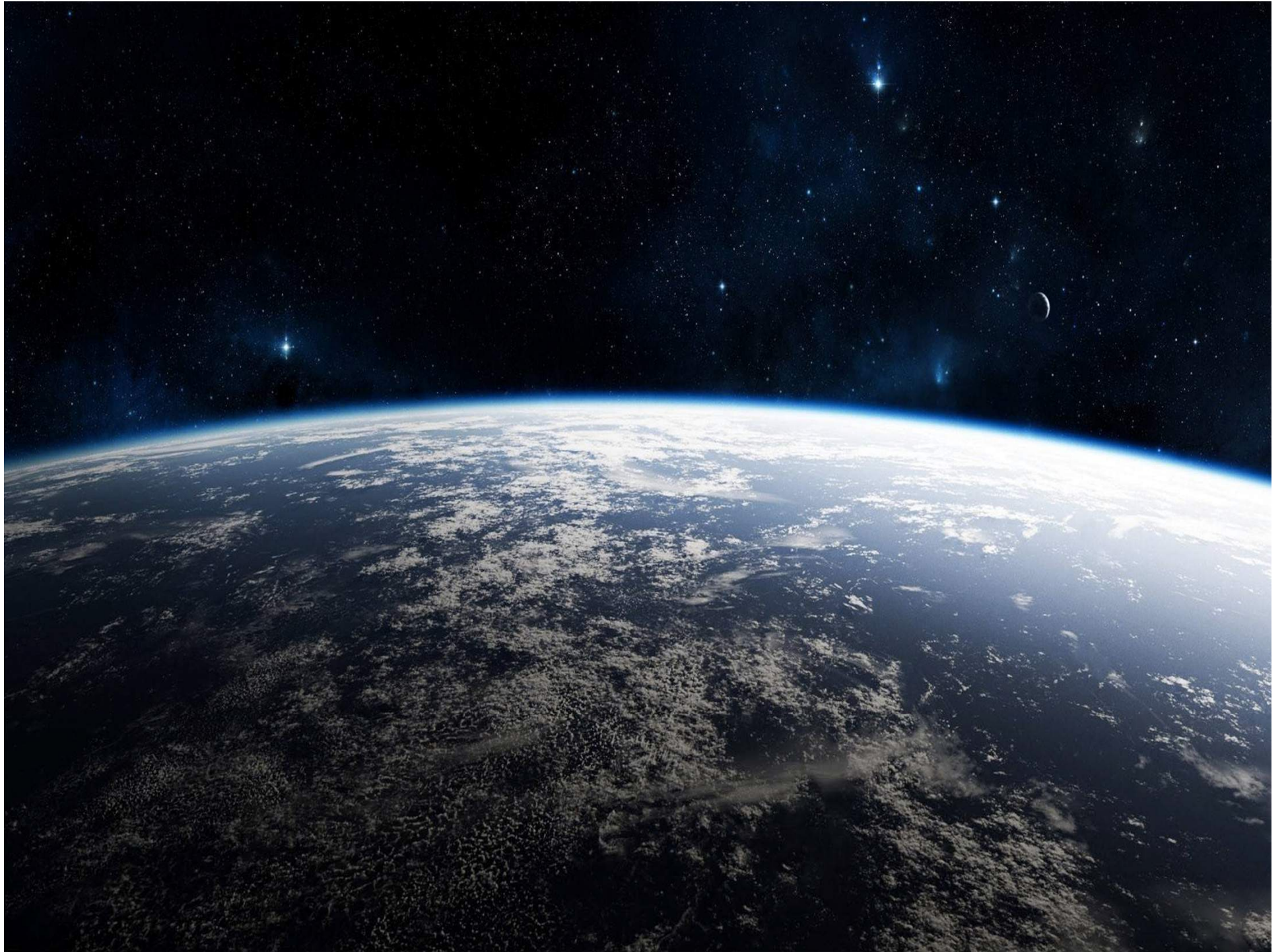
QUALITATIVE HEALTH RESEARCH CONFERENCE 2015

TORONTO - CANADA

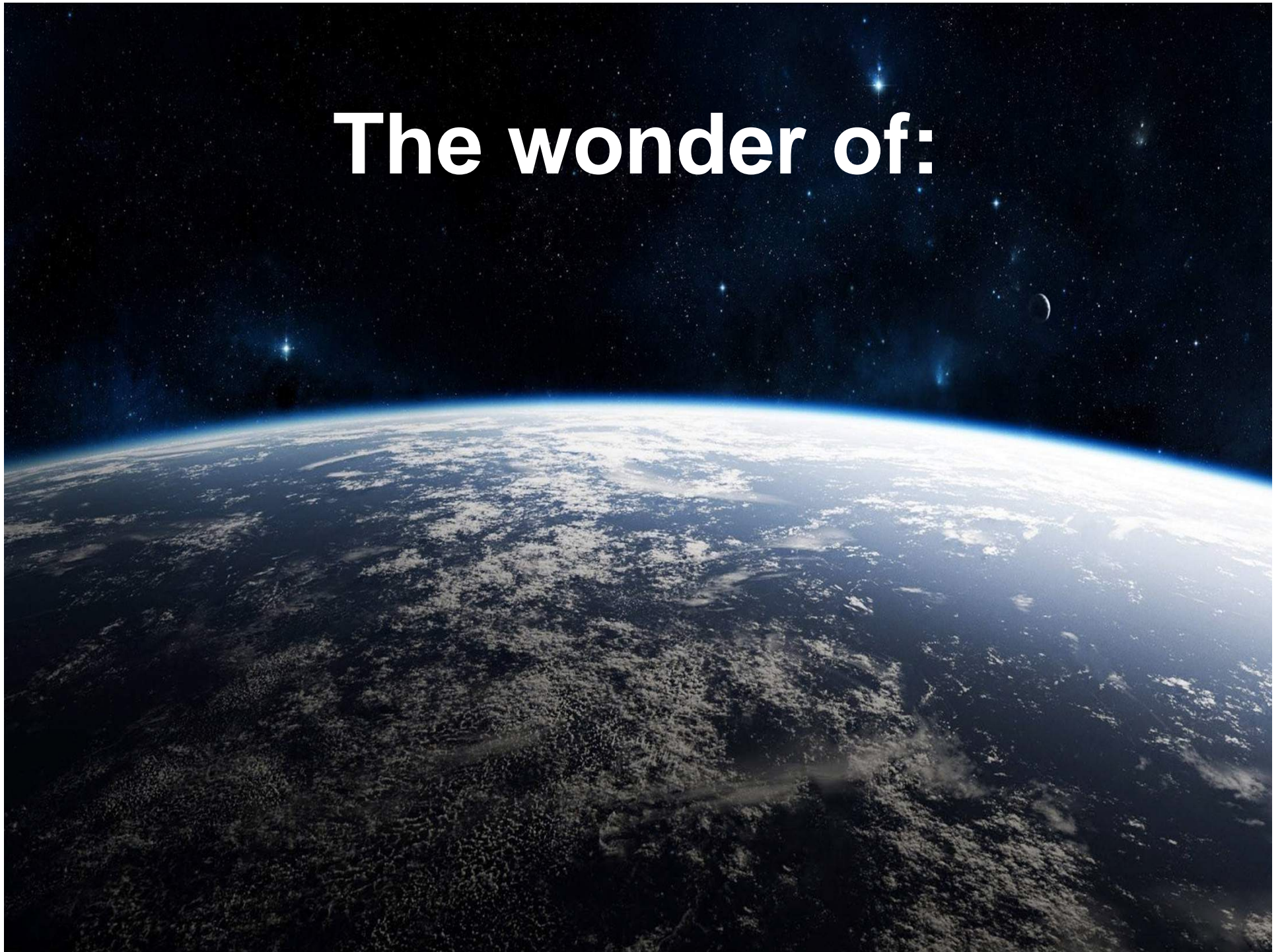


Conference dates: October 19 - 21, 2015
Pre-Conference Workshops: October 17 & 18, 2015
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The wonder of:



Why?



Aims:

1. Cover key concepts
Simple, complicated and complex
2. Overview the tenets of critical realism
3. Discuss the nature and use of
realist evaluation



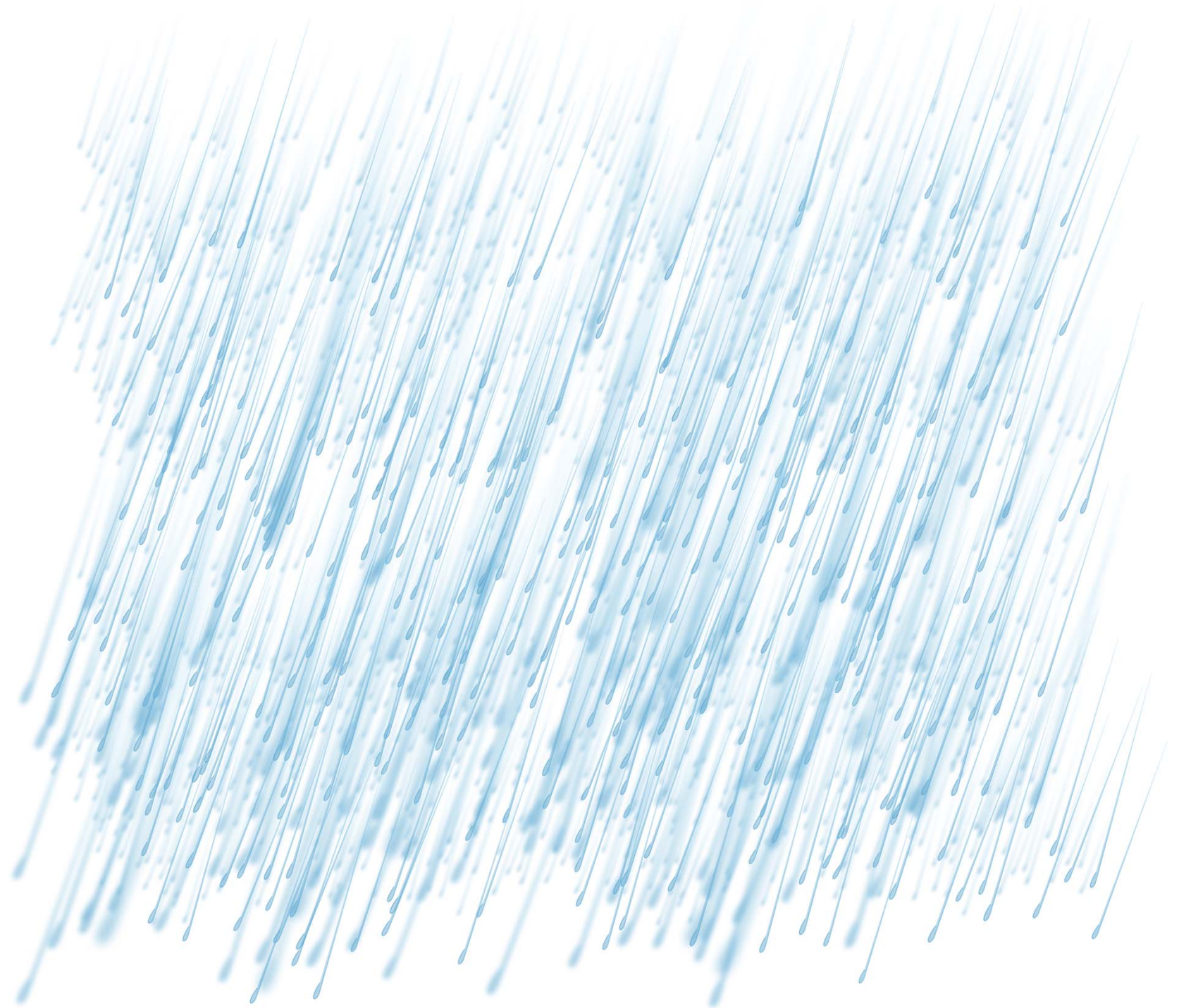
SAME OLD WAY

A NEW WAY

Why?







Why?



Why did the global recession happen ?

Lawson (2009)



Why do most criminals re-offend?

