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Research in Social and Administrative Pharmacy 8 (2012) 333–337

Commentary

Using critical realism as a framework in pharmacy education and social pharmacy research

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Summary

This article challenges the idea that positivism is capable of representing the complexity of social pharmacy and pharmacy education. It is argued that critical realism provides a framework that allows researchers to look at the nature of reality and at mechanisms that produce, or have the tendency to produce, events and experiences of those events. Critical realism is a framework, not a method. It allows researchers to make observations about phenomena and explain the relationships and connections involved. The researcher has to look for mechanisms and structures that could explain why the phenomena, the connections, and the relationships exist (or do not) and then try to show that these mechanisms do exist.

This article first contextualizes critical realism, then briefly describes it, and lastly exemplifies the use of critical realism in a discussion of a research project conducted in pharmacy education. Critical realism may be particularly useful in interdisciplinary research, for example, where practitioners and researchers are working together in a social pharmacy or pharmacy education setting. Critical realism requires the practitioners and the researchers to question and make known their assumptions about their own realities and to think of a complex problem or phenomenon in terms of a stratified reality, generative mechanisms, and tendencies. Critical realism may make research more rigorous and also allow researchers to conceive of a greater breadth of research designs for their work.

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Keywords: Critical realism; Social pharmacy research; Pharmacy education research

Introduction

In recent years, interest in pharmacy education has grown enormously as it has established itself as a field independent of medical/health education more generally. At the same time, the development of pharmacy practice has resulted in an increased interest in social pharmacy. This interest in both

pharmacy education and social pharmacy has resulted in a concomitant growth in the number of people doing research in both fields.

For several centuries, research in science, more generally, and health-related fields, more specifically, has relied on philosophical understandings of reality and how that reality can be known,

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known as positivism. Positivism claims the existence of a single absolute reality independent of human action, a reality that needs to be discovered by researchers. The role of the researcher is to observe and measure this reality in a way that is objective and unbiased. Although positivism has allowed enormous strides to be made in understanding the natural world, it is difficult to work within the social realm simply because people cannot be placed in the sort of controlled environments necessary to ensure the attribution of effect to cause associated with the natural sciences. For example, in pharmacy education, a researcher might be interested in examining the effect of a new teaching method on a class. A typical research design drawing on positivist understandings of reality would involve a test-teachtest design where attempts would be made to correlate improvements in students' performance with the intervention itself. In this sort of design, however, there is no means of ensuring that any improvements did indeed result from the intervention rather than from a set of events that might have occurred extraneous to the classroom. Similarly, in social pharmacy a researcher might be interested in knowing whether ward rounds by pharmacists in a hospital have an effect on patient health. A piece of research might then be designed to try to measure the effects of these ward rounds. The problem with this sort of design, however, is that improvements in health cannot be attributed to the effect of the ward rounds in a direct causeeffect relationship. Although positivism has brought enormous advances and continues to be the bedrock on which scientific research will continue, it can be argued that the use of positivist assumptions, and more specifically the assumption of a reality independent of human activity in which cause-effect relationships can be discerned and measured, can be problematic in research involving human beings and human actions.

German philosopher Jurgen Habermas¹ (b. 1929) identifies man's [sic] primary interest as the survival of the species. Ensuring this survival then entails the pursuit of 3 "knowledge constitutive interests." The first of these, the technical interest, aims to produce knowledge that can control the natural environment. The sort of positivist research discussed above would be located in this interest. The second interest, the practical interest, aims to understand rather than control. Research located in this interest typically acknowledges that an individual's experience of and observations about the world are constructed through human thought and do not

exist independently of this thought. The role of the researcher is then to access these multiple constructions of reality and interpret them. The problem with this position in pharmacy education and social pharmacy is that the idea of multiple realities or "truths," rather than a single reality, is something at which most conventionally trained pharmacists would balk. The final interest, the "emancipatory" or "critical" interest, is focused on a concern to produce knowledge that challenges commonsense assumptions that constrain human action in unproductive ways. In education, research located within the critical interest might involve asking questions such as "Does the teacher have to stand at the front?" or "Do we have to assess using examinations and tests?"

The opposing positions noted in Habermas' theory—the existence of a single reality existing independently of human action and thought versus the existence of multiple realities constructed through human thought—have challenged philosophers and researchers in the social sciences for centuries. As pharmacists move into doing more and more research into social pharmacy and pharmacy education, this article proposes the use of a philosophical position, Bhaskar's² critical realism, as a means of reconciling the single unitary reality (to which most pharmacists probably subscribe) and the multiple realities of human experience and observation and of challenging commonsense assumptions. The article does this by outlining Bhaskar's ideas and by exemplifying the use of those ideas in a discussion of a piece of research conducted in pharmacy education. The example relates to a piece of research on the use of mentoring, which examined the way mentoring could facilitate access to a Community of Practice (CoP) in a Faculty of Pharmacy at a South African university.3 The claim is that clarity regarding the nature of reality has the potential to not only make research more rigorous but also allow researchers to conceive of a greater breadth of research designs for their work.

What is critical realism?

Critical realism is a framework, not a method. Although it acknowledges an absolute reality, independent of human action, it challenges the idea that this reality can be observed objectively. Critical realism is both an epistemology and ontology. That is, it makes assertions about the way the real world can be known as well as about the nature of the real world. Critical realists challenge the positivist

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