Learning & reflections from a realist evaluation of Schwartz Rounds® - an intervention to promote compassionate care

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Introduction

- What are Schwartz Rounds?
- What is realist evaluation? Methodological principles
- How ‘to do’ a realist evaluation and how not to!
- What we did – analysis cycles
- Challenges and what we would do differently
- Conclusions- would I do it again?
What are Schwartz Center Rounds®?

- Orgins Boston USA – over 20 years ago & introduced UK 2009
- Regular / monthly, open forum with structured time & safe, confidential space for Healthcare staff
- Purpose to support staff and enhance their ability to provide compassionate care through reflective practice;
- Not problem solving/focus on clinical aspects of patient care
- Rounds = for sharing emotional, social & ethical challenges of providing care
- Round lasts 1 hour and begins with a pre-arranged and pre-prepared multidisciplinary panel presentation of patient case / different stories based on common theme.
- Panellists each describe the difficult, demanding or satisfying aspects of the situation (15-20 mins) and topic then opened to the audience for group reflection and facilitated discussion.
What is realist methodology?

- Approach that uses programme-level and middle-range theory(ies) in evaluation and synthesis.
- Used in the assessment of complex evidence coming from the implementation of policy, programmes, services and interventions.
- Concerned with understanding context and underlying mechanisms of action.
Realist Principles 1

- Evaluators need to penetrate beneath the surface of observable inputs and outputs of an intervention / programme (ontological depth)

- Ask not, “does it work?” or “what works on average”? But “what works, for whom, under what circumstances and how?”

- Based on a logic of mixed methods - evidence/theory configurations

- Interventions do not create change, people do…. 
Realist Principles 2

- Realist evaluation - identification of underlying mechanisms of action and how they manifest in contexts to produce outcomes
- Referred to as the context-mechanism-outcome configuration
- Key principle = interventions work differently in different contexts – mechanisms triggered to different degrees in different contexts
- Second key principle = for social interventions e.g. Schwartz Rounds, mechanisms are the cognitive or affective responses of participants to the resources offered
- Overarching aim = to understand the complex relationship between mechanisms and the effect that context has on their operationalisation and outcome.
Realist Causation: Context – Mechanism - Outcome Configuration

Context + Mechanism = Outcome

(Environment) + (Resources offered + Reactions) = (Effect & ripple effects)

How ‘to do’ a realist evaluation?

- RAMSES guidelines (2017)
- Yet many researchers struggle with how to ‘do’ RE
- Published studies claiming to use RE methodologies often have little in common
- Learnt by ‘doing’ and guided by RE mentor
- Attended RE conference and gained RE insights from RE colleagues there and at further RE analysis training
Realist evaluation of Schwartz Rounds: data collection & analysis

1. Develop initial programme theory:
   - All programmes (implicitly/explicitly) have a programme theory/ies re how programme expected to cause its intended outcomes:
     - initial review of the literature to identify definition and mechanisms of Rounds
     - interviewed programme architects in USA & key stakeholders in UK
     - programme documentation review
     - initial Rounds observations & discussions with key players in UK implementation

2. Organisational case studies to
   - (i) identify the varying contexts and mechanisms by which Rounds ‘work’ and produce outcomes/ripple effects; and
   - (ii) to test and refine the initial programme theory
Context: Context important because generative mechanisms can only work if the circumstances are ‘right’.
- Contextual layers include individual, interpersonal, organisational and intra-structural. E.g. intra-structural context = staff emotional labour and high levels of psychological distress
- Organisational context includes time running rounds, audience and Rounds characteristics

Mechanisms: usually hidden, sensitive to variations in context, and produce effects / generate outcomes.
- Combination of (i) the resources offered by the programme -Rounds - and (ii) the responses from attendees and other actors to these resources which lead to outcomes.
- Mechanism resource e.g. is group setting providing an opportunity for panellists and audience members to tell their story to a group of colleagues (audience), results in a response ‘sparking’ recognition of shared experiences and feelings & giving & receiving of help & encouragement

