Realist evaluation in health services research: An introduction and guidance for interviewing

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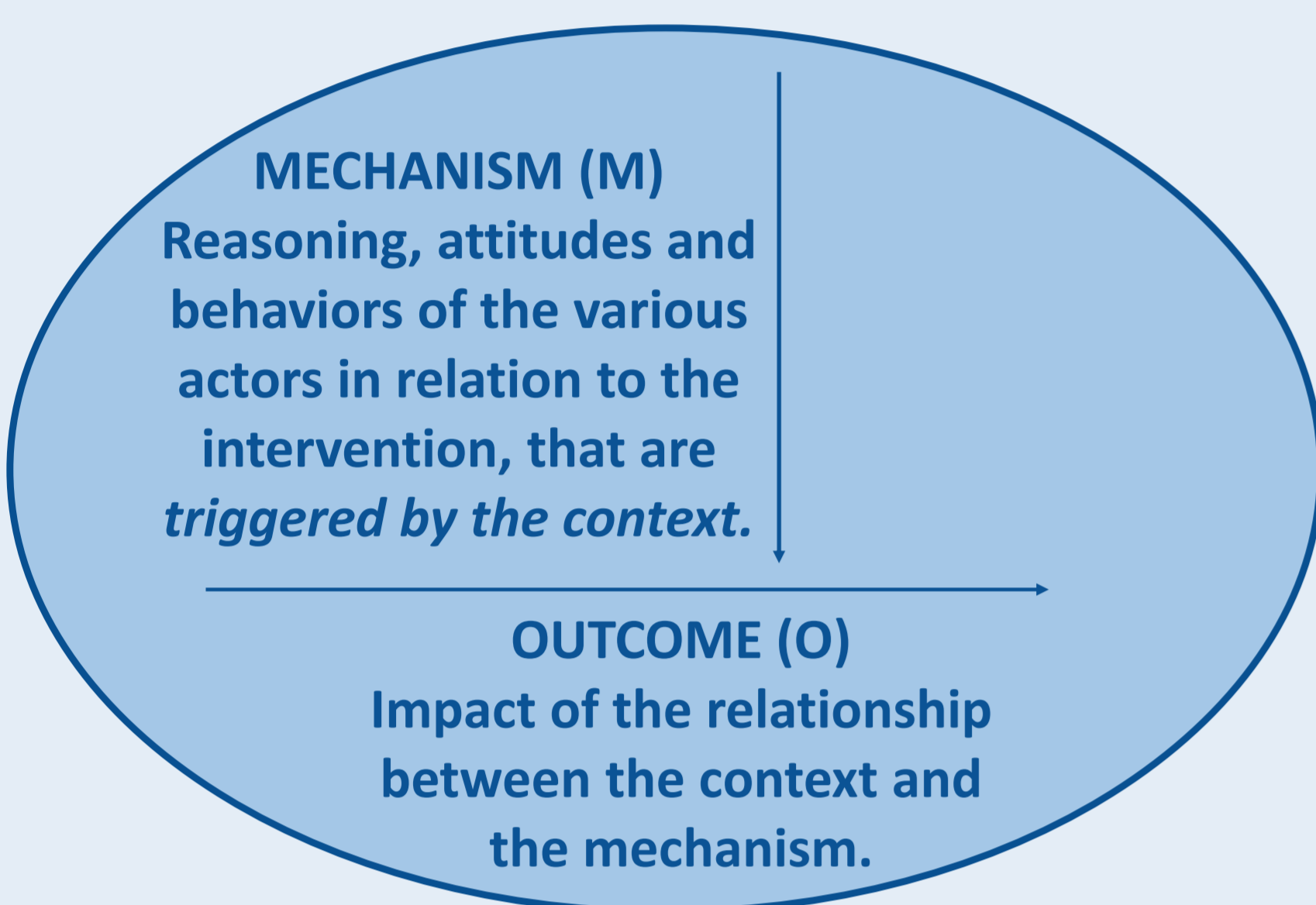
What is Realist Evaluation (RE)?

