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Williams, Lynne; Rycroft-Malone, Joanne; Burton, Christopher

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Lynne Williams, Jo Rycroft-Malone, Christopher R. Burton
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Abstract

In the context of modern nursing practice which is embedded within complex social situations, critical discussions about the contribution of major philosophers are relevant and important. Whilst nurse theorists have advanced and shaped nursing as a discipline, other major philosophers can offer much to advance nursing inquiry. In this paper, we focus on philosopher Roy Bhaskar who, amongst others, developed critical realism, a philosophy for social science which connects with how many of us think about the world. Bhaskar's work focuses our attention on the interplay between structure and agency, and on the search for the causative or generative mechanisms. Bhaskar was interested in human emancipation, and we suggest his work is of great importance to advance understanding of complex social situations. Critical realism has already been endorsed by a range of disciplines, especially in research which focuses on real problems and acknowledges the complexities of the social world. In recent evidence from healthcare literature, there has been a surge in research using realist methodology (realist evaluation and realist synthesis) which is underpinned by the philosophy of critical realism, and which offers a different perspective to understanding nursing and healthcare problems through the realist lens. However, we suggest that sufficient attention is not always paid to the philosophical roots of this methodology. In this

paper, we provide insight into Bhaskar's work, and demonstrate how research positioned within critical realism and realist methodology can advance nursing and healthcare-related knowledge. Through shining a light on Bhaskar, we illustrate how critical realism philosophy is a natural fit with human and health science inquiry, including nursing.

Key words: Bhaskar, Critical Realism, Nursing, Realist methodology

Introduction

In the context of modern nursing and healthcare practice, embedded within complex social situations, critical discussions about the contribution of major philosophers are relevant and important. According to Perron (2015), nurses should be learning about the wider world, and understanding how people (as patients) are positioned in accordance with different philosophical ideas. Through this lens, philosophy informs the study of the complexities of human nature against the backdrop of the scientific world. In other words, empiricism needs philosophy (Angus, 2012). As the contribution of nurse theorists has advanced and shaped nursing as a discipline from within the profession, we suggest that resources from major philosophers from other disciplines may also help to sharpen and answer critical questions (Risjord, 2010). Acknowledging that science informs our understanding of the world, the philosopher is interested in finding out about the world that is informed by science (Ehrbar, 1998). This suggests that nursing as a discipline should pay attention to how philosophy can contribute to the development of practice. However, the evidence to show the exact contribution is not always clearly visible.

As a philosophy of (and for) social science (Sayer, 2000), critical realism is underpinned by a belief in the existence of different layers of reality (Roberts, 2014), and is viewed to hold a different position from that espoused by positivism and relativism (Sayer 2000), albeit, we suggest, in the manner of friendly association, as opposed to contradiction. With its origins associated with philosopher Roy Bhaskar (Clark et al, 2008: Joseph, 2014), amongst others, critical realism appeals to a wide audience as it relates to how many of us think about the world (O'Mahoney & Vincent, 2014). This view suggests that the world is stratified in nature,

reality is much more than what we can observe (Spencer, 1995), and generative mechanisms can

give rise to events (Oltmann & Boughey, 2011). In recent evidence from healthcare literature, there has been a surge in research positioned within the realist domain, using realist evaluation and realist synthesis (Pawson and Tilley, 1997: Pawson, 2006). We suggest that this approach appeals to how we approach healthcare-related problems as it recognises the complex nature of programmes/interventions and focuses on explaining what is working under specific conditions or contexts. However, whilst realist methodology offers an attractive approach to inform better understanding of complex interventions, we suggest that sufficient attention is not always paid to the philosophical roots of this framework. In the context of modern nursing practice, we suggest that critical discussions about the contributions of major philosophers remain relevant and important, so that we may learn from linking together theory and practice. In this paper, we consider the potential contribution of Bhaskar and critical realism to advancing nursing and healthcare-related knowledge. Whilst there may be a gap in evidence to show the exact contribution critical realism can make to nursing practice, we provide an examination of findings from papers constructed from realist methodology that demonstrate the use of, and provide insight into the potential contribution of using the critical realist ontology.

