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CASE STUDY

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Key concepts

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Case study is not easily summarized as a single, coherent form of research. Rather it is an 'approach' to research which has been fed by many different theoretical tributaries, some, deriving from social science, stressing social interaction and the social construction of meaning *in situ*; others, deriving from medical or even criminological models, giving far more emphasis to the 'objective' observer, studying 'the case'. What is common to all approaches is the emphasis on study-in-depth; but what is not agreed is the extent to which the researcher can produce a definitive account of 'the case', from the outside, so to speak, rather than a series of possible readings of 'the case', from the inside. In this chapter we shall be discussing the claims and problems of case study from the point of view of a broadly sociological perspective rather than a medical perspective. Thus while case study can involve studying the pathologies of individual patients, pupils, etc. we focus much more on the social construction of the case, the site of the social/educational encounter and the nature of the case as realized in social action. Our discussion of cases assumes a policy focus – a 'case' of curriculum development, a 'case' of innovative training, and so on – combined with a physical location, i.e. teaching or training carried out in a particular site. Where we include reference to the study of individuals in our definition, we do so from the position of asking what does 'the case' look like for this teacher or this student, i.e. from this participant's point of view?

Thus case study seeks to engage with and report the complexity of social activity in order to represent the meanings that individual social actors bring to those settings and manufacture in them. Case study assumes that 'social reality' is created through social interaction, albeit situated in particular contexts and histories, and seeks to identify and describe before trying to analyse and theorize. It assumes that things may not be as they seem and privileges in-depth inquiry over coverage: understanding 'the case' rather than generalizing to a population at large. As such case study is aligned with and derives much of its rationale and methods from ethnography and its constituent theoretical discourses – symbolic interactionism, phenomenology and ethnomethodology (cf. Atkinson et al., 2001). It is very much within the 'social constructivist' perspective of social science.

The strength of case study is that it can take an example of an activity – 'an instance in action' (Walker, 1974) – and use multiple methods and data sources to explore it and interrogate it. Thus it can achieve a 'rich description' (Geertz, 1973) of a phenomenon in order to represent it from the participants' perspective. Case studies can be produced of new institutions (currently, for example, 'Charter Schools' in the USA), new social programmes (e.g. new welfare-to-work or urban education programmes) or new policies (using testing to drive the reform of schooling), which aspire to tell-it-like-it-is from the participants' point of view, as well as hold policy to account in terms of the complex realities of implementation and the unintended consequences of policy in action. Case study thus is particular, descriptive, inductive and ultimately heuristic – it seeks to 'illuminate' the readers' understanding of an issue (Parlett and Hamilton, 1972).

The weakness of case study is that it is not possible to generalize statistically from one or a small number of cases to the population as a whole, even though

many case study reports imply that their findings are generalizable; we are asked to give them credence precisely because they are not idiosyncratic accounts, but because they illuminate more general issues. Clearly this is a matter for judgement and the quality of the evidence presented. Some have argued that good case studies appeal to the capacity of the reader for 'naturalistic generalization' (Stake, 1994, 1995). It is argued that readers recognize aspects of their own experience in the case and intuitively generalize from the case, rather than the sample (of one) being statistically representative of the population as a whole. We find this argument convincing, but others may not.

The other major epistemological issue to be addressed by case study is where to draw the boundaries – what to include and what to exclude and, thus, what is the claim to knowledge that is being made – what is it a case of? Too often the boundaries of a case have been assumed to be coterminous with the physical location of the school or the factory or whatever the focus of interest was. But of course schooling involves parents and, perhaps, local employers; manufacturing involves suppliers, customers, etc. Drawing boundaries around a phenomenon under study is not so easy. Also, institutions have histories and memories manifested through the understandings and actions of individuals. Likewise policies impinge on practice, teachers do not just 'choose' what to teach and how to teach it. Similarly our understandings of what schools or other institutions are for are generated in particular social and historical circumstances, as are our understandings of the nature of professionalism and the proper role for nurses, doctors, teachers, etc. So case studies need to pay attention to the social and historical context of action, as well as the action itself (Ragin and Becker, 1992).

Thus drawing the boundaries of a case is not straightforward and involves crucial decisions. These are informed in different ways by different disciplinary assumptions and are currently practised differently in different professional contexts.