(Byrne 2002)



Why are people not accessing our exercise program?
(Clark et al 2005)

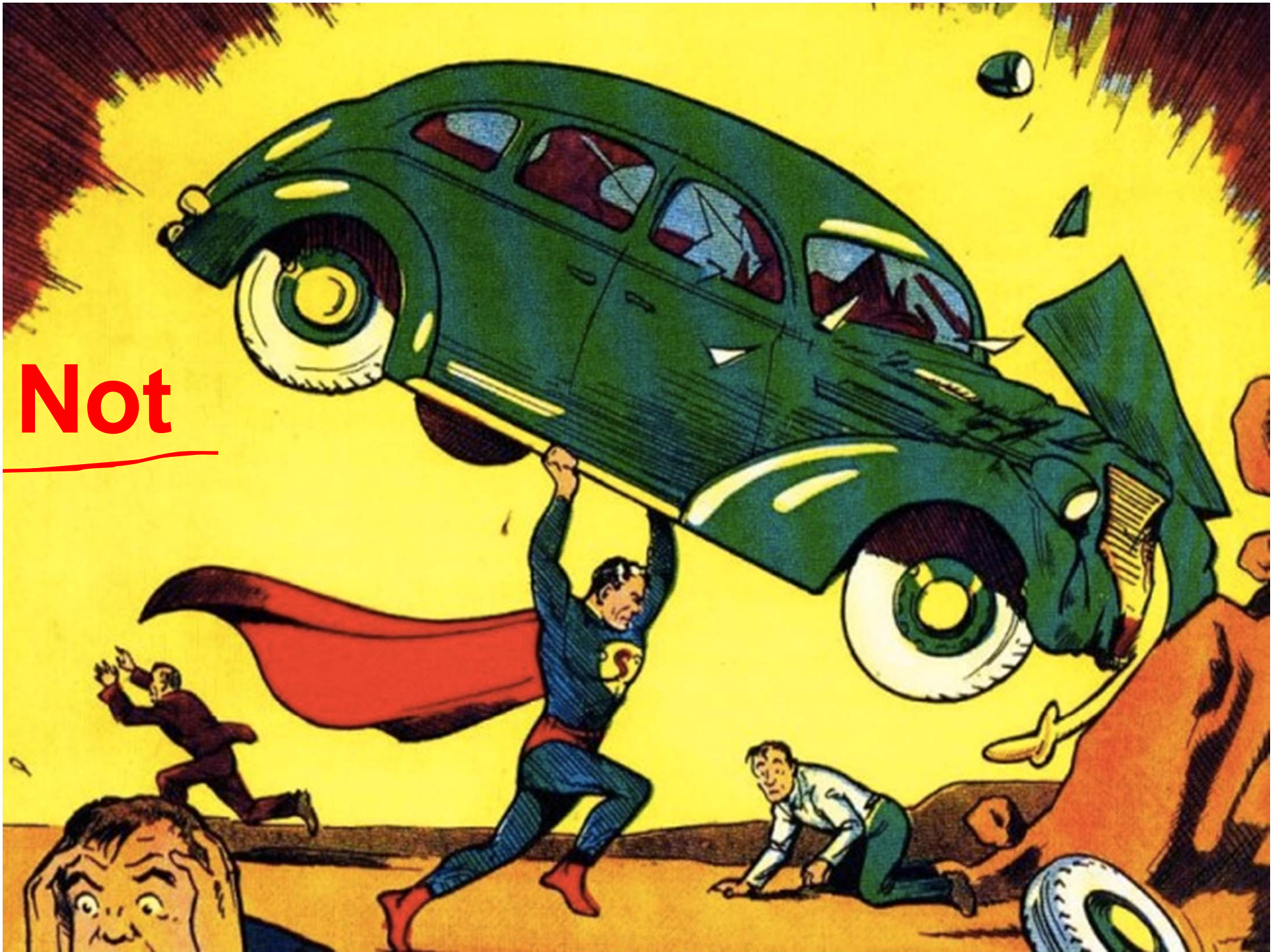
Why?

Not



Not





Not





Why are
'why'
questions
so
important?





More data



More data

**More unexplained patterns
and results than ever**



More data

More unexplained patterns and results than ever

Plausible explanation is necessary for meaningful change

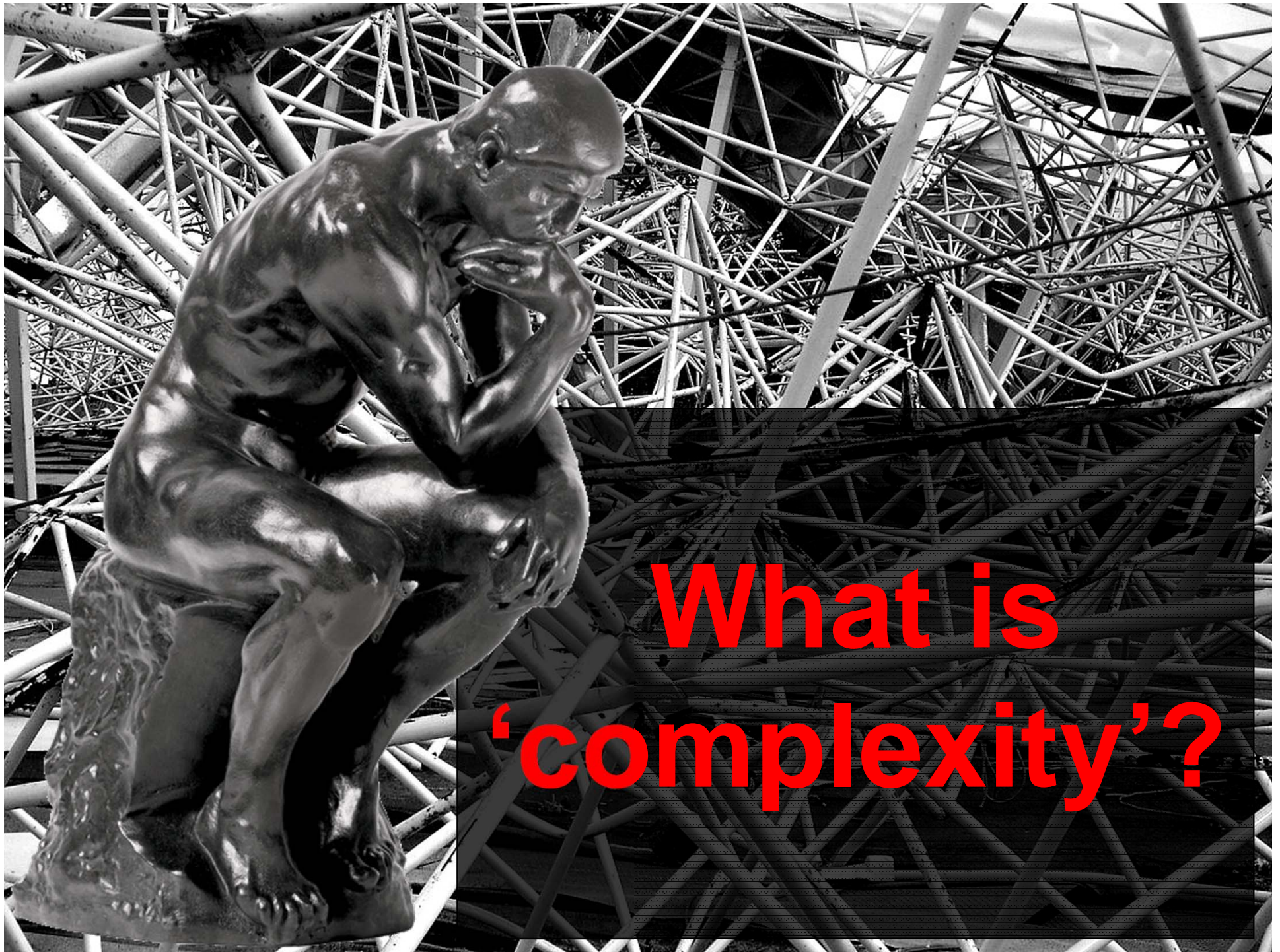


More data

More unexplained patterns and results than ever

Plausible explanation is necessary for meaningful change

Greater recognition of complexity in theory and policy



**What is
'complexity'?**

Simple

Complicated

Complex

Simple.



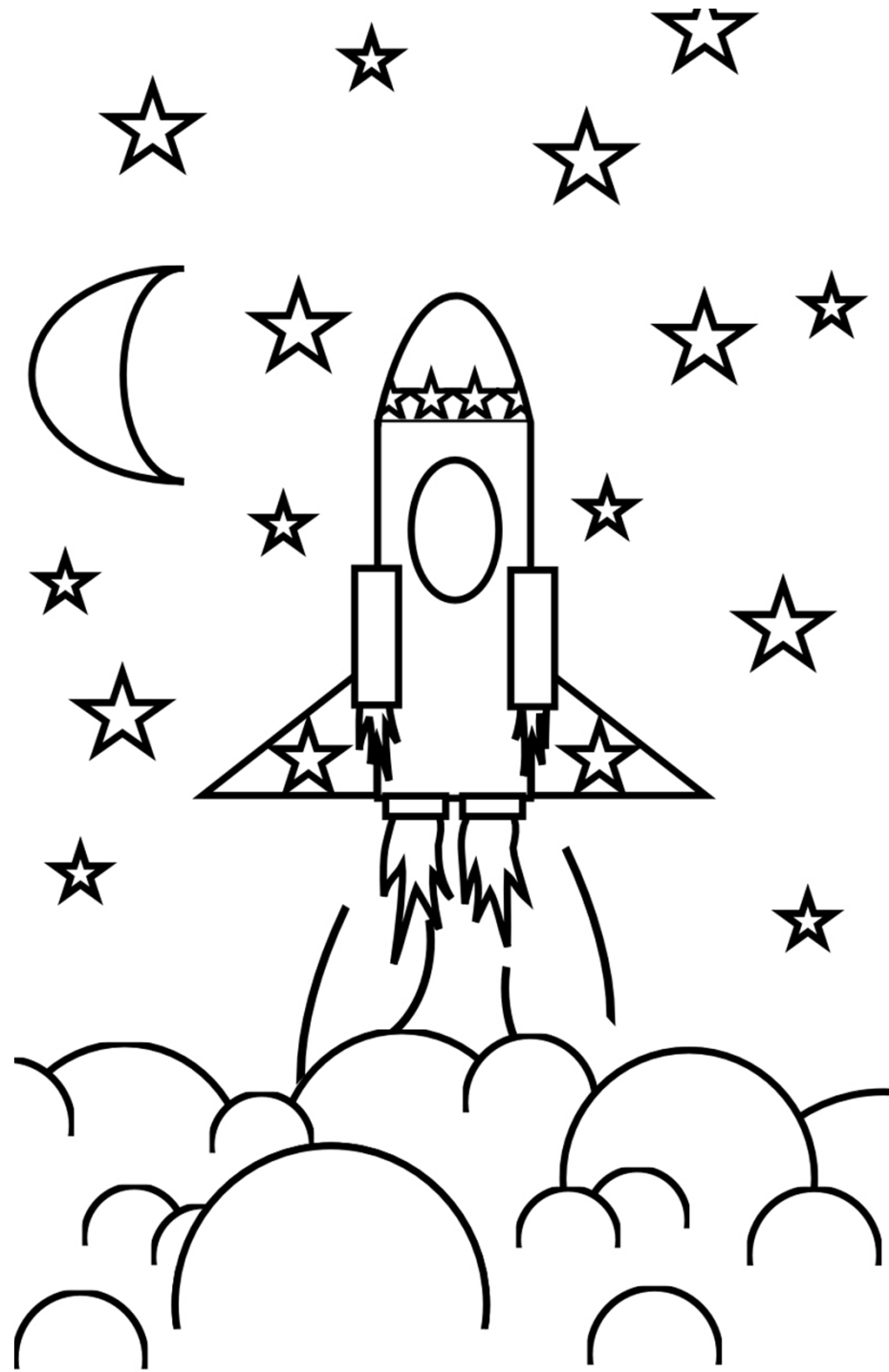
12 12.

