



QUALITATIVE CAUSAL MAPPING IN EVALUATIONS (HEALTH) – SUMMARY (BOOK CHAPTER)

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(Remnant et al. 2025)

Source: book chapter draft in [content/000 Articles/020 !! health book chapter.md](#).

- **Purpose**
- Position QuIP + causal mapping as a credible, cost-effective way to elicit and analyse perceived drivers/barriers in complex interventions (including health services evaluations).
- **Data collection stance**
- QuIP focuses on *changes* that matter to respondents, and the perceived causes of those changes.
- Goal-free / blindfolded questioning is used to reduce pro-project bias; unprompted mention is treated as important evidence.
- Not designed to estimate effect sizes; complements (rather than replaces) quantitative inference and other theory-based approaches.
- **Coding stance (“natively causal”)**
- Coding is not thematic tags that are linked later; coding is **pairs/chains of cause→effect factors** (“causal nuggets”).
- Coding is parsimonious: only causal claims are coded; non-causal descriptive text is not.
- Inductive label harmonisation across sources is expected; analyst should manage positionality and avoid over-fitting to prior ToC.
- **Use**
- Compare empirical causal maps against ToCs; compare groups (e.g. men/women; staff cadres) and pathways.
- Keep a traceable link from visual summaries back to underlying quotes for verification/peer review.

- **Relationship to realist ideas**
- Affinity to mechanism/context thinking (multiple pathways), but with broader open capture rather than only a few “hotspots”.

References

Remnant, Copestake, Powell, & Channon (2025). *Qualitative Causal Mapping in Evaluations*. In *Handbook of Health Services Evaluation: Theories, Methods and Innovative Practices*.
https://doi.org/10.1007/978-3-031-87869-5_12.