Critical realism

We recognize that the term critical realism has a long past history, and can be interpreted in many ways (Maxwell, 2012). We also accept that Bhaskar was not alone in being associated with developing realism, and his is only one version of the philosophical perspective (Maxwell, 2012). However, what we wish to achieve in this paper is to explore the particular

contribution of Bhaskar's early work to bring critical realism to life, and for paving the way for the broad tenets of the philosophical approach to underpin and guide research methodology in nursing and healthcare sciences. Bhaskar believed that philosophy is at the core of scientific and natural knowledge. In other words, philosophy acts as the 'underlabourer' of science (Ehrbar, 1998: 1). Bhaskar held a fundamental belief that "people are born free but are everywhere in chains" (Reisz, 2014), and his philosophical work was dedicated to human emancipation (Bhaskar & Hartwig, 2009:

Reisz, 2014). His arguments in his DPhil thesis were embedded in the classic book "A Realist Theory of Science" (1975) (Reisz, 2014), a volume which challenged and changed the beliefs underpinning empiricism and rationalism (Houston, 2001). It had, at its heart, the novel argument that we must accept the reality of being (i.e. what is the world like) in order to understand how scientific knowledge is possible (Norrie, 2015). Later, in "The Possibility of Naturalism" (1979), Bhaskar argued that, if the differences in human and social relations are acknowledged, then social sciences are similar to the natural sciences (Norrie, 2015). According to Bhaskar (1989:3) , 'social phenomena (like most natural phenomena) are the product of a plurality of structures'. His argument was that the social sciences could be equally understood with the natural sciences once differences between human beings and social relations were accepted (Norrie, 2015).

Reisz (2014) reports how Bhaskar's original philosophy of critical realism was further developed as dialectical critical realism, and meta-realism, work of significance to disciplines to help understand creativity, peace and theology (Norrie, 2015). Later in his career, from 2007, Bhaskar was a part-time world scholar at the Institute of Education, University of London (Norrie, 2015: Reisz, 2015). He died on 19 November 2014.

The path to realism

To understand the thinking which shaped the original interpretation of critical realism, we throw light on Bhaskar's views about two perspectives (i.e. positivism and constructivism) that underpin traditional knowledge paradigms. In a naive view of knowledge paradigms,

positivism is traditionally situated at one end of a continuum. A positivist might describe science as “the methodical observation of phenomena which enables the observer to identify the causal relationships that exist between those phenomena” (Porter, 2001:15). From a positivist point of view, the epistemological position is based on a belief that causality is directly related to effect. We trace the origins of positivism to the natural sciences, but by the

mid-eighteenth century, sociologists were applying positivist beliefs to the study of social science in the hope that complex phenomena could be understood through scientific means (Parahoo, 2006). Positivists will argue that only one reality exists, based on objectivity and truth, and that the purpose of research is to provide measurable accounts of this reality (Oltmann & Boughey, 2011). For positivists, only scientific knowledge alone can provide the answers to questions about the behavioural sciences (Harre & Secord, 1972). This is because, in the positivist paradigm, closed systems (which may be more controlled and predictable), "allow constant conjunctions of events, the Human version of causality" (Mingers, 2011:314). Positivists share the common goal of generalisation (Lincoln & Guba, 2000), but because the approach to natural and social sciences operates within closed systems, Bhaskar's argument was that it fails to demonstrate generalizability (1979). Bhaskar believed that positivism commits the "epistemic fallacy" of trying to fit ontological questions (around the nature of reality), to epistemological questions around knowing what reality is (Cruickshank, 2011: 7). In nursing and healthcare practice, positivist research can operate within a closed system (which we can see into), but the challenge is in transferring to situations of complexity which we do not understand.

On the other end of the virtual continuum, philosophers, (or, in the words of Bhaskar, 1979:160); "humanists, hermeneuticists and other anti-naturalists, jointly comprising the anti-scientific romantic reaction", have sought to find different ways of exploring phenomena as they occur within the social world. Positioned within interpretivism, where the focus of research is to uncover the meaning of experience (Topping, 2010), lies constructivism, which is a way of viewing reality as being all in the mind, with language, narrative and discourse offering different perspectives of that reality (Kazi, 2000). Constructivists suggest that; "there

is no reality which can be used as a standard, and that there are therefore many truths which are all equally true even if they are contradictory" (Kazi, 2003: 13). In other words, reality is "socially constructed" (Bergin et al, 2008: 171) and specific to the circumstance. For constructivists, the enquiry is focused on what "individuals perceive to exist" (Wainwright, 1997: 1264). Critics of constructivism argue that it lacks depth in understanding "constraining and enabling social structures and mechanisms" (Wainwright, 1997:1268). Bhaskar (1979) wrote how constructivists reject the notion that knowledge of the human and social world can be explained through positivist approaches, and referred to a linguistic fallacy, which reduces the ontology of being to narrative and discourse (Bergin et al, 2008). However, other forms of constructivism edge closer to realism. Stake (1995), for example, suggests that most researchers adopt a pragmatic rationalist-constructivist worldview, because the opposite is to believe in a reality based on illusion.

