Simplifying Qualitative Case Study Research Methodology: A Step-By-Step Guide Using a Palliative Care Example

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Abstract

Qualitative case study research can be a helpful methodology when conducting health research. However, it can be overlooked or dismissed as a possible methodological choice due to different epistemological positionings by case study theorists and often confusing and contradictory definitions and terminology. Much has been written about case studies, but it takes time to wade through volumes of often philosophically and methodologically dense material to locate a theorist who presents case study research at a depth the novice researcher can understand. Case study research literature may offer a condensed summary of processes but often needs more theoretical detail. Therefore, discerning where to begin can be time-consuming, frustrating, and overwhelming. There are very few qualitative case study protocols and no step-by-step guide describing the planning and decision-making process within nursing. To address the need for clarity, this article endeavors to set out how to conduct a qualitative case study in a step-by-step guide using the approaches of Merriam and Stake as the foundation using a palliative care setting as an application example. It contributes to knowledge and practice by developing a foundational understanding of case study methodology in the hope that novice researchers will consider case study research as a methodological choice for their study and conduct it in a trustworthy and rigorous manner.

Keywords

qualitative, case study, palliative, end-of-life

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Qualitative case study research can be a helpful methodology when conducting health research. However, it can be overlooked or dismissed as a possible methodological choice due to different epistemological positionings by case study theorists and often confusing and contradictory definitions and terminology. Much has been written about case studies, but it takes time to wade through volumes of often philosophically and methodologically dense material to locate a theorist who presents case study research at a depth the novice researcher can understand. Case study research literature may offer a condensed summary of processes but often needs more theoretical detail. Therefore, discerning where to begin can be time-consuming, frustrating, and overwhelming. There are very few qualitative case study protocols and no step-by-step guide describing the planning and decision-making process within nursing. To address the need for clarity, this article endeavors to set out how to conduct a qualitative case study in a step-by-step guide using the approaches of Merriam and Stake as the foundation using a palliative care setting as an application example. It contributes to knowledge and practice by developing a foundational understanding of case study methodology in the hope that novice researchers will consider case study research as a methodological choice for their study and conduct it in a trustworthy and rigorous manner.

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Introduction to Case Study Research Methodology

Since the early 1900s, the popularity and use of qualitative case study research have ebbed and flowed (Harrison et al., 2017). Chicago University extensively used qualitative case study research within sociology until quantitative methods became the more robust scientific method in the early 1930s (Tellis, 1997). A dispute between the Columbia and Chicago Universities resulted in qualitative case study losing its credence as a methodology due to the paradigm debate. During the 1960s, researchers were concerned that quantitative methods did not provide appropriate avenues to explore the multifaceted issues of personal experience (Anthony & Jack, 2009; Tellis, 1997). Glaser and Strauss' (1967) seminal work on grounded theory using a case study methodology helped it regain its popularity (Tellis, 1997). Since then, case study research has been used extensively in education to evaluate programs (Stake, 1995), and more recently, qualitative case study research has seen an increase in its use across multiple nursing specialties within inpatient/outpatient, community and residential-aged care settings, perinatal and mental health, professional development, education, and workplace issues (Chen et al., 2022; Sibbald et al., 2021; Steppe, 2017; van Schothorst–van Roekel et al., 2021; Virdun et al., 2019).

Case study research methodology is philosophically neutral, allowing it to be used in quantitative, mixed methods, and qualitative research projects (Harrison et al., 2017; Stake, 1995); nevertheless, this paper only describes how to conduct a case study within an interpretive paradigm. Using a qualitative case study research methodology to answer the research questions enables the researcher to use a variety of methods to examine a bounded phenomenon intensively and holistically within the contexts and situations as they occur in real-life from the perspectives of those within it (Merriam, 2009; Stake, 1995). Merriam (2009) states that the findings from a qualitative case study,

> [Offer] insights and illuminate meanings that expand its reader's experiences. These insights can be construed as tentative hypotheses that help structure future research; hence case study plays an important role in advancing a field's knowledge base. Because of its strengths, a case study is a particularly appealing design for applied fields of study such as education, social work, administration, health, and so on. (p. 51)