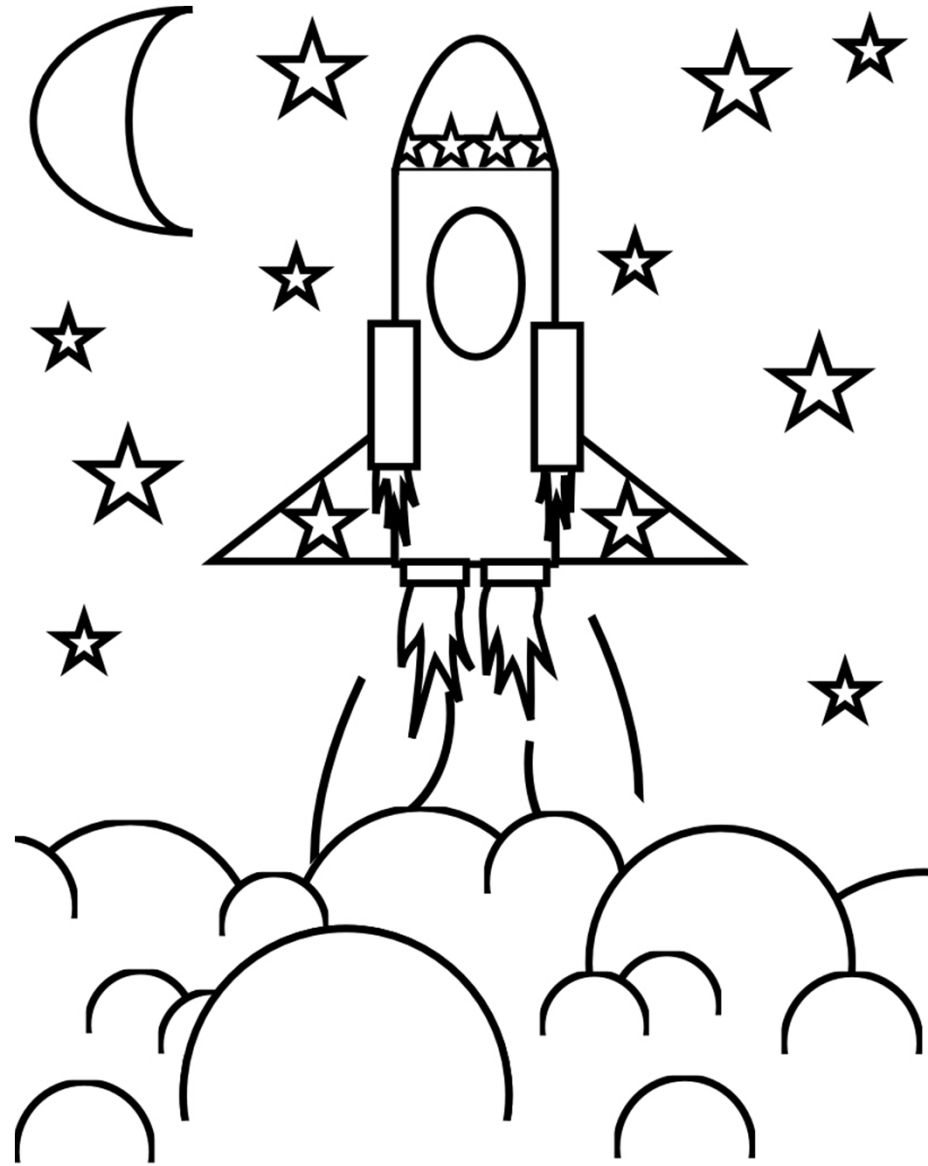
Complicated

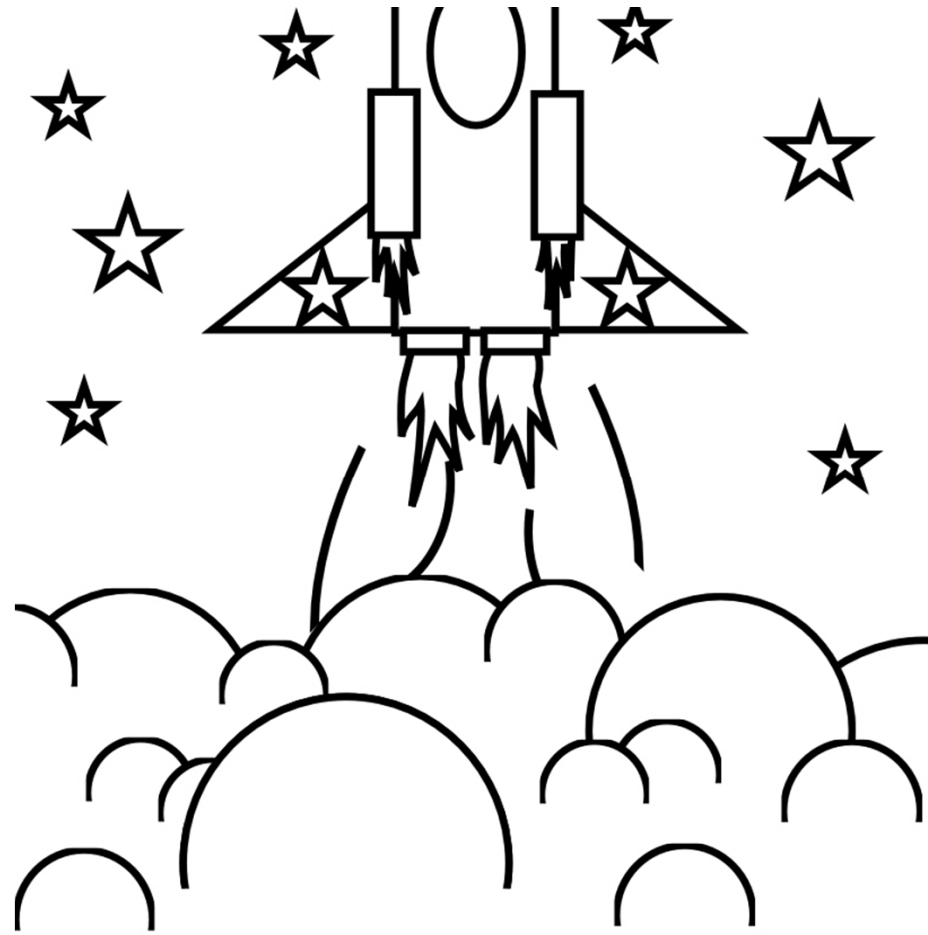
Complicated

The image shows a collection of handwritten mathematical formulas on blue grid paper. The formulas are:

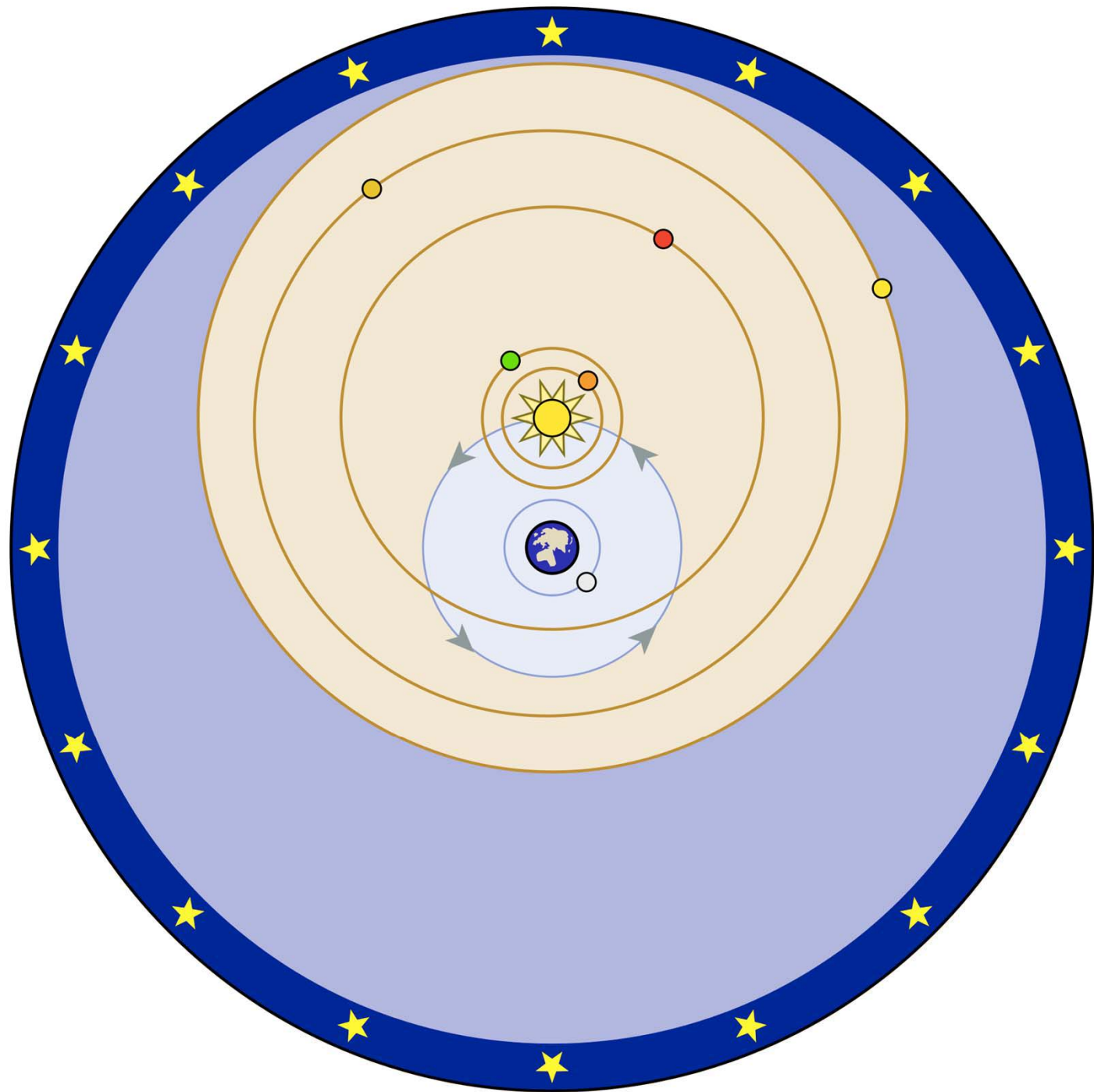
- $\int_a^b F(u, u', x) dx$
- $F = \frac{Gm_1m_2}{dz}$
- $Ax = \lambda x z^{n+1}$
- $= mc^2$
- $\left(1 + \frac{1}{n}\right)^n$
- $\pi = \frac{c}{d} z^{n+1} = z$
- $F = \frac{Gm_1m_2}{dz}$
- $Ax = \lambda x$
- z^{15}