We trace the origins of critical realism back to the 1970s, at around the same time as different approaches to systems thinking were developing (Mingers, 2011), and when momentum was building to challenge the positivist conviction that only the observable can be associated with reality (Spencer, 1995). Previously known by terms such as fallibilistic realism, and post-positivism (Kazi, 2000), critical realism is based on the realist perspective which challenges the assumption that what we know about the world is actually real (Oltmann & Boughey, 2011). In the next section we consider the realist ontology to consider how Bhaskar viewed reality.

Realism

Realism, stemming from an alternative epistemological and ontological perspective, recognises that the "patterning of social activities are brought about by the underlying mechanisms constituted by people's reasoning and the resources they are able to summon in a particular context" (Pawson & Tilley, 1997: 220). Hence, realism offers an alternative position that neither rejects nor endorses the different stances offered by the positivist and constructivist paradigms (Pawson & Tilley, 1997: Julnes et al, 1998), but offers a different approach to understanding reality. One virtue of realism is the ability; "to shift the emphasis back from epistemology, the theory of knowledge, to ontology" (Outhwaite, 1987:18). The realist ontology relies on a belief that features which form our world are not essentially visible (Wainwright, 1997). As Bhaskar (1989) contended, all ways of organising knowledge (including philosophy), believe in advance in some form of realism, a way of understanding and explaining the nature of being or existing (ontology). Realism denotes the importance of explaining behaviours, such as the relationships between structures and values (Porter, 2001). According to Bhaskar, it is more meaningful to be able to describe phenomena in an understandable way, rather than seek the "absolute truth" (Wilson & McCormack, 2006: 46).

Bhaskar strongly believed in the existence of a reality which is independent of people's cognition (Houston, 2001). He interpreted this reality as existing at

three different levels –the empirical, actual and the real. Houston (2001) describes the empirical level as being about experienced events; the actual, consisting of every event (whether experienced or not); and the real as the level where "mechanisms" exist, which may, or may not, be activated. The idea of a real world existing independently of our understanding of it can be difficult to grasp. Westhrop et al (2011:3) offer another perspective, referring to interdependency, which means that that "how we interpret it (the real world) influences our actions, which in turn can influence reality".

Realist philosophers argue that the focus on uncovering causal mechanisms can be applied in the social and human sciences, based on an understanding of the interdependence of individuals and society (Wainwright, 1997). The realist enquiry takes place; "within a complex open system that is synonymous with social systems" (Wilson and McCormack, 2006: 48), and relies on a belief that the world is made up of a plethora of different systems, for example, social, material, or psychological (Westhrop et al, 2011). In open systems, where the reality is less predicable, there is fluid movement between constituents of different systems (Westhrop et al, 2011). Therefore, to fully embrace the realist paradigm, one needs to be convinced that theoretical constructs really exist. If "protons, photons, fields of force, and black holes are as real as toe-nails, turbines, eddies in the stream and volcanoes" (Hacking, 1983:21), so then a theory is as real as a tree.

The conception of critical realism

Whilst Bhaskar was the founder, and provided the source of subsequent work, of critical realism (Jefferies, 2011: O'Mahoney & Vincent, 2014), other philosophers have been influential, including Rom Harre (McEvoy & Richards, 2003: Wand et al, 2010). Critical realism focuses on analysing the social world (Wand et al, 2010), and attention is focused on what causes something to happen/change (the generative mechanisms or structures) that lead to observable phenomena (Wand et al, 2010: Oltmann & Boughey, 2011). For critical realists, reality exists outside any description of it, and learning about reality is confined to the here and now (Stickley, 2006). It is this interpretation of reality that may help to explain the influences of different interactions within social constructs.

As to ways of adapting the critical realism philosophy, Bhaskar (1989) provided a three step approach to building a scientific account to explain phenomena, guided by the concept of retroduction which is the nearest best explanation for it. This approach legitimises the triangulation of methods for research, in that different sources may be required to extract knowledge of the phenomenon under scrutiny (Bergin et al, 2008). The process begins with generating a hypothetical model of a mechanism or mechanisms, which; "if it were to exist and act in the postulated way would account for the phenomenon in question" (Bhaskar, 1989:19). The mechanisms *may* then be studied empirically so that different explanations of the phenomena are developed. This is done through "working out additional phenomena which should be a consequence of the model, and which are open to empirical testing" (Wainwright, 1997: 1265). The final step, as Bhaskar (1989) articulated, is to explain the explanations themselves. Through this process, critical realism progresses beyond actualism, interpretivism and constructivism (Syed et al, 2009).