However, despite its attractive description and benefits, qualitative case study research can be bewildering and complex, particularly to the novice researcher, especially when confronted with many definitions and design choices. A qualitative case study may be defined in terms of the *process* of carrying out the investigation, the *unit of analysis* (the bounded system – the case itself), and the *end product* (Merriam, 1998, 2009; Merriam & Tisdell, 2016). Additionally, various researchers have referred to the case study as a "methodology and a method, an approach, research and research design, research strategy and/or a form of inquiry" and use the terms interchangeably (Harrison et al., 2017, p. 7). Stake (2006, p. 8) adds that *"the terms 'case' and 'study' defy clear definition... Here and there, researchers will call anything they please a case study."* Confusion can also arise due to differences in terminology, descriptions, and instructions on how to plan and conduct a case study (Anthony & Jack, 2009; Creswell, 2013; Harrison et al., 2017) which often stem from philosophical positions, as can be seen between Yin (2018) and Stake (1995).

Misunderstandings over what case study research is can also partly be attributed to a person's familiarity with "cases" used within law, business, medicine, and education for teaching purposes that contain little rigor essentially required by formal research (Yin, 2018). In addition, qualitative case study research is still subject to unresolved disputes about its worth, credibility, and trustworthiness from some advocates within the positivist domain, but this is not confined to case study research (Merriam, 1998).

Positivists argue that qualitative case study research is difficult to generalize from the findings. Stake (1995) counterargues that a case study is not chosen for generalization. However, instead, readers use "naturalistic generalizations" and *"look for patterns that explain and make sense of their own experience and events in the world"* (Merriam, 1998, p. 211). Naturalistic generalizations are what readers do when they read the report due to the vicarious experience that the researcher has provided (Stake, 1995). "The purpose of a case report [dissertation or paper] is not to represent the world, but to represent the case" (Stake, 2005, p. 460).

Care must be taken when developing a case study using multiple theorists' concepts due to the risk of muddying terminology and epistemological foundations (Boblin et al., 2013). Robert Yin declared his realist orientation in his latest texts (Yin, 2014, 2018) and is often cited as a positivist, post-positivist, or methodologist (Bhatta, 2018; Brown, 2008; Harrison et al., 2017; Yazan, 2015). His epistemological stance is reflected in his positivist language and guidelines. A researcher wanting to conduct a qualitative case study must know these underpinnings, especially when using positivist language around rigor. Lincoln and Guba

(1985) recommended that qualitative researchers avoid quantitative language use and instead explain rigor and trustworthiness in terms of credibility, dependability, confirmability, and transferability.

In their seminal textbooks, Stake and Merriam declare their constructivist orientation, with Brown (2008) suggesting that Merriam, as a pragmatic constructivist, sits in the middle between Yin and Stake on a philosophical continuum. While Yin required the development of a systematic protocol when designing the case study, Stake did not, instead preferring the researcher to retain flexibility as the case developed and agreed by Miles et al. (2014). Merriam (1998), on the other hand, while not describing a protocol as such, overtly sequenced the study's foundational decision-making process to include the philosophical positioning, problem statement, and study purpose within an iterative literature review. Stake (2006, 2010) also advocated for the importance of understanding the literature, which could provide a form of triangulation and help develop a prior understanding of potential "issues."

Purpose

Therefore, this paper aims to simplify qualitative case study research methodology, to make it understandable and appealing for novice health researchers by outlining Merriam and Stake's approaches. This paper describes a 14-step process of conducting a qualitative case study to demonstrate its application in the health field by providing an example within a palliative care context from a nursing perspective. Although the steps are written in a linear structure, in practice, steps occur concurrently, and the process may move backward and forward as the project progresses.