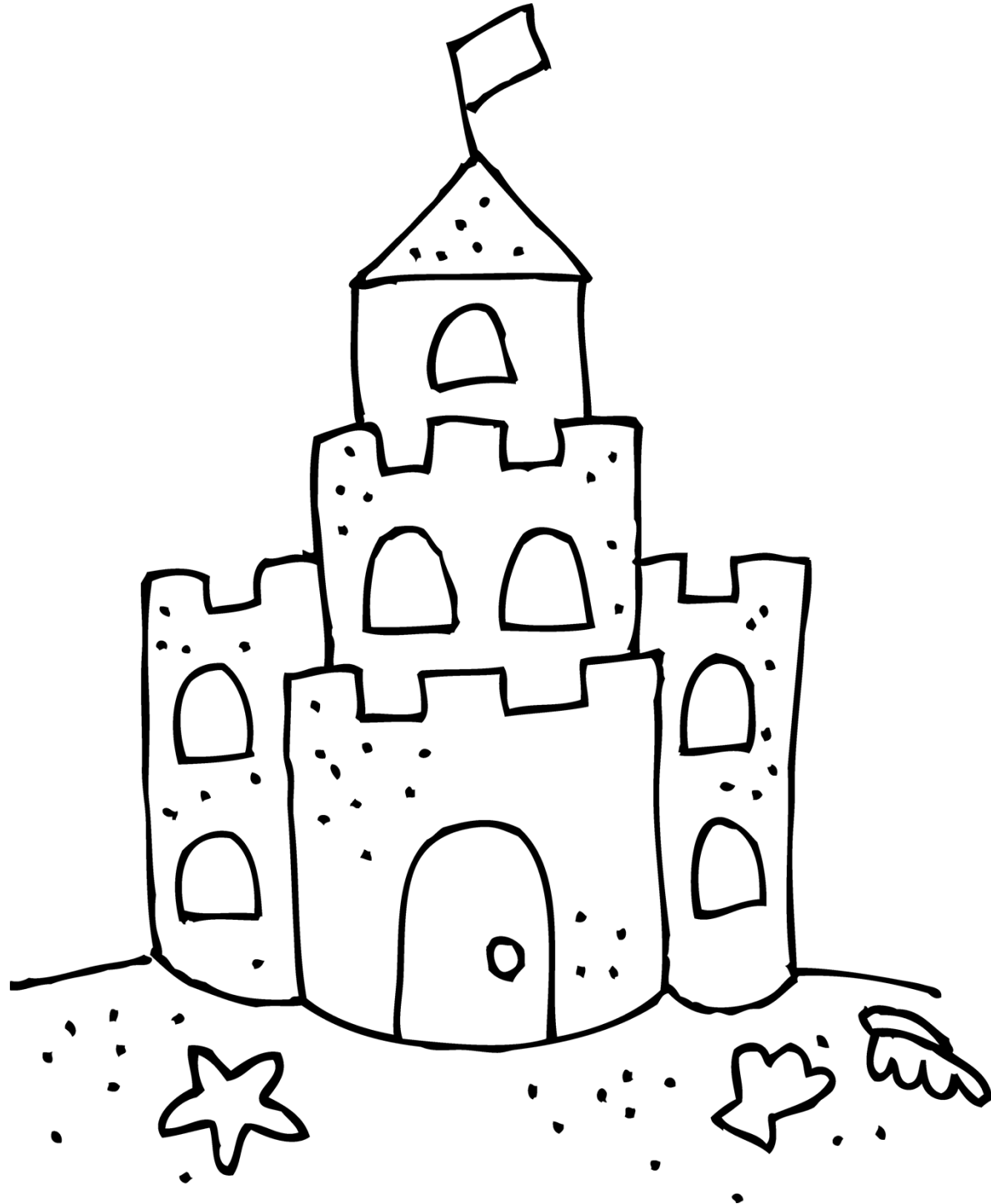






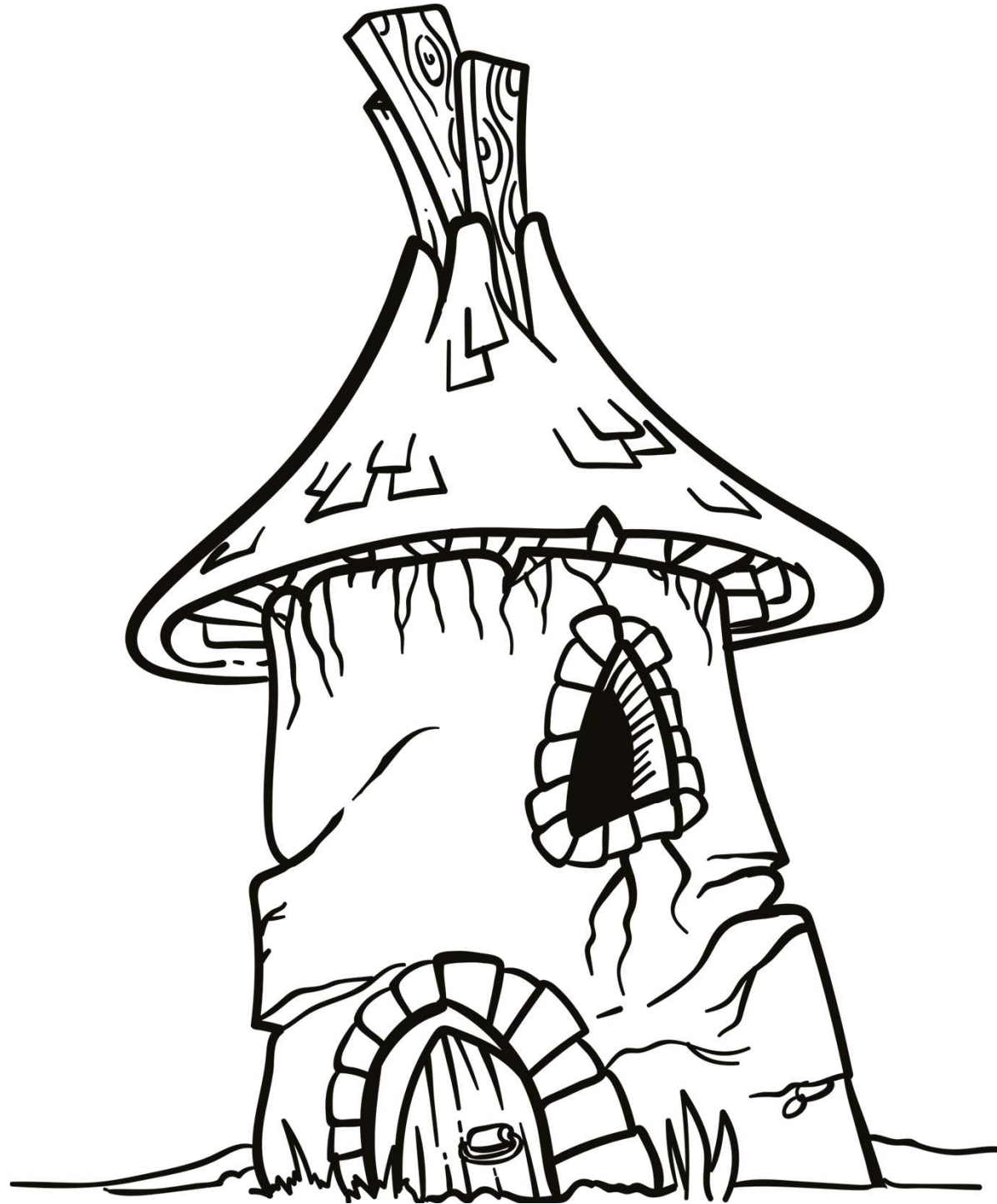














Inconsistent findings...

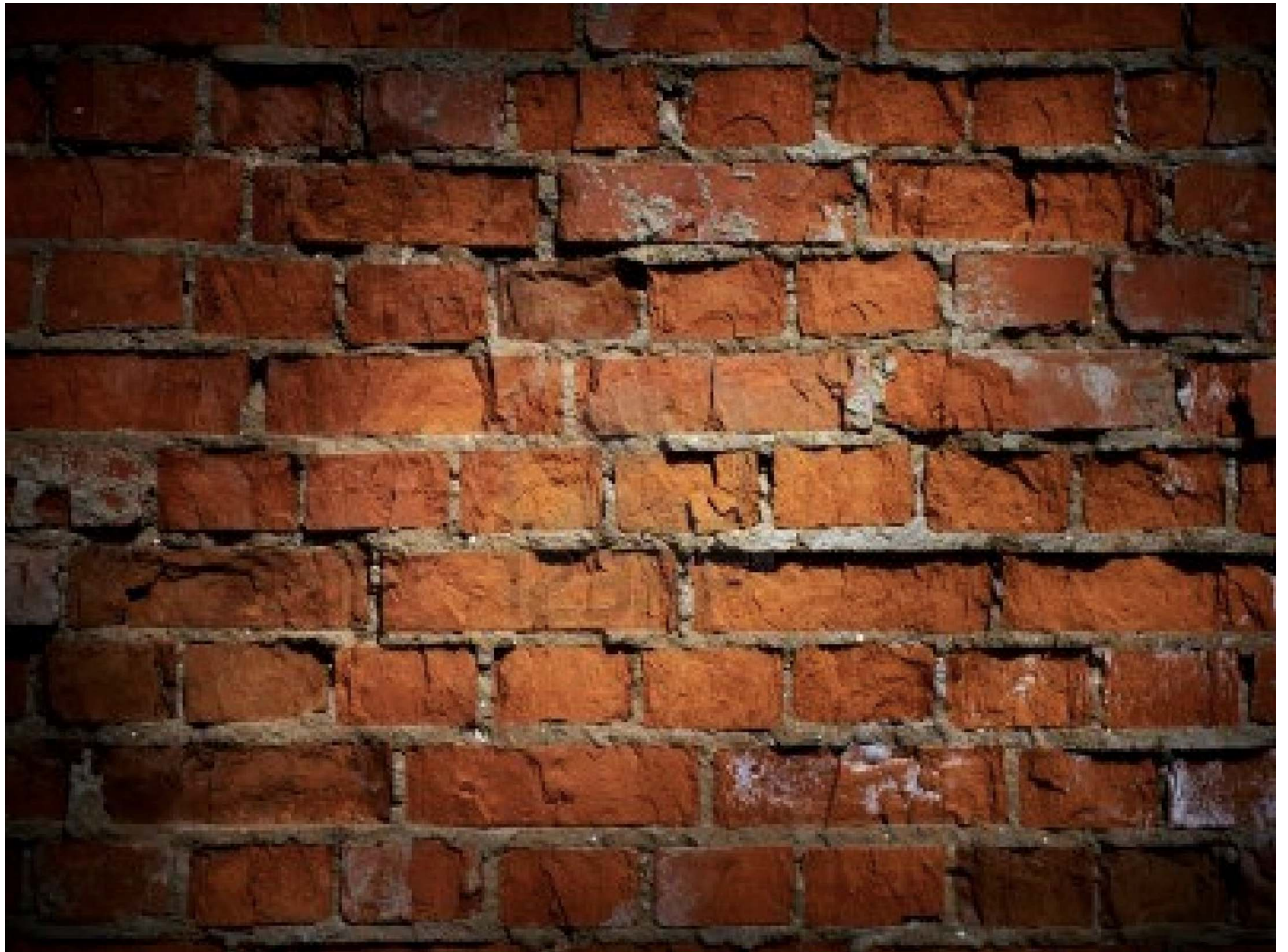


Heart failure disease management programs

Cardiac rehabilitation

Remote / telehealth monitoring programs







EUROPEAN
SOCIETY OF
CARDIOLOGY®

European Journal of Heart Failure
doi:10.1093/eurjhf/hfq164

EDITORIAL

What heart failure programme works best? Wrong question, wrong assumptions

Alexander M. Clark^{1*} and David R. Thompson²

¹University of Alberta, 3rd Floor, Clinical Sciences Building, Edmonton, AB, Canada T6G 2G3; and ²Cardiovascular Research Centre, Australian Catholic University, Melbourne, Victoria 3065, Australia

Complex



Complex

Complex











Glouberman & Zimmerman (2002)
Shiell et al (2008)

Complicated

Requires formulae

Uses expertise

Draws on precedence

Past experience can clearly inform current situation

If steps are followed, success is relatively well assured



Glouberman & Zimmerman (2002)
Shiell et al (2008)

Complicated versus Complex

Requires formulae

Formulae have limited application

Uses expertise

Many factors involved

Draws on precedence

Past experience can clearly inform current situation

Past experience provides limited assurance of future success

If steps are followed, success is relatively well assured

Every situation is unique

If steps are followed, success is in doubt



FEATURE

CHRISTMAS 2012: SPORT

What football teaches us about researching complex health interventions

Football and healthcare are both complex adaptive systems. **Alex Clark and colleagues** wonder how and why football scores more highly when it comes to introducing interventions

Alexander M Clark *professor*¹, Thomas G Briffa *research associate professor*², Lorraine Thirsk *assistant professor*³, Lis Neubeck *senior research fellow*⁴, Julie Redfern *senior research fellow*⁴

¹Faculty of Nursing, Clinical Sciences Building, University of Alberta, Edmonton, AB, Canada T6G1C9; ²School of Population Health, University of Western Australia, Crawley, WA, Australia; ³Faculty of Nursing, University of Alberta, AB, Canada; ⁴George Institute for Global Health, University of Sydney, Sydney, NSW, Australia