The anthropological/sociological tradition emphasizes long-term participant observation of, usually, a single setting and is exemplified in the 'Chicago School' of sociology, for example Whyte's study of a Chicago street gang (*Street Corner Society*, 1956) or Becker et al.'s study of medical training (*Boys in White*, 1961). UK education examples would include Hargreaves (1967: a case study of a secondary modern school), Lacey (1970: a case study of a grammar school) and Ball (1981: a case study of a comprehensive school). The emphasis in the fieldwork is very much on coming to know the 'insider' perspective by observing participants going about their 'ordinary' business in their 'natural' setting – that is to say by long-term immersion in 'the field'. Some interviewing and informal conversations will also be used to help interpret the observations. The underpinning idea is that of accessing the participants' perspective – the meaning that action has for them – but reporting is oriented towards theoretical explanations of the action and contributing to social theory.

The applied research and evaluation tradition arose later, in the late 1960s in the USA and the early 1970s in the UK, largely as a reaction to quasi-experimental curriculum evaluation designs which revealed too little useful information, especially about how innovations were implemented in action (Parlett and Hamilton, 1972). While the basic orientation and methods of ethnography were borrowed – that is interview and observation – the balance between them had to be radically altered because evaluative case studies had to be completed in weeks rather than months (or years), and because the researchers had a substantive interest in the particular professional dilemmas and problems of participants. Thus interviewing became widely used to gather data rather than observation, and the validity of the findings were based on comparing and contrasting across multiple cases and respondent validation of draft reports, rather than just the researcher's long-term observations and interpretations. Key features of such an approach are intensive, interview-based, 'condensed fieldwork' (Walker, 1974) and 'multi-site case study' (Stenhouse, 1982). Respondent validation, initially a methodological tool, also developed into a defining ethical and political aspiration of the approach, whereby representing the participants' perspectives was elevated to reporting the participants' views in their own (interview-derived) words. Ultimately this returns us to crucial epistemological issues about who defines what 'the case' is a case of – the researcher or the researched? Key theoretical articulations of the approach can be found in Lincoln and Guba (1985), Stake (1995) and House and Howe (1999), while further engagement with the issue of whether or not researchers can ever really represent 'the other' can be found in Stronach and MacLure (1997). UK examples of such work include MacDonald and Walker (1976) and Simons (1987). The underpinning idea is to identify and describe the

impact of a programme or innovation-in-action, with the report being oriented towards improving decision-making and practice, not social theory, responding rather:

> to program activities than to intents . . . to audience requirements for information, and [to] . . . different value perspectives . . . (Stake, 1983: 292).

Currently both of these approaches to case study can be found in practice and discussed in the literature, though often the divergence and genealogy of different approaches is either largely ignored (Bassey, 1999) or treated as irrelevant for present investigative purposes (Schostak, 2002). Certainly there is no point in inventing typologies of case study just for the sake of them, yet how case studies are accomplished and, even more important for novice researchers, how they are judged still largely depends on the 'tradition' in which they are conducted. Moving beyond origins, current practice can probably be said to include ethnographic case studies (as above), policy ethnographies (related to ethnographic case studies, as above, but treating policy as the case, e.g. Gewirtz et al., 1995), evaluative case studies (as above), educational or professional case studies (as above but with more of an emphasis on professional improvement rather than evaluative decision-making) and action research case studies (related to evaluative case studies, as above, but with the emphasis on planned development *in situ*; cf. Brown and Jones, 2001; Carr and Kemmis, 1986; Elliott, 1991).

Implications for research design

Decisions have to be taken about which case or cases to select for study, how and where boundaries are to be drawn, how much time can be spent in each fieldwork site and what methods of investigation to employ. A key issue concerns depth versus coverage, and within the logic of a case study approach, the recommended choice is always depth. However, where resources allow it is always helpful to compare and contrast across cases if possible and investigate the range of possible experience within a programme, for example studying a 'good' apparently successful example of a new social programme, and a 'bad' apparently unsuccessful example. How have such intuitive judgements come to be made by key informants? Are there substantive differences between the cases? If so, why? If only one case study is being

conducted an element of comparison can also be brought in by reference to other studies reported in the literature (e.g. Ball, 1981; built on the earlier work of Hargreaves, 1967, and Lacey, 1970). Another way to address the breadth versus depth issue is to visit a range of potential fieldwork sites and conduct interviews with key personnel, then engage in 'progressive focusing' (Parlett and Hamilton, 1972) whereby the particular sites selected for detailed study emerge from an initial 'trawl' and analysis of key issues.