A Palliative Care Case Study – Example of Application

To demonstrate how case study methodology can be utilized in health research, a palliative care project was used to illustrate the application of each step. In this case, the researchers wanted to gain a deeper and holistic understanding of the impact that the palliative care clinical area environment has on patients and family members during the delivery of bad news. A case study using multiple data collection methods, bound within a specific time frame, hospital site, and participant criteria, was developed to answer the research questions. The example from this case study will assist in applying the 14 steps.

Methods - How to Undertake Qualitative Case Study Research

Step 1. Select the philosophical framework/paradigm.

As this paper describes how to undertake a qualitative case study, it is given that the researcher will view the world within an interpretive paradigm and seek to understand the lived experience of the participants. Notwithstanding, there are other interpretive frameworks (Creswell, 2013); for the purpose of this paper, a constructivist and relativist framework has been followed. This view claims multiple subjective realities are socially constructed by the individuals and is the position that Merriam and Stake hold. Within an interpretive paradigm, the researcher, as a human (in contrast to a machine), is adaptable, sensitive, and responsive and is, therefore, an appropriate instrument for data collection and analysis when trying to understand the lived experience of the participants (Merriam, 1998).

Application of Step 1:

As an example, for Step 1, the researchers chose to conduct a qualitative study because they were seeking to understand the lived experience of patients, family members, and nurses by gathering thick, rich data, and that meaning and new knowledge would be co-created between them and the researchers.

Step 2. Choose a theory, develop the problem statement and purpose (concurrent with Step 3).

The theoretical framework (not to be confused with a paradigmatic framework described in Step 1) guides what literature to read and highlights the territory to be investigated (Miles et al., 2014). Although a theoretical framework will guide most qualitative studies, Stake (1995) points out that a case study's role is to define a theory, not test one. A topic may have been decided through professional or personal experience, or the literature may need to guide and refine research topic possibilities (Creswell, 2013). The exploration of this literature then highlights what is known and unknown about the topic. Discourse, concepts, and theories are embedded within the nursing discipline, as with any other, and out of this orientation, the study's problem statement is developed (Merriam, 1998). The problem statement arises from conceptualizing what needs fixing, i.e., the gap. The purpose statement is developed by stating the problem, its importance, and how the researcher intends to do it.

Application of Step 2:

To explain this step, Therapeutic Landscapes was selected as the theory to frame the case study as it described how the built, natural, social, and symbolic environments, when positive, come together to create "an atmosphere conducive to healing" (Gesler, 1996, p. 96), which is important when creating a safe and home-like space for palliative and end-of-life patients and families. Yet often diagnostic/prognostic conversations or "bad news" is delivered to people with palliative and end-of-life needs within a busy acute ward (Miller et al., 2022a), and it is unknown how the interplay of the built, natural, social, and symbolic environments affects them when bad news is delivered. The study aimed to explore how environment and language affected nurses, people with palliative or end-of-life needs, and their families who were admitted to a palliative care clinical area to inform how and where bad news conversations (specifically family meetings) occurred.

Step 3. Review the literature (concurrent with Step 2).

This is an iterative process needed to inform Step 2. The literature shows where the study will fit, how the voices of experience have informed it, and where it will take its place in the development of knowledge (Merriam, 1998; Stake, 2010). In some methodologies, such as grounded theory, reviewing the literature is done after data collection so as not to influence the inductive process (Glaser & Strauss, 1967). The literature also highlights issues to avoid and what data collection methods have yielded the most informative data (Merriam, 1998).

Application of Step 3:

As an example, the published literature within the Therapeutic Landscapes theory was scoped to understand its relationship and contribution to palliative care and highlighted a research gap. The authors then conducted two separate literature reviews within the nursing