The big issue: Outcomes

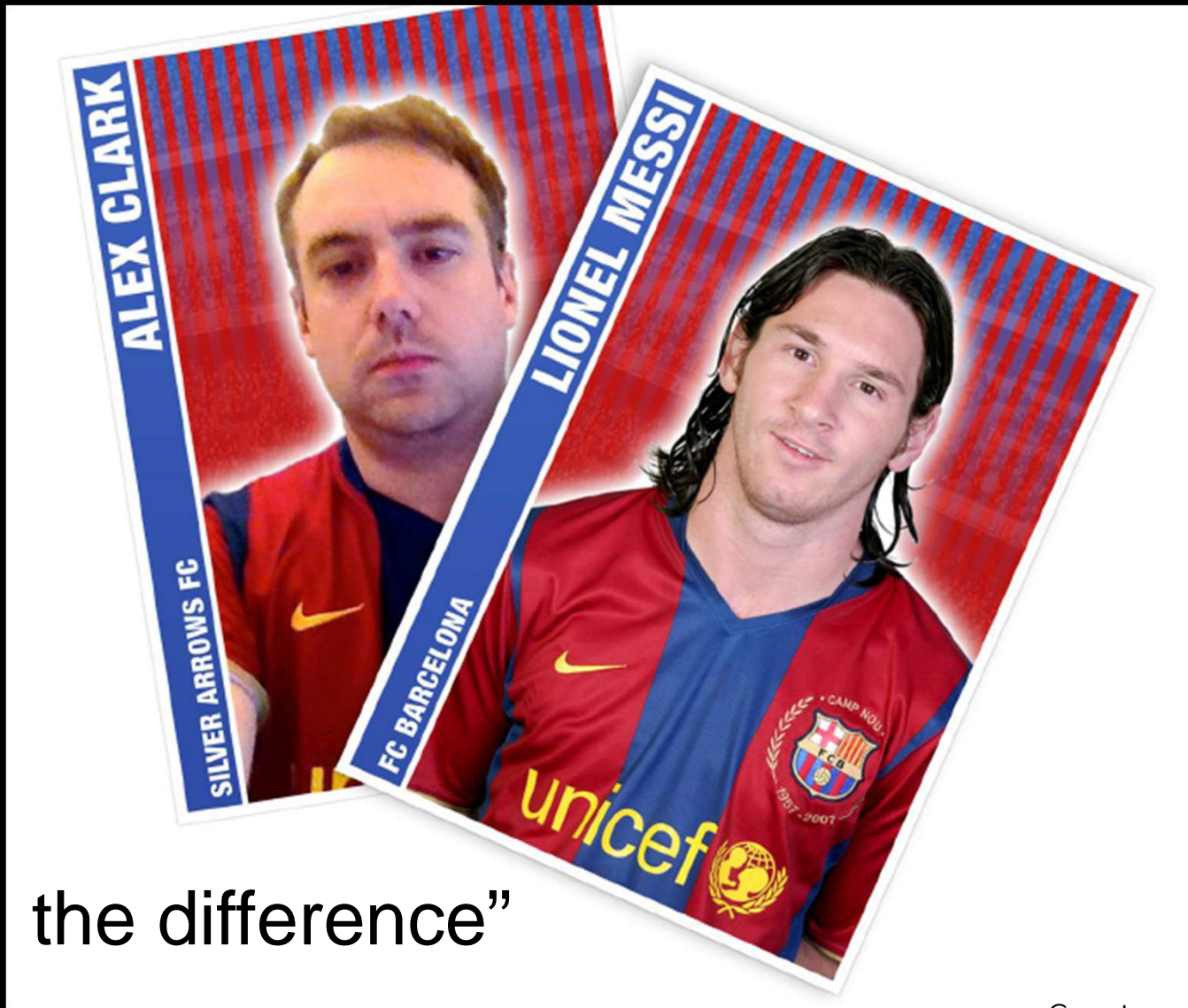




Who would you rather have on your team?



Clark or Messi?



“Spot the difference”





Similar?



Similar?

Two legs + two feet

Brown mousey hair

Under 6' tall



Top income decile
Score goals regularly

A close-up photograph of a soccer ball with black and white panels hitting a white goal net. The ball is positioned on the left side of the frame, and the net extends from the bottom left towards the top right. The background is a blurred green field.

What matters **more**?

What matters **most**?

A soccer ball is shown hitting a goal net. The ball is white with black hexagonal panels. The net is white and has a hexagonal pattern. The background is a blurred green field.

What matters **more**?

How to **know what** is most important?

How does **context** matter?

What matters **most**?

A soccer ball is shown in mid-air, about to hit the goal net. The net is a white mesh against a dark green background. The ball is white with black panels. The text is overlaid on the image, with some words in red and some in white.

What matters **more**?

How to **measure** what is most important?
How to **know** what is most important?

How does **context** matter??

How do the **parts** interact?

time?

What **matters most**?
What **changes** over

FEATURE

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Who would you rather have as a player on your football team: Messi or Clark? Both players share numerous characteristics, such as they both have brown hair, have the same size feet, and are less than 6 ft (1.8 m) tall. Each has scored many goals, playing in the number 10 jersey.

However, focusing on these overt characteristics is not a good basis for decision making. Close observation, informed assessment, and knowing the context of previous successes (goals against whom and on what occasion) provide more useful insights into the determinants of success in football. Lionel Messi, the Argentinean international professional player, is infinitely preferable to Alex Clark, an amateur from the University of Alberta, Canada. Yet research into complex healthcare interventions still focuses on easily described components of interventions and risks overlooking what really matters.

Complex versus complicated

Interventions in football and healthcare systems are “complex” rather than “complicated.” Phenomena are complicated when intervention outcomes can be reliably predicted from past behaviour with the help of mathematical analysis. Sending a

Complex interventions in football and healthcare have a range of shorter term and longer term outcomes (table 1) and are composed of many components that are made up of smaller subcomponents (table 2). Outcomes are generated by dynamic interactions between these components, not only with each other, but also with aspects of context and a wide range of other potentially influential laws, variations, and unpredictable factors (table 3).

Because of this complexity, outcomes in football and healthcare are not chaotic (random over time) or uniform (identical over time). Rather, outcomes are somewhat patterned. Some football players successfully complete passes more often than others, and identical medical interventions can result in very different outcomes in different doctors’ hands. But unexpected outcomes still occur. Messi still misses chances he should score from, and an intervention to promote diabetes self care that was effective in one setting,⁴ and is supported by meta-analyses,⁵ may not have benefits in another setting. Given their shared complexity, we suggest some lessons that healthcare research can learn from football.

Lesson 1: Ontology—bring complexity in

What r

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FEATURE

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Lesson 1: Ontology—bring complexity in





Critical realism



Critical realism

Complex realism

Transcendental realism

Critical realist

Realist evaluation



Why?



Explanation

Key papers:

Advances in Nursing Science

Vol. 31, No. 4, pp. E67-E79

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Complex Critical Realism Tenets and Application in Nursing Research

Alexander M. Clark, BA(Hons), PhD, RN;

Sue L. Lissel, MA; Caroline Davis, PhD

Aim: To outline the main tenets of critical realism (CR), its use, and future application in nursing. **Background:** Little work has been done to discuss how CR can be applied to nursing research. **Findings:** The tenets of CR include recognition of reality independent of human perceptions, a generative view of causation in open systems, and a focus on explanations and methodological eclecticism using a postdisciplinary approach. Critical realism is useful for (1) understanding complex outcomes, (2) optimizing interventions, and (3) researching biopsychosocial pathways. Such questions are central to evidence-based practice, chronic disease management, and population health. **Conclusions:** Critical realism is philosophically strong and potentially useful for nursing research. **Key words:** *framework, nursing research, ontology, philosophy, realism, realist, theory*

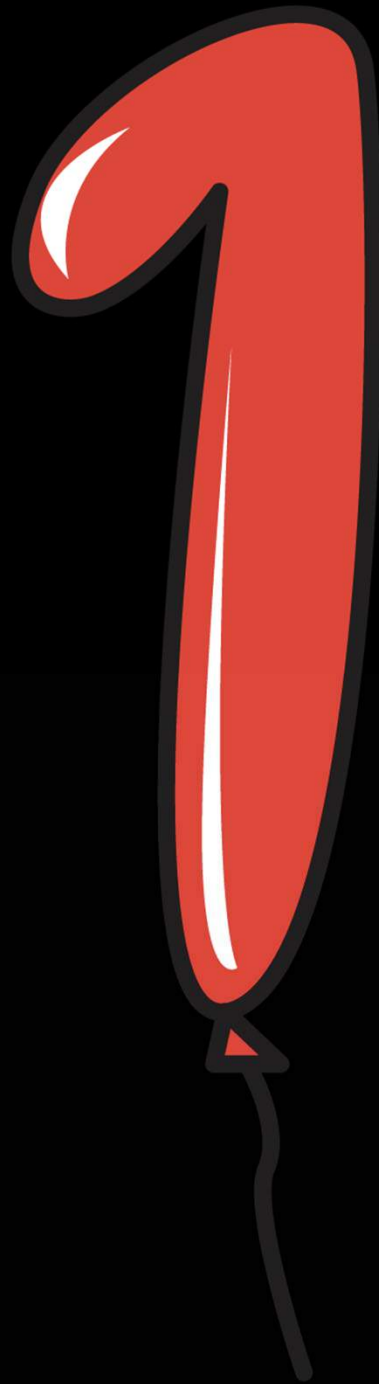


What must
reality be
like for
science to
be possible?

Key reference: Bhaskar (1975)

Critical realist tenets:

1. Existence of independent reality
 - Fallibly known
2. Stratified emergent generative ontology
 - Actual, empirical and real
3. Explanatory focus
4. Recognition of agency and structure
5. Reality as a complex, open system
6. Methodological eclecticism and post disciplinarity



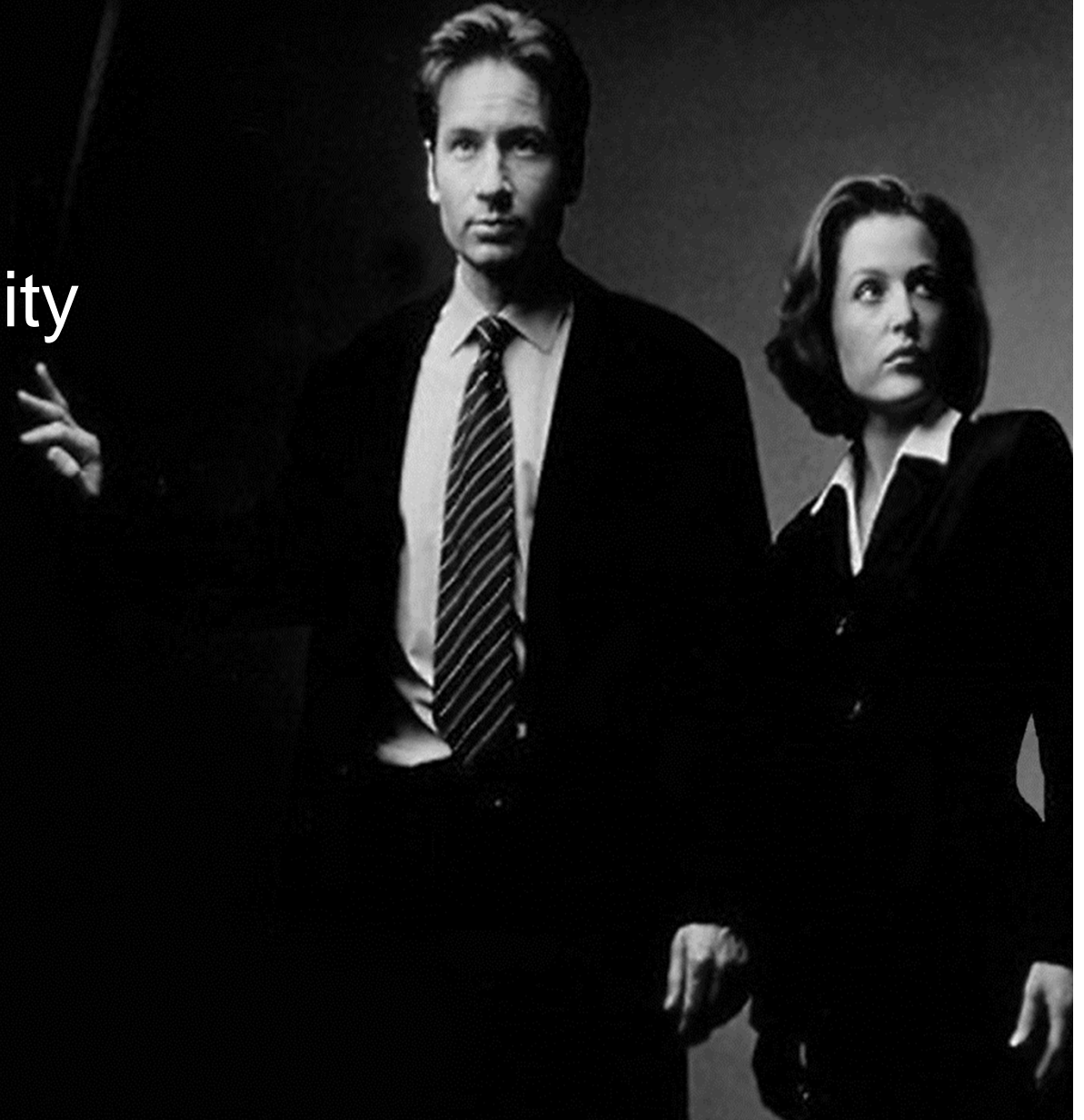
Existence of mind independent reality

Physical reality

Non-physical reality

Social

Cultural



Key reference: Williams (1999)