Scope of critical realism

Critical realism has been endorsed in a range of different disciplines, especially in research which acknowledges the complexities of the social world and is seeking answers to real problems (Syed et al, 2009: Mingers et al, 2011). By now, critical realism has become a global movement that transcends disciplines, for example, in economics, psychoanalysis and linguistics (Houston, 2001). In design and management, Hodgkinson and Starkey (2012) have argued for framing research within a social science perspective, by combining design science with critical realism, based on the belief that critical realism can promote innovative thinking and help to shift the positivist tendencies of design science. We also find critical realism informing organisation and management studies (Fleetwood & Ackroyd, 2004); information systems research (Mingers, 2000: Mingers et al, 2011: Dobson, 2009); business education (Syed et al, 2009); human geography (Wai-Chung Yeung, 1997); pharmacy education and social pharmacy research (Oltmann & Boughey, 2011), and the arts (Kontos & Poland, 2009). In the social sciences, the focus on the interplay between agency (individual determinants of how people act), and structure (other determinants which influence agency) in critical realism helps us understand the nature of a predisposed social world, and recognise the social dimensions of people and science (Connelly, 2001: Oladele et al, 2013). For example, Oltmann and Boughey (2011) report a research study which looked at the ways mentoring could facilitate access to a pharmacists' community of practice. The authors illustrate how adopting a critical realism position allowed them to explain participants' different experiences and not simply acknowledge that they existed. Guided by critical realism, the study was based on acknowledging human fallibility, and paid attention to how people's backgrounds and history can influence their experiences.

Whilst historical use and examination of the critical realist perspective has largely been absent in human and health sciences research (Clark et al, 2008: Linsley et al, 2015), we consider that the dialogue about its contribution is becoming more evident in recent times (McEvoy & Richards, 2003: Bergin et al, 2008: Clark et al 2008: Angus, 2012). There are several reasons for this. Empirical research, using Bhaskar's definition of social structures, can provide scientific explanations of complex problems which ultimately lead to policy recommendations for change (Cruickshank, 2011). Critical realism has scope to guide programme or policy evaluation, and its focus on understanding the factors which may impinge on generative mechanisms is especially relevant to understand how evidence can be implemented into practice (McEvoy & Richards, 2003).Critical realism confronts complexity (Clark et al, 2008), and can enlighten the different influences on patient and professional activities during care episodes (Angus et al, 2006). The sociological study of mental illness, for example, can be developed, through the use of critical realism as a framework (Bergin et al, 2008). Additionally, critical realism offers an approach which transcends both methods and discipline (Clark et al, 2008), as it draws on different theoretical perspectives that reflect diverse academic and philosophical traditions.

To illustrate the potential contribution of healthcare research positioned within critical realism, the example of acquired immune deficiency syndrome (AIDS) is offered by Porter (2001). Whilst positivist research would focus on uncovering the causes and processes of AIDS, the interpretivist approach would be based on seeking to understand the experiences of people and their families and how they are affected by the disease. To do this, an

interpretivist enquiry would be focused on a “dialogic approach” which encourages

understanding by exploring individual values and principles (Kazi, 2000). However, in an alternative way, the realist researcher delves underneath what is observable, exposing values and beliefs and explaining relationships by methodically exposing the social roots and structures that influence AIDS. In this example, critical realism is acting as a bridge over the; "schism between positivism and interpretivism" (Mingers, 2011:304).

However, whilst critical realism, including Bhaskar's interpretation, promises much to contribute to understanding the complex issues in human and healthcare practice, the practical application of his philosophical perspective to guide and inform nursing and healthcare practice can appear challenging. We suggest that realist methodology can bridge the philosophy with practice. In the next section, we show how it provides insight into evaluating what works in complex programmes or interventions. As Stame (2004:62) explains; "it is not programmes that make things change, it is people, embedded in their contexts, who, when exposed to programmes, do something to activate given mechanisms, and change".