literature, further assessing the gap and forming the case study's background. A meta-synthesis was conducted to examine the effects of the physical (built) hospital environment (Miller et al., 2022b), and a second meta-synthesis examined language within the bad news conversations, as language and communication are embedded within the social environment (Miller et al., 2022a).
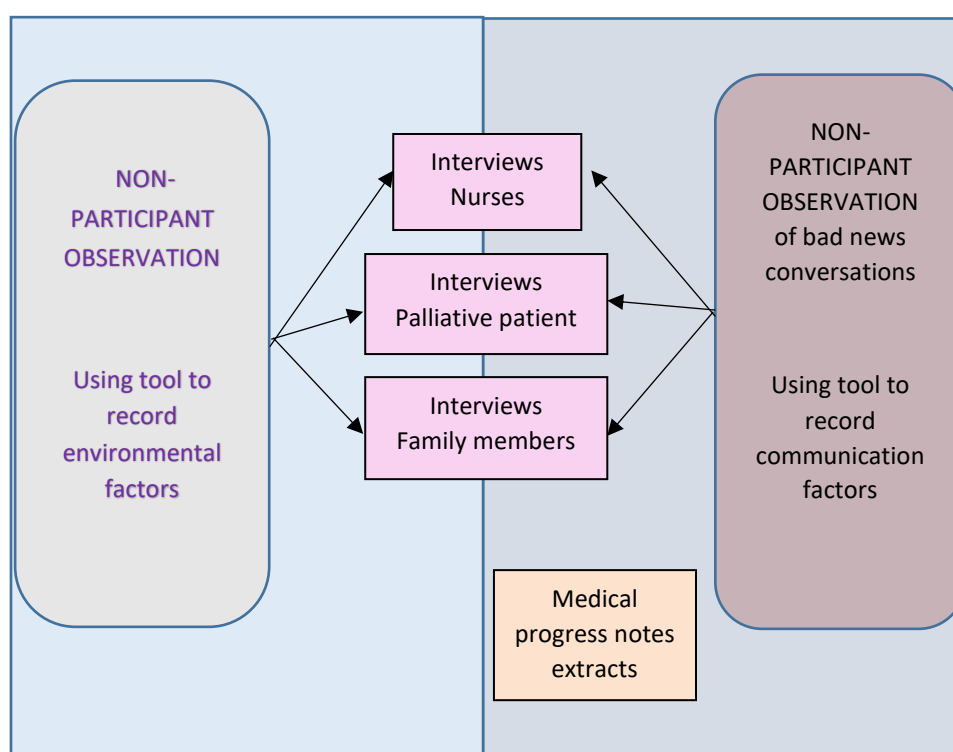
Step 4. Design the conceptual framework.

Merriam (1998, p. 45) describes the conceptual framework as the study's "structure, scaffolding, [or] the frame" of the study. The conceptual framework, drawn as models, maps or other visual displays, shows the interactions between the case(s), data collection points and contexts. Miles et al. (2014) suggest being prepared for some flexibility as the case study progresses.

Application of Step 4:

Within this example, the development of a conceptual framework (Figure 1) took place collaboratively at the end of the literature review process, having found the research gap (Step 3), what the researchers wanted to learn (Step 5), and a tentative plan for preferred data collection methods (Step 7). A separate labeled sheet of paper for each participation cohort (nurses, patients, family) and method (observation, interviews, and document extraction) was placed on a table. The draft overarching research questions (Step 5) were placed into "environment" and "language" categories that were present in the Therapeutic Landscapes (Gesler, 1992) theory (Step 2). They were represented by their separate tools (Step 8) (albeit in draft at this stage) to be used during the observation period of the palliative care clinical area and family meetings. As each participant cohort would be asked environmental and language questions, arrows linked them back to the tools.

Figure 1
Conceptualization of the Project Design

Step 5. Develop the research questions.

The research questions are developed by reading the literature (Step 3) before, during, or after the conceptual framework (Step 4) is developed (Miles et al., 2014). The research questions are developed from the purpose statement (Step 2), which can be reframed, commencing with "what" or "how" words, which keeps them open-ended (Creswell, 2013). Creswell suggests beginning with a single overarching question that encompasses the whole study, underscored by a few sub-questions narrowing the focus (Creswell, 2013). The sub-questions can then guide the development of the core interview questions and highlight what to observe.