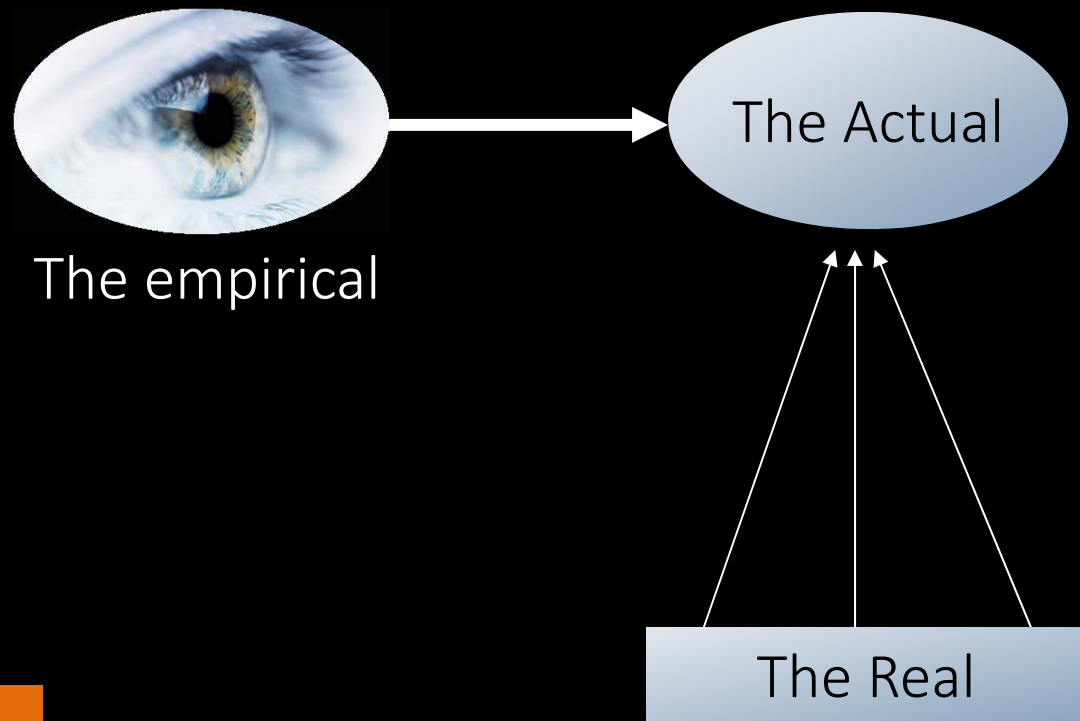


Stratified emergent generative ontology

The actual

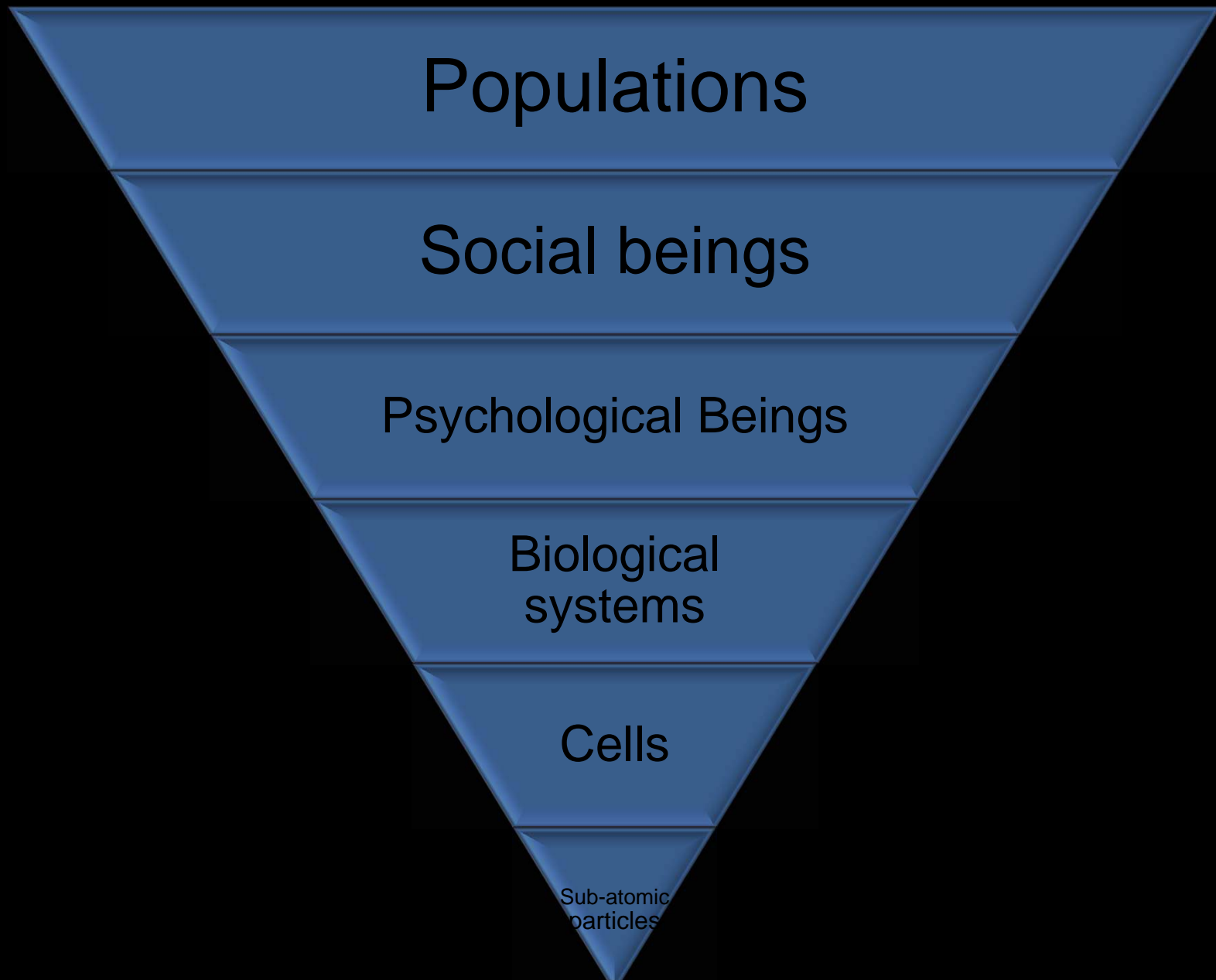
The empirical

The real



Key reference: Sayer (2000)

Stratification and emergence:





Explanatory focus

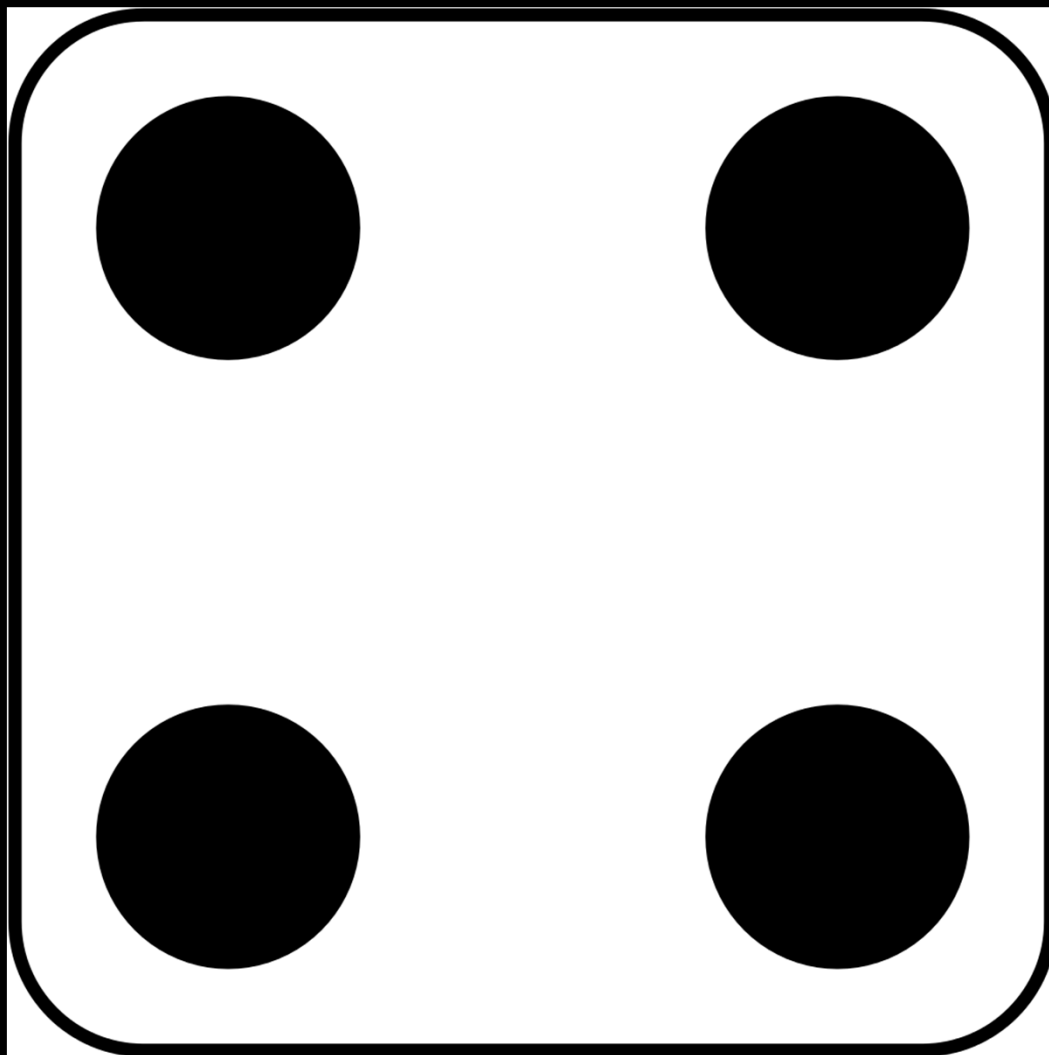
Events



What is going on here?

What is causing this to happen?