Realist evaluation (RE) is a theory-based approach to evaluation that assumes nothing works for everyone or everywhere.

RE offers a way to grasp the complexity of social interventions.

What is the RE Framework?

RE expresses program outcomes as:

CONTEXT (C) Background of the intervention that *triggers a mechanism*: informants' characteristics; interpersonal relationships; and social, economic, political and institutional structures and circumstances.

MECHANISM (M) Reasoning, attitudes and behaviors of the various actors in relation to the intervention, that are *triggered by the context.*

OUTCOME (O) Impact of the relationship between the context and the mechanism.

How do you collect RE data?

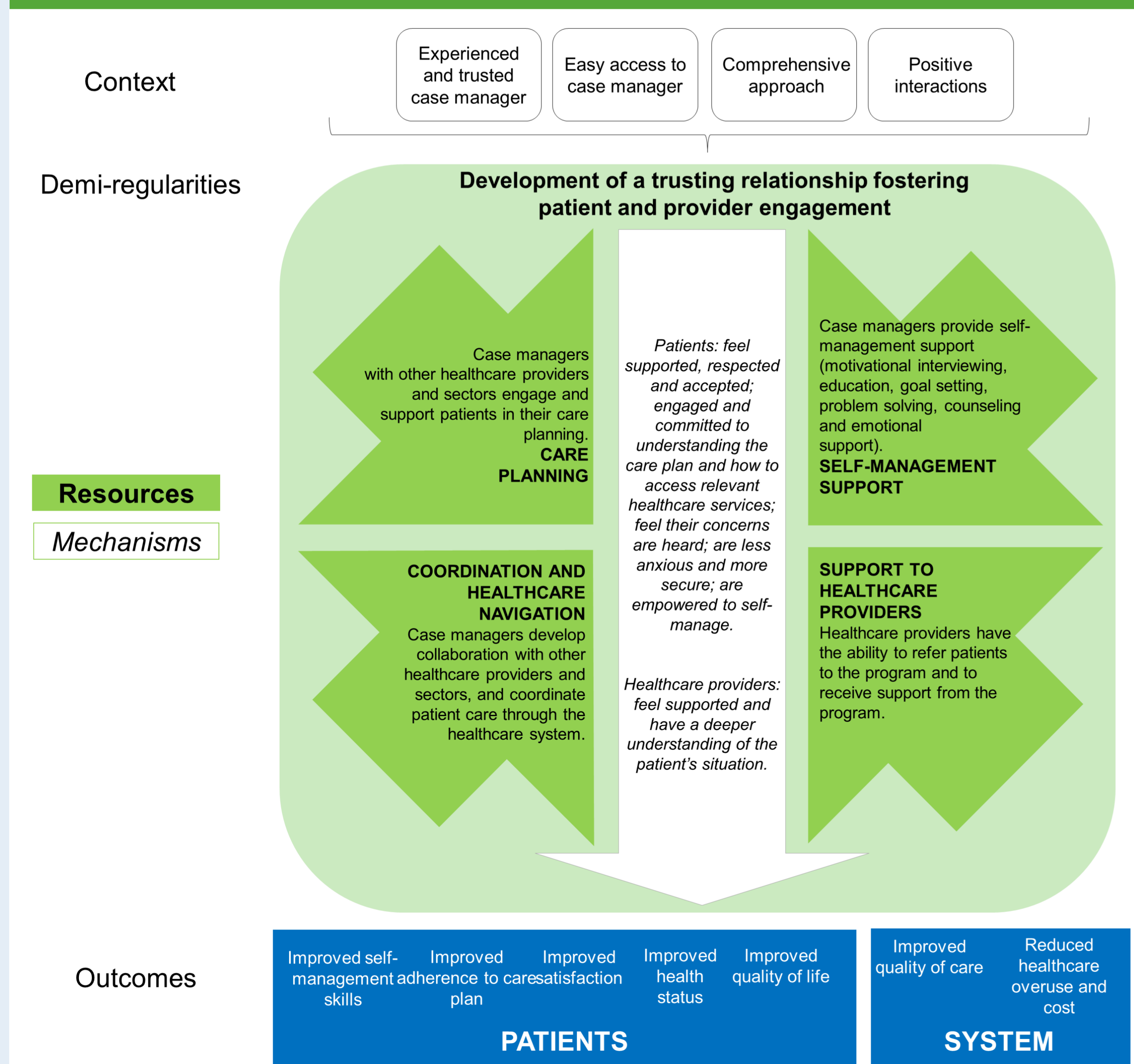RE uses a mixed methods approach to collect quantitative and qualitative data.