Application of Step 5:

An example of an overarching question is: how do environmental and language factors within the palliative care clinical area affect the experiences of nurses, patients, and their family members with bad news conversations (family meetings)? Sub-questions could include:

1. What is the experience of nurses, patients, and their family members with the built, natural, social, and symbolic environments within the palliative care clinical area?
2. How do nurses, patients, and their family members interact with one another in the palliative care clinical area?
3. What language is used during family meetings?
4. How do health professionals document family meetings?

Step 6. Design & bounding of the case(s).

The case selection (or sampling) follows the tentative development of the conceptual (Step 4) and theoretical frameworks (Step 2). A case study is differentiated from other qualitative studies in that the case requires bounding or "fencing in" (Merriam, 2009). The case provides an arena to examine the phenomenon of interest intensively, holistically, and from multiple angles (Stake, 1995). Although many researchers define the case as anything they choose, Stake (2006) defines it as a noun, such as a person, group, program, event, site, or disease. It needs to be an entity or a thing, not an activity, which differentiates Stake from other researchers' definitions. Stake (1995) adds the activity is something the researcher may want to know about and uses the case to highlight it, and if the focus is on the case itself, it is called intrinsic, or if the case is to highlight an issue (a problem), it becomes an instrumental case. Merriam (2009) does not use these terms, but further characterizes case studies as being "particularistic, descriptive and heuristic." This means "that case studies focus on a particular situation, event, program, or phenomenon …the end product is a rich, 'thick' description of the phenomenon … [and they] illuminate the reader's understanding of the phenomenon under study" (p. 43). The researcher needs to know how the case is situated and influenced by its political, cultural, and social contexts (Stake, 1995). In addition, the study may involve more than one case and thus become a multiple case study.

Application of Step 6:

In this example, the case was a regional hospital in Australia, where palliative and end-of-life care was provided. The case was an instrumental case study because the researchers were interested in the environment where palliative and end-of-life patients were cared for, the

language used during bad news delivery (family meetings), and the case (hospital site) highlighted this. Bounding consisted of a three-week observation period and only admitted palliative and end-of-life patients, their families, and the nurses who cared for them were included in the study.

Step 7. Choose data collection methods, define their boundaries, and identify what data to collect.

As an in-depth, holistic examination of the case is anticipated, multiple data collection points provide different perspectives on the issues and become valuable in the quest to prove trustworthiness. "Multiple sources of information are sought and used because no single source of information can be trusted to provide a comprehensive perspective" (Patton, 1990, p. 244). Often case studies utilize observation periods within the natural setting, interviews, documents, or artifacts as mediums to collect the data. All data collection points do not have to be treated equally, and the bulk of the data may be collected via one method and supported by others (Merriam, 1998).

Application of Step 7:

To collect the data, multiple methods were selected, which included a period of non-participant observation of the site and of family meetings using an ethnographic technique, semi-structured interviews to gain an understanding of patient and family members' lived experiences with family meetings, and an audit of the medical notes that health professionals had written about the observed family meeting.

Step 8. Design field note templates, interview guides, and supporting documents.

Detailed or minimalistic pre-filled templates to record notes during observation periods need to be designed and grounded within the theoretical (Step 2) and conceptual frameworks (Step 4; Phillipi & Lauderdale, 2018). It may be helpful to allow a margin on the page for researcher comments, musings, and coding (Merriam, 1998). The interview questions should be focused and open-ended to allow the participants to provide the most detail about the phenomenon the researcher wants to know about (Creswell, 2013). The initial questions are etic, designed by the researcher as an outsider to the case. However, as the case develops, the researcher should learn about what is important to the participants – the emic issues (Stake, 1995). This implies the researcher is not already part of the organization as an "insider." The interview questions should be flexible to allow direction changes that arise due to the initial coding using a constant comparative method (Merriam, 1998). Other documents to prepare may include consents, plain language information statements, participant risk management plans, and a data management plan, depending on context.

