

# Quality and reporting standards, resources, training materials and information for realist evaluation: the RAMESES II project

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## Scientific summary

### The RAMESES II project

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# Scientific summary

## Background

Many of the problems confronting policy- and decision-makers, evaluators and researchers today are complex. For example, much health service need results from the effects of smoking, suboptimal diets (including obesity), excessive alcohol intake, inactivity or adverse family circumstances (e.g. partner violence), all of which, in turn, have multiple causes operating at both individual and societal level. Interventions or programmes designed to tackle such problems are themselves complex, with multiple, interconnected components delivered individually or targeted at communities or populations. Their success depends both on individuals' responses and on the wider context in which people strive (or not) to live meaningful and healthy lives. What works in one family, one organisation or one city may not work in another.

Designing and evaluating complex interventions is challenging. Randomised trials that compare 'intervention on' with 'intervention off', and their secondary research equivalent, meta-analyses of such trials, may produce statistically accurate statements (e.g. that the intervention works 'on average'), but these leave us none the wiser about where to target resources or how to maximise impact.

Realist evaluation seeks to address these problems. It is a form of theory-driven evaluation, based on realist philosophy, and it aims to advance understanding of why these complex interventions work, how, for whom, in what context and to what extent, as well as to explain the many situations in which a programme fails to achieve the anticipated benefit.

Realist evaluation assumes both that social systems and structures are 'real' (because they have real effects) and that human actors respond differently to interventions in different circumstances. To understand how an intervention might generate different outcomes in different circumstances, realism introduces the concept of mechanisms, which may be helpfully conceptualised as underlying changes in the reasoning and behaviour of participants who are triggered in particular contexts.

This project aims to develop quality and reporting standards, resources and training materials, to build research capacity and to develop materials for lay participants involved in realist evaluations.

## Objectives

1. Recruit an interdisciplinary Delphi panel of, for example, researchers, support staff, policy-makers, patient advocates and practitioners with various types of experience relevant to realist evaluation.
2. Summarise the current literature and expert opinion on best practice in realist evaluation to serve as a baseline/briefing document for the panel.
3. Run three rounds (and more if needed) of the online Delphi panel to generate and refine items for a set of quality standards and reporting guidance.
4. In parallel with the Delphi panel:
  - (a) provide ongoing advice and consultancy to up to 10 realist evaluations, including any funded by the National Institute for Health Research (NIHR), thereby capturing the 'real-world' problems and challenges of this methodology
  - (b) host the RAMESES JISCMail list on realist research ([www.jiscmail.ac.uk/RAMESES](http://www.jiscmail.ac.uk/RAMESES)), capturing relevant discussions about theoretical, methodological and practical issues
  - (c) feed problems and insights from 4a and 4b into the deliberations of the Delphi panel.

5. Write up the quality standards and guidance for reporting in an open access journal.
6. Collate examples of learning/training needs for researchers, postgraduate students and peer reviewers in relation to realist evaluation.
7. Develop, deliver and refine resources and training materials for realist evaluation. Deliver three 2-day 'realist evaluation' workshops and three 2-day 'training the trainers' workshops for a range of audiences [including interested NIHR Research Design Service (RDS) staff].
8. Develop, deliver and refine information and resources for patients and other lay participants in realist evaluation. In particular, draft template information sheets and consent forms that could be adapted for ethics and governance activity.
9. Disseminate training materials and other resources, for example via public-access websites.