The most commonly employed research methods are interviews, documentary analysis and observation, with the balance between them being largely determined by the resources available and the disciplinary and professional tradition in which the case study is being conducted (see above). It can be particularly helpful to ask respondents to identify and reflect on a 'critical incident' in their work or situation – a key example for them of what are the important issues in the case. An important criticism is that reliance on such methods, and especially on interviewing alone, can result in an overly empiricist analysis – locked into the 'here-and-now' of participants' perceptions. This can be addressed by attention to relevant literature and by the methods employed, as long as they are used self-consciously to look beyond the immediate. Thus interviews offer an insight into respondents' memories and explanations of why things have come to be what they are, as well as descriptions of current problems and aspirations. Documents can be examined for immediate content, changing content over time and the values that such changing content manifests. Observations can offer an insight into the sedimented, enduring *verities* of doctor-patient relationships or police procedure or schooling – rows of desks, percentage of teacher talk as against pupil talk, etc. – which are often at variance with new policies and/or the espoused preferences of participants. Additionally, data can be derived from well beyond the physical location of the case, and the case becomes not just one example of a policy *in situ*, in action, but the policy itself. Thus a vertical 'core' can be taken through 'the system' from central policy-maker, to local authority interpretation of policy, to local implementation and mediation, asking questions at each level of the system of where this policy has come from as well as where it is going ('antecedents, transactions and outcomes': Stake, 1967).

Stories from the Field

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This example draws upon data collected during a two-year national study undertaken for the English National Board for Nursing, Midwifery and Health Visiting (ENB) (Stark et al., 2000). The study evaluated the effectiveness of multi-professional teamworking in a range of mental health settings, examining both educational preparation and clinical practice. The research team (comprising six members) used a mixed methodological approach, incorporating data collected via five aspects. In order to advise the ENB of the implications of the mental health context for educational provision for multi-professional teamwork, the research team needed to gain deep insights and understandings in different work and team situations. Case study was a major feature of the methodology because it afforded both depth and breadth to assess such knowledge. It served to illuminate a number of conflicts and contradictions in the policy, the educational and practice arenas of mental health nursing and, further, illustrated how the resulting 'turbulence' gave rise to disjunctions and tensions in and between discourses, theories and practices. We used case studies in two different ways. First, we selected eight case study sites that were geographically diverse in order to provide a level of national representation. Second, we developed 'nested' case studies within these case study sites for educational purposes. The use of the latter was not predetermined, at the outset, as part of the research design, but developed as a consequence of responding flexibly to how best to use the data. Part of our remit was to advise the ENB of the implications of our findings for educational provision and to link this with the notion of evidence-based practice. Developing and illustrating how case studies could be used as educational tools, therefore, facilitated the achievement of this aim.

The case study sites

In order to represent regional and national diversity in mental health contexts eight regional case study sites were selected. Selection was based on detailed criteria that we developed, simplified here as:

- representation of the eight National Health Service (NHS) regions;
- geographical/demographical factors within these regions;
- higher education provision for pre- and post-registration nursing;
- mental health service provision (including representation of primary, secondary and tertiary levels);
- access to service user groups.

The team, however, found making the final selection of sites tricky for the following reasons:

- we each prioritized the variables within the selection criteria differently, depending on our research interests;
- the number of potentially 'interesting' sites outweighed our resources (in particular time);
- the response from potential participants who we approached for information/documents to inform our decision[1] was sluggish and sometimes non-existent.

Ultimately, our selection was based on the following:

1 Which sites provided us with documents needed for analysis?
2 Given the response to (1) did we still have the desired geographical/demographical mix and professional criteria? If so . . .
3 . . . we then had the luxury of selecting sites based on (i) what was our research interest/s? and (ii) more pragmatically, did we have family/friends who lived in the area (who might be able to put us up for a night!)?

Timetable

The case studies were undertaken over a nine-month period. All six team members undertook at least one case study with the full-time research assistant working across all eight in order to: (i) ensure one team member had a general overview of all sites; (ii) bring a level of internal consistency to the data collection; and (iii) enable cross-checking between team members where joint visits were undertaken. Visits to each site ranged from one day to a week at any one time, and revisits until an average of 12 days were completed in each site (the range was 10–15 days). In total 101 days were spent gathering data in the field. The number of days allocated was constrained by the amount of external funding received. (Case study research often involves a compromise in relation to time spent in the field, since negotiating access then

writing up field notes, transcribing tapes and subsequently analysing this data can result in several additional days' work. A ratio of around one day in the field to three days in the office is not uncommon. Advice to novice researchers is often to stay in the field until a 'saturation point' is reached and few new findings are being collected. In reality, however, other constraining factors, e.g. time, money, gatekeepers' consent, etc., may affect the decision.)

Within each site we visited at least one educational institution, a range of different practice settings, and a range of service user groups and voluntary agencies. During a 'typical' day in the field the researcher generally visited 2–3 locations and undertook several observations and interviews. The team met every two weeks to discuss the fieldwork and to maximize opportunities for progressive focusing of the data collection. It also enabled theorizing to be a continuous feature of the inquiry.