Realist Methodology

Realist methodology underpinned by the philosophy of critical realism (Wand et al, 2010: Angus, 2012: Linsley et al, 2015), provides a more inclusive picture of the reality of our world (Spencer, 1995). More importantly, we suggest that it can provide new insights into understanding the complexity within nursing practice and healthcare. Realist methodology reflects the open system perspective of realists, where the world may be more complex and

less predictable, as a; “constellation of interconnected structures, mechanisms and contexts” (Kazi, 2003:5), and how people themselves can influence the success or failure of any given

programme (Timmins & Miller, 2007). Realist methodology is theory-driven (Greener & Mannion, 2009), and is focused on uncovering programme mechanisms through a process of unravelling what are unobservable components. Pawson (2003: 472) explains the theory-testing philosophy of evaluation which; "seeks to discover whether programmes work; programmes are theories. Therefore it follows that evaluation is theory-testing".

Through using a theory-driven approach, the relationships between mechanisms of action and the contexts (or conditions) in which they are triggered are revealed. In this way, outcomes can be explained (Gill & Turbin, 1999; Greener & Mannion, 2009). In a logical process, this enables a clearer understanding of why some programmes/interventions work for some, and not for others. Through unwrapping the inner workings of a programme or intervention, we can explain links between; "components of these layers of social reality" (Byng et al, 2005: 72). Pawson and Tilley (1997) refer to this concept as embeddedness.

In essence, we are interested in identifying and understanding people's responses to different resources offered within complex social programmes or interventions. The focus is on understanding the complicated layers that exist below that which can be observed at the surface, and to explain the reasoning behind human action (Pawson & Tilley, 1997: McEvoy & Richards, 2006). This feature of realist evaluation enables the process of learning about what works, and the researcher to consider how it can be applied in different programmes over time (Westhrop et al, 2011).

In realist methodology, context-mechanism-outcome configurations (CMOCs) are developed to explain "what works for whom in what circumstances" (Tilley, 2000: Pawson, 2006: 25). The conception of CMO (Context +Mechanism =Outcome) is central to the realist position. The key to the configuration is the interdependence, or necessary relationship between context and mechanism. For Marchal et al (2012: 202); "change occurs when interventions, combined with the right contextual factors, release the generative mechanisms". The focus is on understanding mid-range theory, or the programme theory that sits behind a complex social programme. For realist evaluators, "unobservable underlying mechanisms give rise to observable events" (Julnes et al, 1998: 4). Initially developed as conjectured or hypothetical theories, the configurations are then followed up by testing (Tilley, 2000).

Realist methodology – contribution to nursing and healthcare practice

Whilst there may be a gap in evidence to show the *exact* contribution critical realism can make to nursing practice, research which has applied the tenets show the potential contribution of applying this philosophical approach. We further suggest that findings from papers constructed from realist methodology demonstrate the potential contribution of using the critical realist ontology within this framework. For example, Wilson and McCormack (2009) suggest that critical realism can be used to frame to guide action in practice development and realist evaluation to understand the effects of actions. Parlour and McCormack (2012) showed how critical realism could be used alongside an emancipatory practice development study to illuminate causation and effects. Other studies include service/programme evaluations, in addition to studies designed to capture intervention effectiveness. Collectively, they represent an eclectic mix of methodological

approaches, reflecting the belief that a wide range of methods “fit” with critical realism (Sayer 1992: Sayer, 2000).

We start by drawing attention to papers which focus on the different strands within the context-mechanism-outcome (CMO) configurations, and how they informed the study's findings. In a realist evaluation of intermediaries in infection prevention, Williams (2014), a nurse researcher, found that applying the realist lens illuminated the nature of the work of nurse intermediaries in a novel way. Four CMO configurations were developed and refined using case studies to show the interdependence between conditions (for example, where programmes bring intermediaries in close proximity with clinical staff), and mechanisms (for example, how clinical staff fear not being seen to play the right part in infection prevention). The use of the realist approach in this study showed, in a new light, the complexities that lie beneath observable health care practice. We argue that using an alternative approach in this study may have missed unearthing distinct context, mechanism and outcome strands to inform practice and policy of the ways in which different intermediaries can be most effective in promoting best practice.

Tolson et al (2007) took a realist position in their study which reported on the introduction of a new service within palliative care services. Where the framework was built into an iterative account of intervention progression over three evaluation points, the use of realist evaluation was instrumental to illuminate enabling relationships around context, mechanisms and outcomes relating to practitioners and practice development. The development of the CMOs in this study was significant as it required mapping to antecedent context and mechanisms, which enabled the authors to ascertain what key factors were enabling the success of a managed clinical network. Realist evaluation also proved to be an approach that facilitated the research process in this complex evaluation (Wand et al, 2010).