Application of Step 8:

In this example, multiple tools were prepared to record the data. The palliative care clinical area environmental data were recorded daily in real-time (Table 1. Example: Built-Natural-Social-Symbolic (BNSS) Environment Observation Tool). During the observation of a family meeting, the researcher manually wrote down what they observed during the family meeting on a notepad, verbatim where possible, and after the family meeting and while the information was fresh in their mind, transferred the data into Table 2 (Example: Post-Family Meeting Reflection Tool). Both tools provide descriptive prompts to assist the researcher with

what to look out for and record. These two tools were developed deductively and iteratively through understanding the theoretical framework (Step 2) and what data needed to be collected to answer the research questions using a who, what, where, how, and why format.

Table 1
Example: Built-Natural-Social-Symbolic (BNSS) Environmental Observation Tool

Date:	Time: Start:	Ended:	
Shift #	Specific area:		
Photos taken:	Y/N	No people in background, no patient belongings, no site logos	
Description of the Architecture (Built)			
Room layout			
Windows/Openable			
Views			
Outdoor Access			
Bathrooms			
Family amenities			
Privacy			
Food/drinks for family/café			
Description of the Aesthetics			
Wall colors			
Floor colors			
Floor type			
Décor/Furniture			
Equipment			
Artwork			
Tidiness			
Symbols/signs/icons			
Description of the Ambience			
Feeling/vibe			
Noise			
Temperature			
Lighting			
Smells			
Other			
Description of the Outdoor natural environment			
Gardens			
Memorial			
Water fountain			
Accessibility			
Maintained			
Seating			
Signage			
Description of the Social environment			
Describe the people present, their interactions with each other, and the built environment; activity, language used, vibe, etc.			

Table 2

Example: Post-Family Meeting Reflection Tool

	Description prompts *	**Example of what to record**	**Comments**
WHEN it was said SOCIAL SYMBOLIC	Date: Time start: Time end: Duration:	Conversation planned or opportunistic. Is the patient ready & able to listen?	Consent obtained to attend the meeting
WHERE it was said BUILT SOCIAL SYMBOLIC	Bedside/allocated room Room set up/space Seating arrangements	Why location chosen Ambiance (sound, temp, smells) /vibe Aesthetics (furniture, colors, pictures, windows/nature views) Home-like/clinical/tissues/drinks available?	
By WHOM SOCIAL	Doctor/nurse/Other health professional	Generalist/specialist/palliative nurse practitioner/nurse Experienced/intern/prior relationship	
To WHOM SOCIAL	Patient Family member Other health professionals present	Appearance/demographic Health literacy evident Palliative status/cognition Who had input?	
WHAT was said LANGUAGE SOCIAL SYMBOLIC	Words used/metaphors Explanations/clarification Diagnosis/prognosis Were further sources offered	Simple language or jargon. Soft or realistic language Cultural factors/spiritual preferences discussed References around hope Websites, referrals provided	
HOW it was said DELIVERY SOCIAL SYMBOLIC	Body language/style Analogies/story/examples Generous time or rushed Time for questions Vibe of conversation	Sitting behind a desk/next to patient or family Touch/distant/focussed/distracted/eye contact/rapport Open or closed questions/tone of voice/volume/speed Power ratio/dynamics	
WHY it was said SOCIAL	Initial diagnosis/prognosis update Clarification of other conversations Context		
WHAT was the reaction? RECEIPT SOCIAL	Patient body language/reaction Family body language/reaction Reaction from health professional	Describe patient/family response Did the patient/family request a 2nd opinion? Describe family dynamics How did the researcher feel?	

*Highlight the prompts as they are observed and add the detail of what was observed in the comments section

Step 9. Choose the sampling method & design the recruitment procedure.

A purposive sampling strategy is used within a qualitative case study to obtain participants who can answer the research questions and provide rich data (Patton, 2015). Purposive sampling can be broken down into many sub-parts, and Patton (2015) outlines 40 purposive sampling strategies that reflect different research purposes. In addition, a case study focuses on depth rather than breadth (Bhatta, 2018), allowing a small sample, which may be just a single case (group or person; Patton, 2015).