Ethical issues

We sought ethical clearance in all the regions. We found that organizations and groups approached this task differently, some being strict about ethical committees approving our protocol, while others were more relaxed, especially where patients were not involved.[2] All 'gatekeepers' appreciated the abstract we had developed outlining the research, together with consent letters that were constructed to empower the *participants* (as opposed to placing the emphasis on protecting the researchers).We protected the anonymity of the case study regions, even to the funding body. Pseudonyms were given to participants.[3]

Data collection methods

The case studies combined *on-site documentary analysis* (operational policies, clinical protocols, service specifications, audit outcomes and so on) with *individual interviews* of key players, *group interviews*, *observations* and *critical incident analysis*.

The results from a preliminary aspect (a large-scale national survey) were used to decide who to interview, what areas needed to be observed and which documents would be helpful to collect while in the field. (Researchers using case study without the aid of survey data to help focus their fieldwork are advised to do preliminary work before entering the field, especially where time is limited. This may involve a preliminary literature/document review, informal conversations with people linked with the area and so

on. Sitting in/walking around a communal area on site to get a 'feel' for the place can be an extremely fruitful exercise for this type of preliminary assessment.)

We visited educationalists, service professionals and service users in order that our data could be *triangulated*. The group interviews incorporated features of *focus group interviewing*, that is to say the latter parts of the interview encouraged participants, as a group, to envisage ways forward for the role, organization, as well as relevant policy and practice contexts. The group interviewer role combined aspects of *ethnographic interviewing and facilitation* (Wilson, 1997). The *critical incident deconstruction* encouraged participants to be reflective about practical incidents in order to deepen their understanding of significant issues. Several *observational sessions*, in different care settings and educational environments, provided us with rich descriptive data of the general milieu in which teamworking was positioned.

Interview and observation schedules were developed in order to ensure comparable data was collected from each site. However, an initial analysis of the data, together with the survey findings, led us to believe that there was no significant regional difference in the respondents' responses. As a result, as well as pursuing common areas of inquiry we also decided to include more specific areas for closer scrutiny. Each team member focused on particular features that were interesting and accessible in each site. For example, one of us had excellent access to interesting service user groups while another was more interested in the post-registration provision; another looked at pre-registration and others selected different care settings for investigation. This approach resulted in a shift in our research design and the development of 'nested' case studies, as outlined in the introduction and expanded upon below.

Data analysis

Data was descriptive in the form of *transcribed taped interviews* and *extensive field notes*. Team members analysed their own data, or worked jointly where joint visits had occurred. *Analytic memos* were used to share interpretations amongst team members. Many of our insights involved the *deconstruction* of multi-professional relationships, practitioner 'baggage', group pressure and individual influence.

Once the team accepted the evidence that regional difference between sites was not significant, a

methodological decision was made that the case study boundaries were permeable and thus what we wrote in the report showed no allegiance to case boundaries. A version of grounded theory (Glaser and Strauss, 1967) was used enabling us to theorize from our interpretations that emerged from the data. As a result, the final report contained the following chapters: (1) Service users experience; (2) Policy; (3) Practice; and (4) Education. Within these chapters up to eight significant themes were discussed using data (in the form of extensive quotes) from all the case study sites. Treated cumulatively, confidence in the robustness of recurring patterns increased thus enabling us to make tentative cross-site generalizations without exaggerating these claims.[4] Contextual variations, however, within each setting were not overlooked when significant.

As previously mentioned, in addition to the themed chapters, *six specific case studies* using the data collected from the geographical areas were written up (i.e. case studies 'nested' within case studies sites). These case studies, using rich and thickly described instances, were offered to the reader as 'surrogate experiences' (Stake, 1988). Further, we use these cases in an educational way (see below).

'Nested' case studies

Case studies can be a way to offer learners (and others) a research-based 'working theory' with which to analyse situations: a theory of, for and about practice. To this end, we developed a series of case studies that were used as learning tools. The case studies did not 'represent' each site, but neither was their selection arbitrary. They were written in the first person and provided personal accounts, or 'readings', of our experience and interpretation of individual and group working patterns and relationships. For example, the case study entitled 'Being or Doing' represented the users' views of their care; 'A Victorian Façade' illustrated the complexities of multi-professional teamworking in acute care; 'The (dys)functional Team' also illustrated teamworking, but emphasized the power of stereotypes and professional rivalry.