Explanation



Recognizes agency & structure



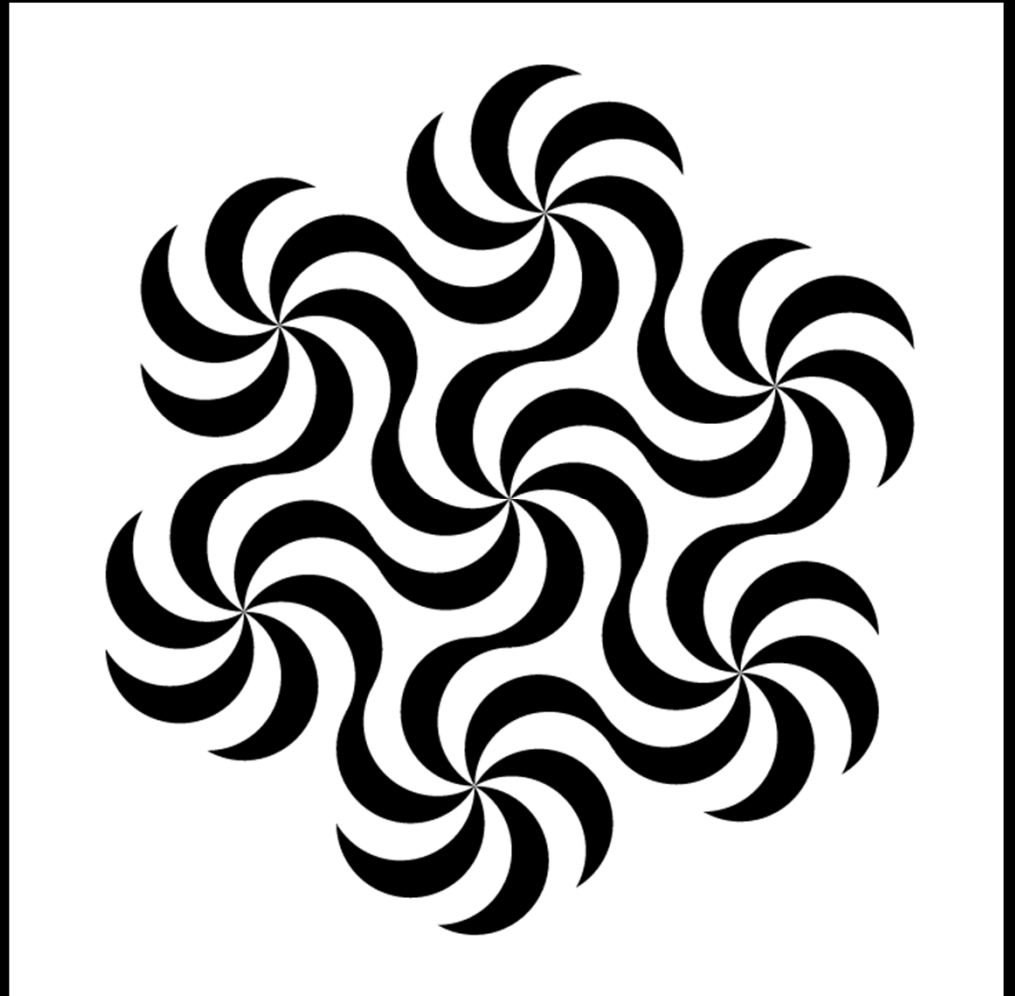
Recognizes agency & structure





Reality as a complex, open system

The open-systems view



Key reference: Pawson and Tilley (1997)





Open Systems

Natural

Uncontrolled

Observation

Complex

Closed systems

Abstracted

Controlled

Manipulation

Simplified



The world as partially patterned

**Demi-regularities
(Lawson 1997, 2003)**

Linear Causation:

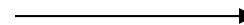
Successionist



Sedentary person + exercise program = Regular exercise

Generative Causation:

Generative



Event C



Methodological eclecticism & post-disciplinarity:

Led by:

Reality

Not:

Methodological predilection

Disciplinary lens

Key reference: Sayer (1999)

Methodological eclecticism & post-disciplinarity:

Led by:
Reality

Not:
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Disciplinary lens

Key reference: Sayer (1999)



What does CR research look like?

Ontology before method

Qualitative, mixed and quantitative methods

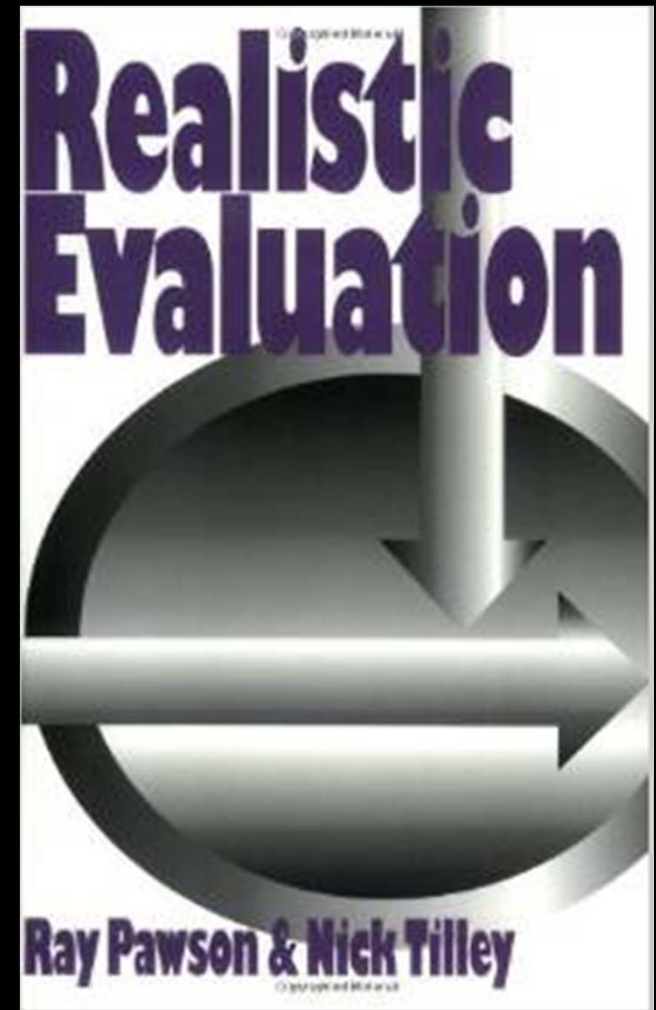
Focus on explanation

Complexity-ontology

Realist Evaluation:

‘What works
for whom,
when
and why?’

Pawson R & Tilley N
(1997) *Realist Evaluation*.
Sage, London



What works?



Origins of Realistic evaluation:

Programs:

Lack of **replicability** of successful programs

Lack of **insight** into reasons for variations

Lack of explanatory **power** of existing approaches

Lack of attention to **ontology** in existing research

What is missing from current research?

Explanation

Depth

Ontology



Clark et al (2005) *Jrnl Adv Nurs*, 52:4 362-371



Hoddinotta et al (2010) *Social Science & Medicine*, 70: 769-778



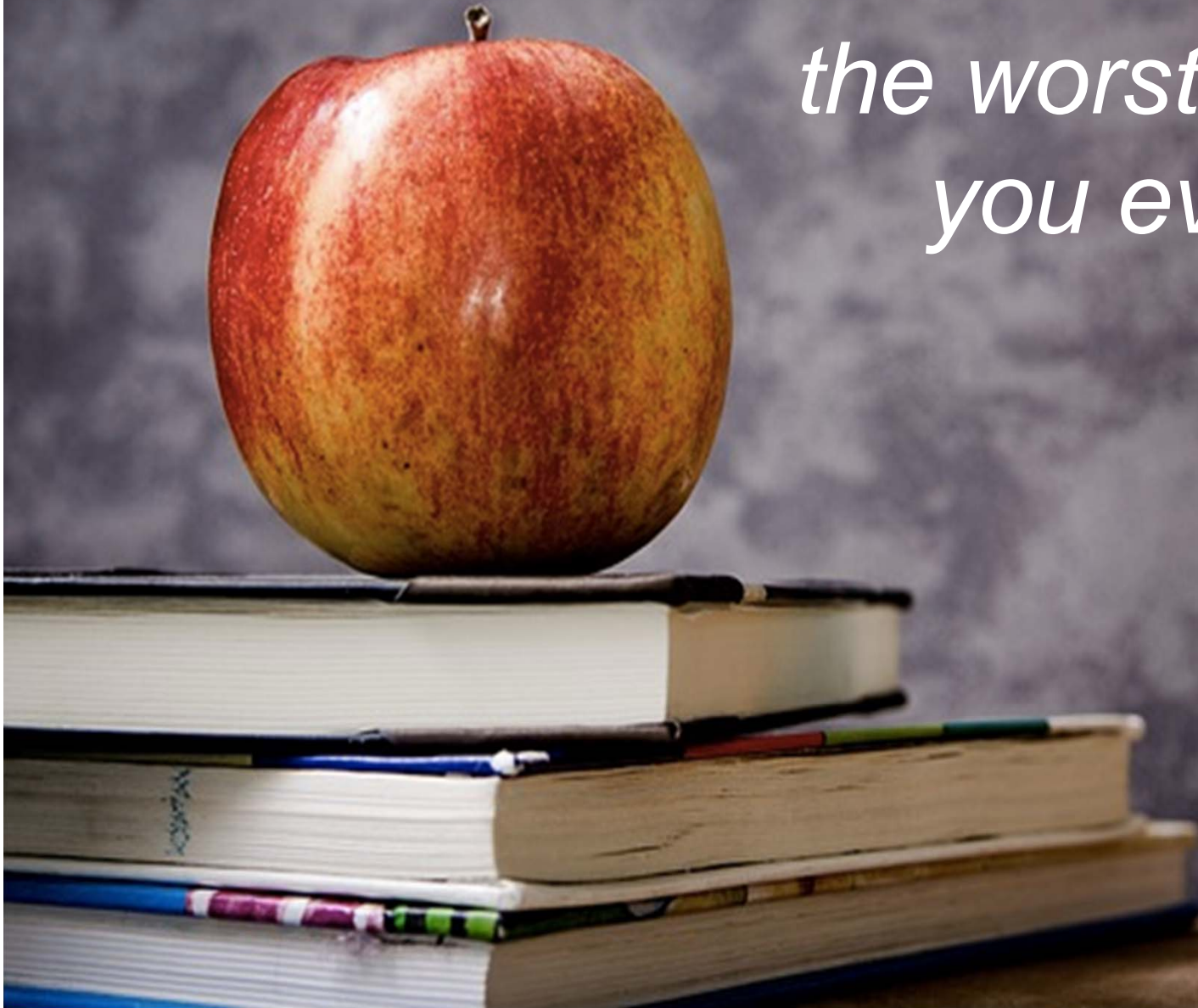
Greenhalgh et al (2007) BMJ 335: 858-862

From:
What works?

To:
What works for whom,
when and why?



Think of the *best and
the worst teacher
you ever had?*



Bad Teacher...?



Good Teacher...?









From:

Incident in home → Warning but no arrest

To:

Incident in home → Mandatory arrest

Successful pilot ↓ DV



From:

Incident in home → Warning but no arrest

To:

Incident in home → Mandatory arrest

Successful pilot ↓ DV

Ergo...hypothesis

Mandatory arrest

policies will ↓ DV





What happened?