Application of Step 9:

In this example, a direct, purposive method to recruit nurses working in the palliative care clinical area occurred through informal conversations inviting them to participate in an interview. Indirect recruitment of patients and family members occurred by the nurses speaking to the patients or family members, giving them a recruitment flyer, and seeking their interest in participating in an interview. Interviews were organized at a convenient time and private location for the participants, face-to-face, by phone, or via an online platform.

Step 10. Choose an analytical method for each data set.

Depending on the theoretical roots of the case study, Merriam (1998) suggests analysis may follow the conventions of the overarching theories; for example, an ethnographic case study may use ethnographic analysis, another may use phenomenological, narrative, or a constant comparative technique as set out by Glaser and Strauss (1967). Case studies are often analyzed simultaneously into themes or patterns across data collection points to direct and refine the following data collection (Merriam, 1998).

Application of Step 10:

Data analysis utilized reflexive thematic analysis (Braun & Clarke 2006, 2022), simultaneously creating tentative codes during and after transcribing the interviews and refining these throughout the data collection process. The medical progress notes were analyzed using qualitative content analysis (Graneheim et al., 2017).

Step 11. Issues of rigor and trustworthiness.

It is essential that the case study is rigorously and ethically designed, conducted, and reported and that the findings make sense (Merriam, 2009). Readers want to have confidence that they can rely on the results for decision-making, hence the importance of being transparent with the processes (Lincoln & Guba, 1985). The final report needs to be written descriptively to allow readers to gain a vicarious experience of being there, so they can relate their situation to it (Merriam, 1998). Lincoln and Guba (1985) use the terms credibility, transferability, dependability, and confirmability as qualitative substitutes for the positivist language of internal and external validity, reliability, and generalizability. Triangulation and member checking are important processes in case study research used to verify and substantiate the researcher's meanings to reduce misrepresentation and misunderstanding (Stake, 1995, 2006) and help to support the credibility of the study.

Generalizability is still a well-used term within qualitative research despite its positivist assumptions and is often used to criticize the rigor of case study research (Flyvbjerg, 2006; Ruddin, 2006). Merriam (2009, p. 208) states that the purpose of a case study is to understand the "particular in-depth, not to find out what is generally true of the many," and Stake adds to this by saying the "purpose of a case report is not to represent the world, but to represent the case" (Stake, 2005, p. 460). In saying that, readers use their personal experiences as they connect with the written report and will produce "naturalistic generalizations from it anyway" (Stake, 1995, p. 20).

Application of Step 11:

In this example, descriptive field notes and a record of researcher interpretations in a reflexive journal were taken. Reflexive thematic analysis is a subjective process, and interpretations are individual, hence the need for raw data to work from (Braun & Clarke, 2022). Triangulation occurred between the field notes taken during observation and the interview transcripts with the patients, family members, and nurses to check for consistency, harmony, and where inconsistent, to assist in a deeper understanding of the context and phenomena (Patton, 2015). The researcher's reflexive journal addressed bias and helped prove rigor. In addition, decision-making and discussions throughout all project stages were recorded in meeting notes, providing an audit trail.

Step 12. Attend to ethical issues & obtain formal Ethical approval.

Design and conduct the study ethically from start to finish, following jurisdictional codes and guidelines. Vulnerable populations or sites may need additional demonstratable safeguards to protect them from potential harm. For example, people with palliative or end-of-life needs prefer to be recruited by someone they know (Bloomer et al., 2018), and language in recruitment documentation must be sensitive and not cause unnecessary distress (Virdun et al., 2019). The development of rapport is necessary to help participants relax and act naturally, which is necessary for collecting accurate data (Patton, 2015). In addition, limited disclosure may need to be applied to documents that the participants will be given to help reduce the Hawthorne effect, which occurs when people change their behavior when they are aware they are being observed (Chiesa & Hobbs, 2008).

Data collection templates and interview scripts, along with participant consents, plain language information statements, and other supporting documents (potentially participant risk management and data management plans), need to be included with the application for ethical approval from the Human Research Ethics Committee (HREC) or Institutional Review Board (IRB) and if applicable, the site's HREC or IRB. Having the proposal peer-reviewed by an independent researcher before submission may not be a requirement in some jurisdictions, but it provides impartial feedback on the study's design and feasibility.

