Realist inquiry: a valuable addition?

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<table>
<thead>
<tr>
<th>Evidence-oriented</th>
<th>Realist inquiry</th>
<th>Complexity approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>No use of policy theory</td>
<td>Use of policy or program theories</td>
<td>Policy making is dynamic and interactive</td>
</tr>
<tr>
<td>Results chain</td>
<td>Programs are black boxes</td>
<td>Programs are adaptive systems</td>
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<tr>
<td>Input-output-outcome-impact</td>
<td>Mechanisms+ context= outcome</td>
<td>Outcomes are emerging and quite unpredictable</td>
</tr>
<tr>
<td>One-way and single cause-effect relationship</td>
<td>One-way and multiple cause-effect relationships</td>
<td>Two-way and multiple cause-effect relationships</td>
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Realist inquiry

Interventions:
• complex social and behavioural set of activities
• that need to be described and understood

Research question:
“what is it about this program that works for whom in what circumstances”

instead of: “what works”
Realist inquiry

• Same intervention is implemented differently in different settings and with different stakeholders

• Aim for a better understanding of interventions working “sometimes” or “to some extent”

• Use of quantitative and qualitative data collection methods
“Show me the options and explain the main considerations I should take into account in choosing between them”

(Pawson et al, 2004:12)
Main elements in realist review

• Outcome
Changes in target group behaviour:
Result of the interaction of the intervention within its context

• Context
Settings within which the intervention occurred
  • the organizational, socio-economic, cultural and political conditions, and the stakeholders involved, their interests and convictions and the process of implementation

• Mechanisms
What triggered change: “the engines behind behaviour” (van der Knaap et al, 2008)
C-M-O

CONTEXT
Setting in which the intervention occurred

MECHANISM(S)
What triggered change: “the engines behind behaviour”
C-M-O and smoking

CONTEXT
Target group: education, parents’ education
Peer groups

MECHANISM(S)
Envisaged:
Fear of getting a fine
other ????

Perhaps:
Fear of social disapproval; imitation; dependence

Smoking prohibition → Behaviour
Realist synthesis: HRM to improve performance of health care providers

Objective:
To systematically synthesize:
• the effectiveness of HRM interventions in LMIC
• the contextual factors of influence on the outcome
• the mechanisms triggering change

Methodology:
Realist synthesis of 48 primary research articles on HRM

Dimensions of health worker performance:
availability, competence, productivity and responsiveness
(WHO, 2006)
## Findings

<table>
<thead>
<tr>
<th>Intervention</th>
<th>No of articles</th>
<th>Research design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing education</td>
<td>21</td>
<td>5 RCT, 8 case-control, 8 quasi-experimental</td>
</tr>
<tr>
<td>Combined</td>
<td>11</td>
<td>5 RCT, 1 case control, 5 quasi-experimental</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>7</td>
<td>1 RCT, 2 case control, 4 quasi experimental</td>
</tr>
<tr>
<td>Payment of incentives</td>
<td>4</td>
<td>4 quasi-experimental</td>
</tr>
<tr>
<td>Supervision</td>
<td>2</td>
<td>1 RCT, 1 case control</td>
</tr>
<tr>
<td>Decentralisation of HRM functions</td>
<td>2</td>
<td>2 quasi-experimental</td>
</tr>
<tr>
<td>Regulation</td>
<td>1</td>
<td>1 RCT</td>
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</table>
Example for combined interventions (n=11)

Improvement of performance after:
Interactive and participatory training and health system’s strengthening- eg. drug supply, supervision or equipment

Outcome: Bangladesh (El Arifeen et al, 2004)
- Index correctly assessing sick children: 18 to 73
- Index correctly treating sick children: 8 to 54

Context: Niger (Tawfik et al, 2001)
After training health workers referred only 23% of children with danger sign- long distance and poor quality of hospitals
Combined interventions continued

Mechanisms triggering change in performance:
- in 6 studies discussed-

Acceptance of new information:
• Perceptions on case management by health workers
• Existing clinical rules
• Consensus on clinical guidelines by faculty
• Participation in development of clinical guidelines

Feeling obliged to change:
Accountability systems:
• Social pressure and social obligation
  • leading to improved reputation and income
• Government inspection followed by sanctions
Context and Outcome-1

HRM interventions which can improve health workers’ performance:

• Participatory, interactive training, job aids and strengthening health systems

• Quality Improvement: local performance analysis by teams

• Payment combined with organisational change
**Context and Outcome-2**

Continuing education as a single intervention:

- effective in the short term
- can improve the performance of untrained health care providers
- sustained effectiveness with health systems or community interventions
Context and Outcome-3

BUT:

Different contexts produce different outcomes
Example of influence of context on outcome

Training to identify problems and develop local solutions or to improve communication:

Not effective when local conditions are not addressed
Example of difference in outcome due to context

Odds ratio of a child needing antibiotics and receiving the right prescription from trained health workers as compared to untrained health workers was:

4.4 in Tanzania

2.1 in Uganda likely due to abolition of user fees

1.9 in Brazil likely due to high staff turnover (Gouws et al, 2004)
Mechanisms for change

What mechanism did the interventions “unleash” that triggered change?

Only to a limited extent discussed (n=15)

Even to a lesser extent researched (n=7)

Retrospective

Assumptions on change mostly not described
Mechanisms triggering change

Mechanisms contributing to feeling obliged to change:
• Fear to lose clients, reputation and income
  • Social pressure and social obligation
• Fear to be sanctioned
  • Government inspection and sanctions

Mechanisms to contribute to motivation:
• Awareness of local problems and staff empowerment
• Accepting new information
• Creating a sense of belonging and respect
• Visible improvements in quality of care
• Increased income
Context

HRM intervention

Situation 1
- Increased knowledge and skills
- Feeling obliged to change
- Fear to lose clients, reputation, and income
  - Fear to be sanctioned

Motivation
- Awareness/empowerment
- Accepting information
- Sense of belonging/respect
- Visible improvements
- Increased income

Situation 2
Conclusion

• HRM interventions can improve health workers’ performance

• Limited variety of HRM interventions evaluated

• Assumptions HRM interventions usually not made explicit
  • limits understanding of how HRM interventions work

• Methodological quality of the studies varied
Recommendations

• More experiences with different types of HRM interventions to be evaluated and documented

• Improved evaluation:
  • Link evaluation to assumptions
  • Test these assumptions in different settings
  • Include contextual factors and implementation process in evaluation
  • Use combination of qualitative and quantitative methods
  • Structured evaluation and reporting