Illustrating how realist approaches fit with learning about the complexity of health care practice, Marchal et al (2010) found that the approach contributed to a clearer picture of causality, and that the determinants (in this case, for a well performing hospital) could be clearly identified as mechanism, intervention or context. The authors contest that using realist evaluation, with the focus on the development of the CMOs, provided a powerful tool to move beyond the traditional approach to conducting case studies. In a different case study report, (a longitudinal organizational case study of a modernization initiative), Greenhalgh et al (2009) report the use of three of the emergent mechanisms to illustrate the complex process undertaken. Mechanisms were identified around services, evidence use and involvement of users. Through establishing a range of enabling and constraining factors for each mechanism, this increased their potential to transfer to other programme evaluations. In this study, the authors draw conclusions about how using realist evaluation led to understanding how particular antecedent conditions make particular outcomes more likely.

Pommier et al (2010) conducted an evaluation of health promotion programmes within primary schools in France, and found that

realist evaluation resulted in paying attention to local and broader context that may influence desired outcomes for such programmes, providing a more sophisticated approach to traditional evaluation approaches. In a different type of evaluation published in a nursing journal, of patient experiences of cardiac rehabilitation, the authors were able to differentiate between different groups of emerging mechanisms (i.e. social and physical), and concluded that the mechanisms were linked to greater confidence, which is an essential factor for health behaviour change (Clark et al, 2005). The findings were therefore uniquely established in terms of the framework offered by Pawson and Tilley (1997), and the potential for transferability to other evaluations from these findings is promising, as the mechanisms could be tested under different contextual conditions.

The development of potentially transferable theory has also been cited in other studies. For example, in research commissioned by the National Institute for Health Research (NIHR), Rycroft-Malone et al (2010) found that using realist evaluation enabled the development of explanatory theory for broader service delivery around protocol and standardised-based care. For the authors, the application of a methodological approach which focused attention on context was important, and using realistic evaluation was instrumental to advance the development of middle range theory about why some approaches or interventions work. From the field of evidence-based midwifery, Abhyankar et al (2013) were able to generate middle range theories to explain how normal birth programmes work in a study whereby experimental research design was not possible. However, using a realist methodology enabled the development of a theory of what works, and testing in real-life contexts to examine what worked well and understand the underpinning context. Within mental health, Byng et al (2005) used realist evaluation alongside a randomised controlled trial to evaluate

the effectiveness of a specific mental health link intervention in primary care designed to link with specialists to improve care for patients with long-term mental illness. Three theoretical levels emerged, which the authors consider could be used elsewhere, specifically what they term second-level analysis, which uniquely shed light

on the theory of link working. The focus on CMO configurations also improved understanding of how the intervention worked (Wand et al, 2010).

Another significant finding from recent studies using realist methodology shows the importance and potential contribution of stakeholder engagement, a necessary component of the realist approach, given the focus on understanding the theories in the heads of programme users. In one example, in an evaluation of a health promotion programme about healthy eating and cooking, using realist evaluation engaged practitioners in a specific way that enabled them to use a stepped approach to achieving outcomes. (Lhussier et al, 2008). Stakeholder engagement also helped to unpack practitioners' dilemmas in the case of midwife-led alcohol brief intervention in antenatal care (Doi et al, 2015).

Conclusions

Increasingly, the nursing and healthcare community is drawn to seek an alternative to the more traditional paradigms to guide enquiry. In this paper, we have provided an insight into Bhaskar's contribution to developing critical realism. Bhaskar was interested in human emancipation, and we suggest his work is of great importance to advance nursing and healthcare knowledge of understanding complex social situations. Bhaskar's work focuses our attention on the interplay between structure and agency, and on the search for generative mechanisms. We have noted in this paper how critical realism transcends methodologies and disciplines which increases the potential for bridging nursing inquiry with

other fields. We have also highlighted how realist methodology, derived from critical realism, has potential for showing what works to improve the complex problems facing nursing and healthcare today. We suggest that realist approaches which draw from critical realism fit with the complexity of health care practice, and help to better understand the nature of nursing work and decision making.

Assessing the potential contribution of philosophy to the nursing community is a task which is beyond the scope of this paper. However, through shining a light on Bhaskar, we hope to have illustrated how critical realism philosophy is a natural fit with human and health science (including nursing). We believe that Bhaskar's legacy continues, and understanding his work has potential benefits for how we make sense of real issues in nursing and the broader healthcare context. Our aim for this paper was to arrive at a juncture which cements the contribution of Bhaskar's illumination of critical realism philosophy for nursing and healthcare practice. We hope, in some way, to have achieved this.

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