## Methods

In this project we used a range of methods to meet the objectives set out above. To fulfil objectives 1 and 2 we undertook a thematic review of the literature that was supplemented by our content expertise and by collating feedback from presentations and workshops. We synthesised our findings into briefing materials for realist evaluations. We recruited members to the Delphi panel, which had wide representation from researchers, students, policy-makers, theorists and research sponsors. We used the briefing materials to brief the Delphi panel so that they could help us in fulfilling objective 3. For the advice and consultancy in objective 4, we drew on not only our experience in developing and delivering education materials, but also relevant feedback from the Delphi panel, the RAMESES JISCMail e-mail list on realist research approaches, training workshops and the evaluations teams we had supported methodologically in the past. To help us refine our reporting standards (objective 5), we captured methodological and other challenges that arose within the realist evaluation projects we provided methodological support to. To produce the definitive reporting standards, quality standards and resources and training materials (objective 5), we synthesised expert input (from the Delphi panel), literature review and real-time problem analysis (e.g. feedback from the e-mail list, training sessions and workshops and presentations).

Throughout this project we did not set specific time points when we would refine the drafts of our project outputs. Instead, we iteratively and contemporaneously fed any data we captured into our draft reporting standards, quality standards and resources and training materials, making changes gradually. Only our Delphi panel ran within a specific time frame. The definitive guidance and standards were, therefore, the product of continuous refinements. To understand and develop information and resources for patients and other lay participants in realist evaluation (objective 8) we convened a group consisting of patients and the public. We addressed objective 9 through academic publications, online resources and delivery of presentations and workshops.

## Results

Our literature review identified 152 realist evaluations, and when we had analysed 37 of these we had reached thematic saturation. Our analysis and discussion within the project team produced a summary of the published literature, and common questions and challenges in briefing materials for the Delphi panel. The Delphi panel comprised 35 members from 27 organisations across six countries and five disciplines. Within three rounds, the panels had reached a consensus on 20 key reporting standards, with an overall response rate of 76% and 80% for rounds 2 and 3, respectively. The RAMESES II reporting standards for realist evaluations have been published in an open-access journal and the EQUATOR (Enhancing the QUALity and Transparency Of health Research) network ([www.equator-network.org](http://www.equator-network.org)).

The quality standards and resources and training materials drew on the following sources of data: (1) personal expertise from researchers and trainers; (2) data from the Delphi panels; (3) feedback from participants at training sessions we ran; and (4) comments made on RAMESES JISCMail mailing list.

We developed eight quality criteria for realist evaluations with different versions for evaluators, researchers, peer reviewers and funders/commissioners of research. For our resources and training materials, we used the data we captured to identify the methodological topics that were highlighted by the majority of realist evaluators as most challenging. We developed training materials for 15 theoretical and methodological topics in realist evaluations. The quality standards and training materials are freely available online ([www.ramesesproject.org](http://www.ramesesproject.org)).

We provided methodological support to 17 projects and presentations or workshops to help build research capacity in realist evaluations to 29 organisations, both nationally and internationally. This training included two 'training the trainers' workshops run in conjunction with the NIHR RDS East Midlands. Finally, we produced a generic patient information leaflet for lay participants in realist evaluations.

## Conclusions

In conclusion, although realist evaluation holds much promise for developing theory and informing policy in some of the health and other sectors' most pressing questions, misunderstandings and misapplications of it is common. To try to address these problems, we have produced reporting and quality standards, and resources and training materials. In addition, we provided methodological support and advice to realist evaluation projects, ran training workshops for fellow realist evaluators and developed information and resources for patients and other lay participants in realist evaluation. However, for the quality of realist evaluations to improve, evaluators who wish to use realist evaluation will have to develop the necessary skills and use the materials we have developed.

We hope that our resources will be the start of an iterative journey of refinement and development of better resources for realist evaluations. Acknowledging that the science of evaluation should never be static, the RAMESES II project seeks not to produce the last word on these issues but to capture current expertise and establish an agreed state of the science on which future researchers will no doubt build. Much methodological development is needed in realist evaluation (e.g. work on appropriate quantitative methods, implications for research ethics, development of realist approaches in particular sectors and adaptation of existing evaluation tools for realist approaches). However, this can take place only if there is a sufficient pool of highly skilled realist evaluators. Capacity building through, for example, training and 'apprenticeships' of less experienced evaluators with more experienced ones is the next key step in realist evaluation.

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