What we felt was often missing in the use of case studies for educational purposes was the learners' ability to *read* the situation. We believed this involved learning to give a *layered reading*. (In the ENB report we highlighted this layered approach by working through an example (see Stark et al., 2000).) The purpose of each case study was stated at the beginning. The case study itself was followed by a series of 'learning points' that aimed to engage the learner in a critical identification of the complexities and dilemmas of policy and practical contexts. In doing so they would build their own evidence-base located in the 'everyday' context and not built on the 'ideal' (optimal). From here, it was a short step to developing and applying theory from their previous layers of observation and analysis that helped to explain team discourses and practices.

Summary

Our use of case studies in this national evaluation did not offer *definitive judgements* on the role of the mental health nurse (MHN) within multi-professional teams and the educational provision for these roles. We offered formative and timely feedback to the ENB, as well as a contextualized summative judgement on the current situation, and in doing so contributed to the development of evidence-based professional knowledge. In this respect our case study approach was firmly within the 'applied research and evaluation' tradition.

Further, since we believed teamworking needed to be understood in contextual terms, we used nested case studies to help learners to understand the conflictual pressures of professional performance in contemporary conditions of continuous change. Such an understanding might help learners and managers avoid the sorts of 'ideal versus real' schisms that can lead to cynicism as individuals fail to achieve the utopian dream.

1. At the time, there was a plethora of research being carried out in mental health practice areas. We met much resistance from some individuals who questioned why they should get involved in 'yet another piece of research'. Promising to provide feedback to participants (and then actively doing so) was generally all they desired, since they felt their voice often fell into 'a black hole', so what was the point of giving their time?
2. Since this evaluation took place there have been tighter controls introduced in relation to research in the health profession in the UK. For example, in 2001 the Department of Health published the *Research Governance Framework for Health and Social Care* (DoH, 2001); a proliferation in the number of Local Research Ethics Committees and Multi-centre Research Ethics Committees has taken place and a review of other ethical legislation and

regulation is ongoing (see, for example, *http://www.doh.gov.uk/research/rd3/nhsrandd/researchgovernance/ethics/ethics.htm*).

3. In our more recent experience of using case studies we are finding that participants are often choosing *not* to be anonymized. An issue arises, however, when not everyone associated with the case study agrees to this.

4. In order to strengthen the robustness of our generalizations we developed a hybrid instrument (a report-and-respond survey) giving interim feedback to participants based on the case study data (reporting) and designed to provoke further comment (responding) (see Stark et al., 2000).

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Atkinson, P., Coffey, A., Delamont, S., Lofland, J. and Lofland, L. (eds) (2001) *Handbook of Ethnography*. London: Sage (especially editorial introduction and Part 1: 'Mapping ethnographic diversity').

This is an excellent collection of articles summarizing the theoretical foundations and current state of practice of ethnography.

Brown, T. and Jones, L. (2001) *Action Research and Postmodernism*. Buckingham: Open University Press.

A very well-informed review grounded in empirical data and a series of excellent examples of the extent to which case study researchers, especially those conducting action research, can or should impose their own meanings and interpretations on the actions of others.

House, E. and Howe, K. (1999) *Values in Evaluation and Social Research*. Thousand Oaks, CA: Sage.

A review and summary of case study approaches within the 'applied research and evaluation' tradition, particularly focusing on the design of qualitative evaluations of social programmes, the need to seek out and represent the view of 'stakeholders', and the need to recognize the role of values and value judgements in social research.

Murphy, R. and Torrance, H. (eds) (1987) *Evaluating Education: Issues and Methods*. London: Paul Chapman Publishing.

A 'course reader' for the Open University which contains a number of key methodological papers including Parlett, M.R. and Hamilton, D. (1972) 'Evaluation as illumination: a new approach to the study of innovatory programs'; Stenhouse, L. (1980) 'The study of samples and the study of cases'; and Stenhouse, L. (1982) 'The conduct, analysis and reporting of case study in educational research and evaluation'.

Ragin, C. and Becker, H. (eds) (1992) *What Is a Case?* Cambridge: Cambridge University Press.

Collection of papers exploring and representing the 'anthropological/sociological' participant observation tradition in case study.

Schostak, J. (2002) *Understanding, Designing and Conducting Qualitative Research in Education*. Buckingham: Open University Press.

A theoretically very well-informed guide to designing and conducting qualitative research, especially through case study approaches; includes a great deal of experienced, practical advice and how to 'frame the project'.

Stake, R. (1995) *The Art of Case Study Research*. Thousand Oaks, CA: Sage.

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Yin, R. (1994) *Case Study Research: Design and Methods*, 2nd edn. Thousand Oaks, CA: Sage.

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