



What realists mean by context; or, Why nothing works everywhere or for everyone

The RAMESES II Project

A key premise of realist evaluation is that the mechanisms through which programmes work will only operate if the circumstances are right (Pawson and Tilley, 1997). For example, a tennis ball released in the air on earth (Context 1) falls to the ground (Outcome 1) due to the force of gravity (Mechanism 1). Releasing a tennis ball in water (Context 2) results in it floating to the surface (Outcome 2) due to buoyancy (Mechanism 2). In fact, both gravity and buoyancy operate in both contexts but in air, the mechanism of gravity is stronger, whereas in water, the mechanism of buoyancy is stronger. The two mechanisms compete and the context (air or water) determines which ‘wins’ (Westhorp, 2014). Thus, it is “*the contextual conditioning of a causal mechanism which turns (or fails to turn) a causal potential into a causal outcome*” (Pawson and Tilley, 1997, p69).

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Realist evaluation applies this same reasoning to policies and programs. It seeks to understand “*why does a programme work in Wigan on a wet Wednesday and why does it then fail in Truro on a thunderous Thursday?*” (Pawson and Manzano-Santaella, 2012).

A particular challenge for realist evaluators is wrestling with the complexity of context (Pawson, 2013). Contexts are not just material and social but psychological, organisational, economic, technical, and so on. These different ‘types’ of context interact and influence each other. Moreover, contexts operate at all levels of systems, from the atomic to the cosmic, and the different levels also interact and influence each other. The challenge is to identify what is relevant for the particular investigation.

A deeper understanding of context

For policies and programmes, context describes those features of the situations into which programmes are introduced that affect the operation of programme mechanisms. The settings into which programmes are introduced do not, in and of themselves, constitute context in the realist sense. However, things about the way those settings operate can. Health promotion programs, for example, may be implemented in hospitals, General Practice (Family Medicine) clinics, prisons, and schools. There are differences *between* those types of settings that may affect how the programme works; but there will also be differences *within* each type of setting. The programme may work in some hospitals but not others, and some prisons but not others. A realist investigation seeks to identify what it is within the setting that affects whether and how the programme works. Perhaps it is whether the practitioners involved volunteered for the role or were directed to do it. Perhaps it is the motivation of the programme recipients, and how high the issue falls on their list of priorities. Perhaps it is something about the way power relationships work in the organisation.

In the social sciences, context also refers to the sets of “social rules, values, sets of interrelationships” that operate within times and spaces that either constrain or support the activation of programme mechanisms (Pawson and Tilley, 1997, p70). Sayer (2010, p75) defines context as the “material resources, social structures, including conventions, rules and systems of meaning in terms of which reasons are formulated”. It is these systems of meaning, rules and sets of relationships that shape stakeholders’ reasoning in response to programme resources and consequently, influence programme outcomes.

As Maxwell (2012) points out, realists are not just

arguing that causal relationships differ across contexts (they do) but are making a more fundamental claim that “the context within which a causal process occurs is, to a greater or lesser extent, intrinsically involved in that process” (Maxwell, 2012, p 40). In other words, context is inextricably enmeshed with the mechanisms through which a programme works. This means that we need to think of context in relation to particular mechanism(s), and as a constituent and interconnected element of a context-mechanism-outcome configuration, not as a separate entity. Novice realist researchers sometimes fall into the trap of producing a catalogue of contexts, without theorising how such contexts trigger particular mechanisms and thus outcomes (Pawson and Manzano-Santaella, 2012). The result is that explanatory elements become disconnected and do not explain how the context affects mechanisms and thus outcomes. Realist evaluations need data on contexts but crucially, also need analytic strategies to examine the interaction between context, mechanism and outcome.

For whom: context affects reasoning

Different people respond to the resources offered by programmes in different ways. This is in part because of the social norms affecting and adopted by different groups. The classic ‘big picture’ examples are culture, class, gender, religious and political beliefs, power, status and individual capacities – all things which shape what individuals value and how they reason in response to the programme’s offerings.

For a specific example, take the case of programmes offering self-management support for people with diabetes. Newly diagnosed adolescent patients may struggle with self-management because they prefer to, or feel pressured to, fit in with peer or family activities like drinking alcohol or consuming sugary food. Of course, other peer groups and families may routinely engage in healthy eating and fitness behaviours which may support people to self-manage. As people grow into adulthood, they often become less dependent on peer and family approval and their ‘reasoning’ in relation to self-management may change.

Context affects how things are done, which influences how people respond

Programs are introduced into existing settings, and interact with existing policies, procedures, attitudes and beliefs, and priorities. These features of context affect how programmes are implemented, which in turn influences how people respond.

For example, in Spain, doctors are in charge of organ donation and consent processes and organ donation rates are high. In other countries, including the UK, with lower rates of organ donation, nurses are responsible for obtaining consent from families (Manzano and Pawson, 2014). It is not being a nurse or a doctor per se that explains these differences. Nurses have more limited power over decision making in professional hierarchies and systems of care and have less resources to manage the process, which likely underpins the variation in donation rates.

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Context affects whether resources are available for people to put new decisions into action

Context also affects whether resources are available for people to put new decisions into action. Prashanth et al (2014) showed that health managers in a remote area actively participated in a capacity building intervention designed to improve their skills in planning and managing health services and that they intended to make improvements. However, there were no changes in outcomes, as measured by indicators including budget utilisation, maternal antenatal care visits and infant still birth and mortality rates. The remoteness of the area meant that it was not a popular place for staff to work and there was a high turnover, which meant that managers had few staff to implement changes. In this example, it is not remoteness per se that explained the lack of success, but the effect of remoteness on staffing, which reduced the resources available to implement changes.

Contexts operate in time

There is a dynamic interplay between programmes and contexts which evolves and changes over time. Programmes may change the context in which they are implemented, which in turn may prompt changes to the resources offered by the programme, which subsequently shapes a different set of mechanisms and thus outcomes. Ball et al (2016) found that the aims and functions of referral management centres (RMCs) evolved over time in response to changes in the local service network that occurred as a result of their implementation. Some RMCs were originally developed to collect data on referral volumes by speciality and the availability of this information enabled health commissioners to introduce new services to deal with the demand. This in turn necessitated a change in the function of the RMC to one of clinical triage to ensure the 'right' patients were referred to the new services.

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Changes in the context over time can also constrain the intended mechanisms through which the programme is expected to work and thus limit its impact. For example, the majority of weight-loss programmes are well-known to fail in the long-term as the context experienced by the dieter (life events, social engagements, holidays) increasingly constrains motivation over time.

In summary, context is an essential component of any realist explanation of for whom, in what circumstances and why interventions or programmes 'work'. Contexts do not refer to places, people, time or institutions per se, but to the social relationships, rules, norms and expectations that constitute them, as well as the resources available (or not). Contexts are therefore bound up with the mechanism(s) through which programmes work, and need to be understood as an analytically distinct but interconnected element of a Context-Mechanism-Outcome configuration. The task of realist evaluators is to understand what in particular it is that functions as a context that shapes the mechanisms through which a programme works.

We implemented the same program in two locations. For some reason, we had very different results.



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This project was funded by the National Institute of Health Research Health Services and Delivery Research Programme (project number 14/19/19).

Professor Trish Greenhalgh's salary is part-funded by the Oxford Biomedical Research Centre, NIHR grant number BRC-1215-20008.

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR programme, NIHR, NHS or the Department of Health.