Pilot:

Pilot
(Context)

Arrested in public
(Intervention)

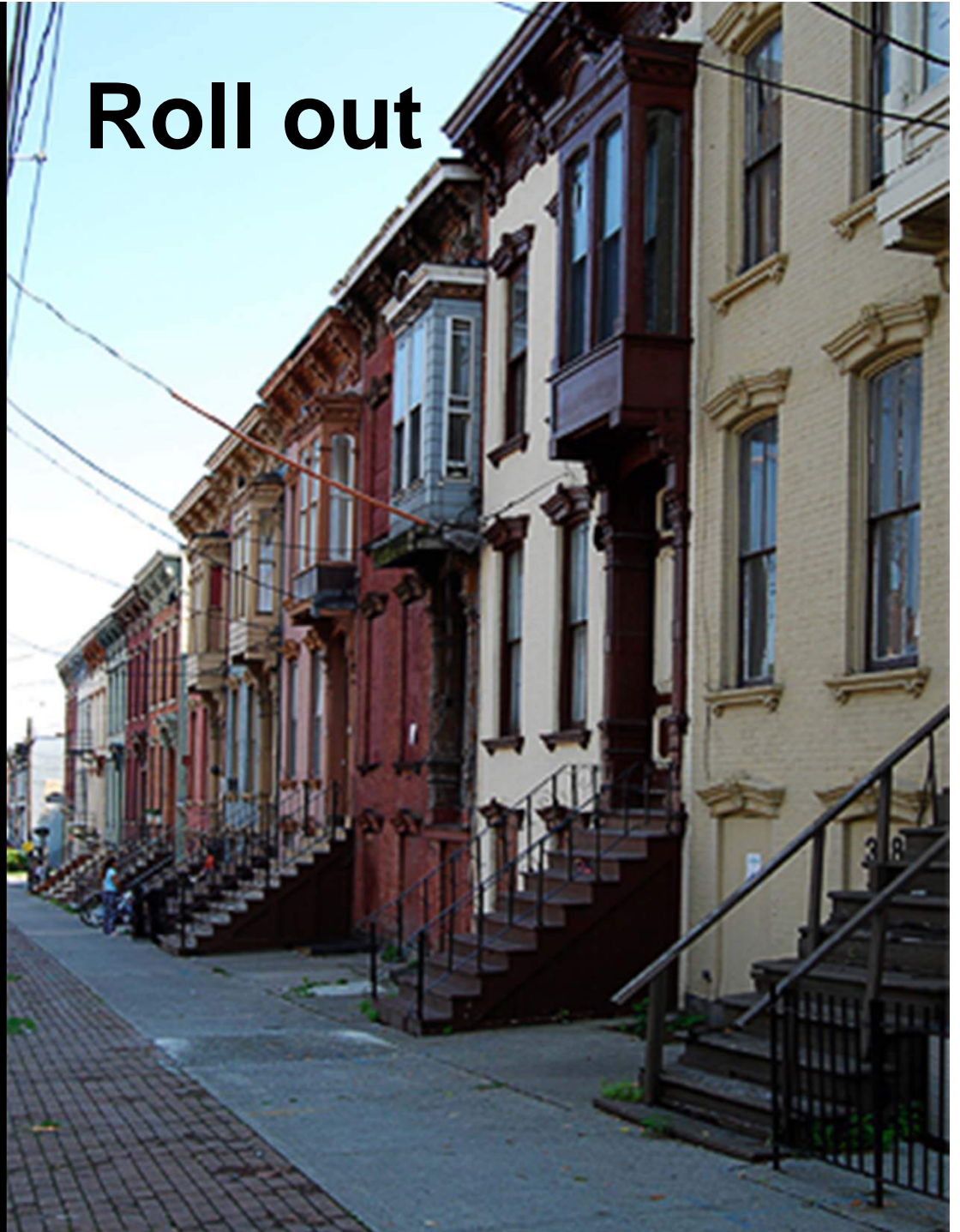
Public shame,
vilification
(Mechanism)

Reduction in DV
(Outcome)



**What
happened?**

Roll out



What happened?

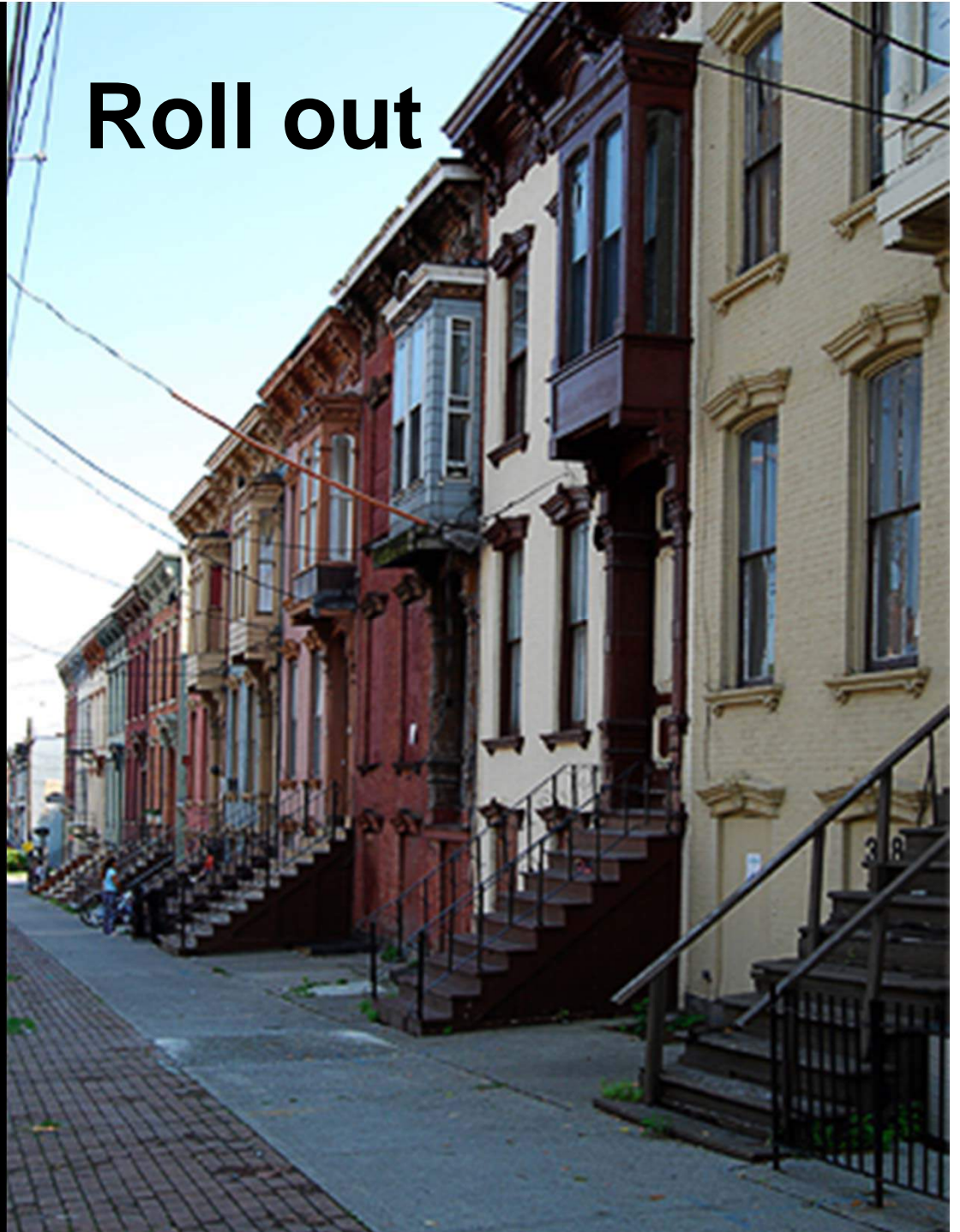
Real world
(Context)

Arrested in public
(Intervention)

Annoyance
(Mechanism)

Increase in DV
(Outcome)

Roll out



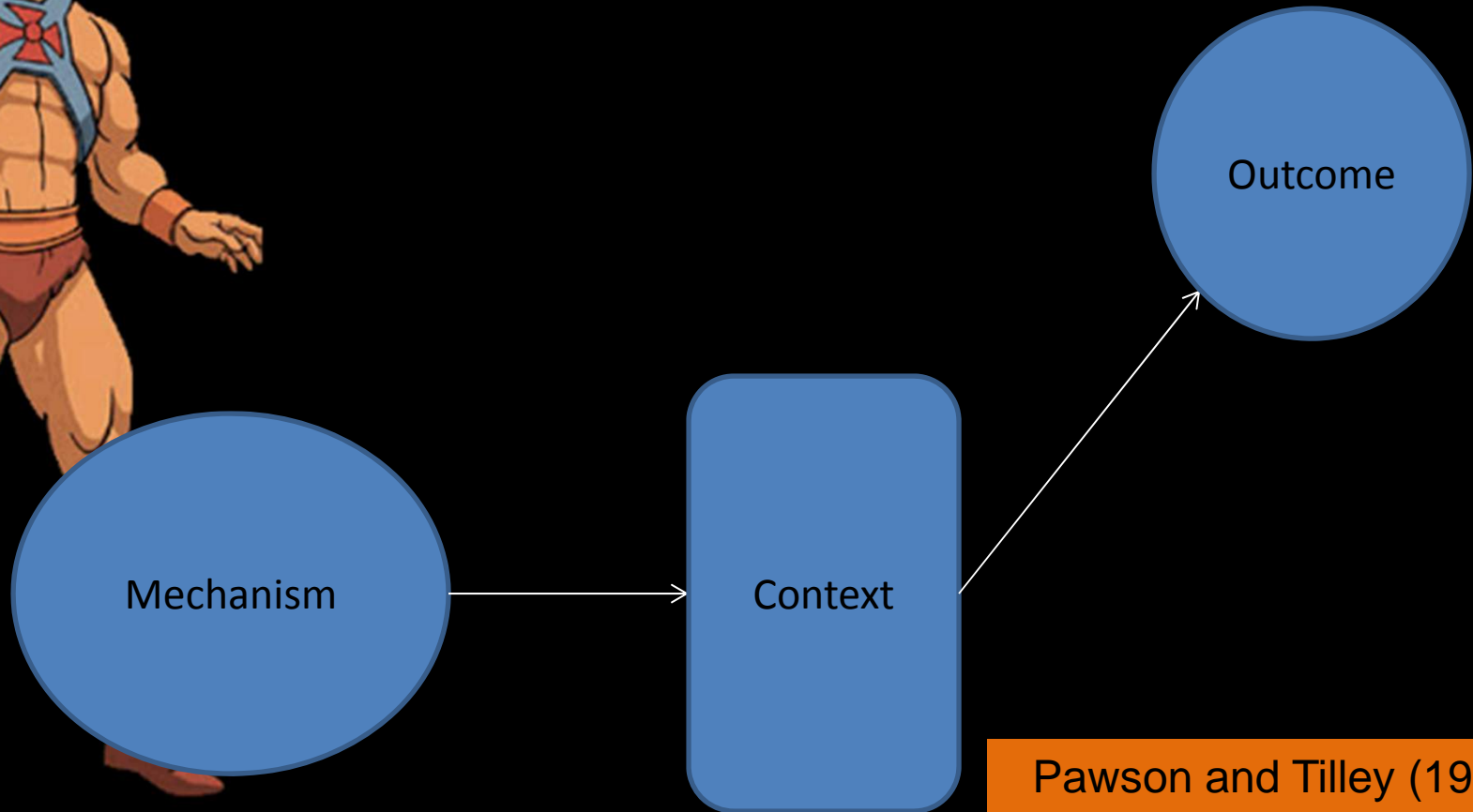
‘What works for whom, when and why?’







What has the **power**?



Pawson and Tilley (1997)

When should you do a Realist Evaluation?

Complex randomized trial evaluation

Measure *and also* explain outcomes

Lewin et al (2009) BMJ 339: b3496

Process evaluation

Medical Research Council (2014)

Dedicated realist evaluation

C-M-O

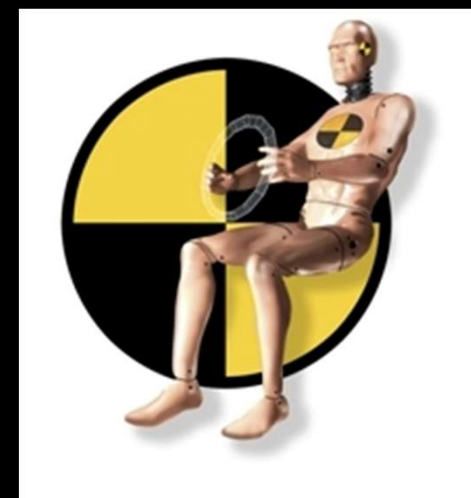
What is Realist Synthesis...?

“A new model for systematic review...”

What is it about interventions that gives them powers?

Outcomes, mechanisms and context

Name and shame interventions:



Criticisms of CR & RE:

RE is badly done

Marchel et al (2012) *Evaluation* 18: 192-212

CR is philosophically incoherent

Cruickshank(2004) *Sociology Review* 52:567-585

CR and RA are not well aligned

Porter (2015) *Evaluation* 21 65-82

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 - Fallibly known
2. Stratified emergent generative ontology
 - Actual, empirical and real
3. Explanatory focus
4. Recognition of agency and structure
5. Reality as a complex, open system
6. Methodological eclecticism and post disciplinarity

Closing thoughts:

Is your research approach simple, complicated or complex?

How could critical realism add value to seeing old problems in new ways in your work?

How could knowledge of mechanisms, context and outcomes help your research?

What is critical realism and how can I use it?

Clark et al (2009) *Advances in Nursing Science* 31:4 67-79

What is complexity and complexity theory?

Clark et al (2012) *British Medical Journal* 345: e8316

How can I research complex interventions?

Clark et al (2013) *Social Science & Medicine* : 93:185-93.

Why?

#IIQMWebinar



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