Interviewing is the primary method of data collection.

Little guidance is available for the unique RE approach to interviewing.

What is the output?

A new or refined theory to understand how, why, when and for whom a program worked or not.

PriCARE INITIAL PROGRAM THEORY

Context: Experienced and trusted case manager | Easy access to case manager | Comprehensive approach | Positive interactions

Demi-regularities: Development of a trusting relationship fostering patient and provider engagement

Case managers with other healthcare providers and sectors engage and support patients in their care planning. **CARE PLANNING**

Patients: feel supported, respected and accepted; engaged and committed to understanding the care plan and how to access relevant healthcare services; feel their concerns are heard; are less anxious and more secure; are empowered to self-manage.

Case managers provide self-management support (motivational interviewing, education, goal setting, problem solving, counseling and emotional support). **SELF-MANAGEMENT SUPPORT**

COORDINATION AND HEALTHCARE NAVIGATION Case managers develop collaboration with other healthcare providers and sectors, and coordinate patient care through the healthcare system.

Healthcare providers: feel supported and have a deeper understanding of the patient's situation.

SUPPORT TO HEALTHCARE PROVIDERS Healthcare providers have the ability to refer patients to the program and to receive support from the program.

Resources
Mechanisms

Outcomes: Improved self-management skills | Improved adherence to care plan | Improved satisfaction | Improved health status | Improved quality of life — **PATIENTS** | Improved quality of care | Reduced healthcare overuse and cost — **SYSTEM**

Source: Hudon C, Chouinard MC, Aubrey-Bassler K, Muhajarine N, Burge F, Bush PL, et al. Case Management in Primary Care for Frequent Users of Health Care Services: A Realist Synthesis. Ann Fam Med. 2020;18(3):218-26.

Nine steps to realist interviewing

1. Philosophy — Position your team in the realist philosophy – that the social world is viewed as real – early in the process and base your methodological decisions on this position.

2. Concepts — Build a common understanding of realist concepts: Context (C), Mechanism (M) and Outcome (O).

3. Program theory — Identify or develop an initial program theory.

4. Informants — Use purposive sampling to identify informants who can speak to the program's CMOs.

5. Interview guide — Determine the 'realist interviewing phase' you are currently in and develop a guide to explore elements of the theory, including missing and new elements.

Interviewing Phase	Aim
Theory gleaning	To construct a program theory
Theory refinement	To review and/or modify a program theory
Theory consolidation	To further refine a program theory for different stakeholders

6. Interview questions — Design interview questions to elicit data about CMOs.

	General Questions	Example
Context	For whom does the program work and not work and why?	Could you explain the types of people and care organizations where you think this program may be more effective?
Mechanism	When the program works, how does it work? When it doesn't work, why?	What were the main challenges in this program and why?
Outcome	What are the impacts of the program?	What do you think this program may have changed for the patient?

7. Review — Have the interview guide reviewed by relevant stakeholders and ideally by someone experienced in RE.

8. Training — Provide training sessions on the realist approach. Foster the "realist reflex" among interviewers to develop their ease and comfort with eliciting CMO data during interviews.

9. Interview — Collect data iteratively, reviewing and revising the interview guide as more is learned about how, why and for whom the program works.

For information: https://v1sages.recherche.usherbrooke.ca/en/pricare-program/