Outcomes: intended or unintended impacts and reported changes in individuals (cognitively-attitudes/beliefs or behaviourally), teams or organisational culture generated intervention mechanisms -can be proximal, intermediate, or final
- depends on both the mechanism + context; mechanisms interact with their context -can generate ‘x’ outcomes in one setting and ‘y’ outcomes in another.
- Examples of Rounds outcomes include increased empathy for self (intermediate), colleagues and patients (final), reduced isolation, staff support; and ‘ripple effects’; intended or unintended outcomes of Rounds resulting in cultural change/changes in practice.
Case study interviews

- Interviews served different purposes at different phases
  - theory gleaning; theory refining; theory testing & consolidating interviews (Manzano 2016)
- Drew upon observation data to help develop, test & refine our candidate programme theories (Context(C)-Mechanism(M)-Outcome(O) configurations).
- Analysed interview data for full & half nuggets of illustrative text (containing full or partial CMOc) more than 30 CMOc
- Repeat interviews with key respondents & different interview questions with additional respondents to refine, test and consolidate 30 CMOcs.
- Further analysis cycles:
  - iterative analytical process to refine, combine and generate new CMOcs
  - inductive interview analysis
  - testing causative configurations with well informed ‘experts’ in focus groups.
Step 1: Brainstorm potential CMOs from observation/interview data knowledge

Step 2: Identify sample of key informant and observation data

Step 3: Five members of team reviewed same 4 key expert interviews for CMO data and reviewed observation field notes

Step 4: Discussed and compared analytic categorisation and notes in team and with realist mentor

Step 5: Five team members analysed c.10 transcripts each (n=50), identified & colour coded CMOs & C,M&O’s nuggets in Word & Excel

Step 6: Further discussion and iteration, constant comparison, regroup & collapsing resulted in 30 CMOs

Step 7: Created Rounds 4-stage model and mapped CMOs across stages

Step 8: Combine, cluster and drop non-core CMOs to achieve approx. 15 CMOs

Step 9: Explored 15 CMOs in further Rounds observation/key informant interviews

Step 10: Repeated steps 5 and 6 with new data and refined to 10 CMOs

Step 11: Tested 10 CMOs in two focus groups with Rounds mentor experts and against initial programme theory

Step 12: Further refined 10 CMOs to 9 CMOs and drew on middle range theory to refine further & developed revised evidence-informed programme theory
Data nuggets

- Nuggets = direct interview quotes which outline causality.
  - **Full nugget** (golden) = causal explanation that includes ‘why’ whereas a partial one just says that something leads to an outcome but doesn’t explain why.
  - **Half nugget** partially outlines causality - complete by inferring from data / theory and use to drive subsequent interviews....

- ‘I'll show-you-my-theory-if-you'll-show-me-yours’ (Pawson 1996).
Challenges

- Understanding and operationalising mechanisms to be able to gather data on them
- ‘Extracting’ data re what people are experiencing / many mechanisms not seen (even in observation)
- Defining and searching for CMOc ‘nuggets’ of illustrative text and deciding which CMOc they best illustrated / fitted;
- Collapsing CMOcs and Identifying core CMOc in such a complex intervention; multiple data ‘discussion’ days
- What is context and what is mechanism – similar things can be one or the other or both
  - Helpful to think of contextual factors as acting like a dimmer switch – causing mechanism to fire optimally or not, turning up brightness by which mechanism fires to produce outcomes. (Dalkin 2015 - ‘What’s in a Mechanism’)
In conclusion

- RE not as easy at it looks or sounds!
- No easy ‘how to’ guide- we learnt by doing and by making mistakes and with great mentorship and support
- Many challenges..as outlined (including not doing realist synthesis)
- Definitely worth it – best approach to get ‘underneath’ descriptive data and utilise middle range theory to provide greater explanatory evidence
- Our resulting causal explanations and evidence-informed programme theory provide a rich, in-depth explanation about how Rounds work, for whom and why, providing an important framework for future evaluations of Rounds, and their implementation.
Research outputs

**AN ORGANISATIONAL GUIDE**
Understanding, implementing and sustaining Schwartz Rounds®

I was caught between the patient and their family...

Findings from a national evaluation

Film and organisational guide
References


  https://doi.org/10.1186/s12916-016-0643-1
Rounds in the UK

- 170 provider organisations
  - Acute trusts, community and MH trusts, hospices, prison, medical school

NIHR evaluation 2014–2017

Thank you

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