Enhancing precision in the investigation of context
Study findings from Triple C
Case study research to understand context in complex health interventions

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1. Background
Case study research has the potential to successfully capture dynamic interactions between context and implementation of complex healthcare interventions.
What is meant by context and how it is investigated often lacks precision. Guidance is urgently needed.
We conducted a meta-narrative review of literature relating to the conceptualisation and operationalisation of context in empirical case study health research on complex interventions in health systems and public health.
Findings will inform future development of guidance on use of case study research.

2. Our search strategy

2.1 CYCLE 1 (SCOPE)
- Expert recommendations, simple searches, citation tracking, snowballing about 3Cs = 460 papers
- Sift for case study methodology = 160 papers
- Drawn substantially from Total = 60 papers

2.2 CYCLE 2 (EMPirical)
- All results all years = 4235 papers
- Deleted via word searches = 7215 papers
- Total to screen = 2500 papers
- 1971–2008 screening High relevance = 27 papers
- 2009–2019 screening Low (150), partial (140) or high (93) = 383 papers
- Included in analysis = 67
- Additional expert recommendations = 4
- Total empirical papers reviewed = 71

2.3 CYCLE 3 (METHOdological)
- Citation tracking and snowballing from papers in Cycle 2 = 8 hybrid papers
- Citation tracking and snowballing from papers in Cycle 2 = 4 methodological papers (already identified in Cycle 1)
- Total new = 8
- Total papers in meta-narrative review (1 + 2 + 3) = 139

3. Our research findings: difficulties with context

3.1 Defining context
- Context lacks definition, limiting direction for choice of methods to investigate the case
- Context viewed as setting, factors, limiting insight into how context brought into action by key actors
- Case conflated with context (e.g. case defined as organisation, context bounded as characteristics internal to organisation)
- Context viewed in abstract terms, lacking specificity (e.g. ‘policy context’, ‘organisational context’)
- Definitions of context lack explicit connection to theory, potentially limiting transferability
- ‘Changing contexts’ viewed as complexity, rather than change and dynamism being inherent qualities of context

3.2 Operationalising context
- Methods take snapshots of the case and context, limiting insight into dynamic context-intervention relationships over time
- Context-mechanism-outcome relationships only observed indirectly (e.g. overreliance on interview methods)
- Researcher’s use of contextual frameworks functioning to presuppose and demarcate features of context

3.3 Analysing context
- Analysis of context lacking ontological coherence, limiting capacity to empirically connect concepts (e.g. leadership, policy, ward culture, patient pathways and procedures)
- Limited analytical concepts for understanding how wider historical and structural relations context and implementation
- Analytical process functions to limit insight into complex and dynamic interactions

3.4 Knowledge production
- Context-implementation provided as list of conditions for successful delivery, rather than evidence of dynamic and complex interactions over time
- Authors place limitations on theoretical generalisability of single N case studies, presented as offering useful points of transferability rather than stronger claims to theoretical generalisability

4. Conclusion
Optimising the potential of case study research requires careful consideration of different conceptualisations of the case, context and methods of investigation.
Deeper engagement with case study research can help to draw out aspects of context that have so far been neglected in research on complex health interventions.

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