Application of Step 12:

Due to the study focusing on people with palliative and end-of-life needs, recruitment occurred via nurses to reduce any form of coercion. Language on the flyer, consent, and plain language information statements that patients and family members were given referred to patients with a serious chronic illness rather than using words such as "life-threatening," "palliative," or "end-of-life care" (Virdun et al., 2019). Consent and plain language information statements were provided, and written consent was obtained in writing from participants prior to the commencement of their interview. The researcher remained out of the line of sight when observing family meetings and did not participate in nursing activities. Ethical approval was sought from the university and the hospital site prior to the commencement of the study.

Step 13. Data collection & analysis process.

Merriam (1998) and Stake (1995) both encourage the researcher to analyze as the data is collected, adopting a constant comparative style method (Glaser & Strauss, 1967). Notes should be written down during or immediately after each data collection episode, including the date, time, and descriptions of the participant's experiences or what the researcher observed

(Mulhall, 2003), and interview transcripts should be typed promptly. Thick description is needed when making notes to provide the reader of the report/paper or dissertation with a vicarious experience (Stake, 1995). Writing researcher comments (or tentative codes or memos) enable the early development of themes or patterns. These can be explored or used as a guide for the next period of observation or interviewing (Merriam, 1998). Processing the data from the beginning of the case study allows the researcher to remain focused on data seeking, be constantly refining themes, and also to be aware when enough data has been collected through "meaning sufficiency" (Braun & Clarke, 2022) as there is a risk of collecting an overwhelming amount of data (Merriam, 1998).

Application of Step 13:

The researcher recorded the observation data within predefined categories on the prepared tools (Step 8). This aided in understanding how the elements of the therapeutic landscape's theoretical framework (Step 2) provided context and background. The interviews were transcribed verbatim, and tentative codes and patterns were created. All researchers created themes from the semi-structured interviews within their cohorts using reflexive thematic analysis (Braun & Clarke, 2006, 2022), and participant quotes were used to exemplify the themes. Data from each cohort were analyzed separately and then triangulated. Each data collection set added in-depth and rich data to understand how the receipt of bad news was impacted by various factors previously determined within the Therapeutic Landscapes (Gesler, 1992) framework.

Step 14. Write the report.

There is little value in conducting a research study if it is not published. Moreover, there is little value in publishing the study if it cannot be found when searching. Therefore, Anthony and Jack (2009) suggest that researchers include "case study" in the paper's title, abstract, and keywords. Stake (1995) states that case study research is usually written as a narrative report, which may be written as a first-person account in an "impressionist" (Van Manen) style, although journal conventions may override the format. Stake writes vignettes to portray the scene so readers can interpret themselves and develop a vicarious experience. Thinking about the researcher's reading audience will help direct the writing process, focus, and discourse (Thomson & Kamler, 2013).

When publishing the results of the research study, methodological rigour needs to be demonstrated by clearly describing the multiple steps taken in carrying out the study. Using "case study research methodology" terminology helps the researcher to differentiate between a "case study" as a method and the detailed processes required to conduct rigorous case study research.

The literature collected from Step 3 sets the scene, introduces the reader to the study within the introduction section of the report, paper, or dissertation, and shows the gap that the study will fill (Merriam, 1998). For researchers writing a dissertation or thesis, a formal literature review may be written describing, analyzing, and synthesizing the literature in a paper or chapter of its own.

Application of Step 14:

A preliminary findings report was written for the hospital where the observation occurred shortly after the observation period had been completed. The report contained an introduction to the study, a background highlighting the contextual factors of the hospital, the

methods used to collect the data, preliminary findings drawn from the field notes, and recommendations. After analysis and triangulation were completed, a final report was prepared. Two literature reviews were published, setting the background and context of the case study (Miller et al., 2022a, 2022b).

Summary

Although written as 14 linear steps and represented in an abbreviated form in Table 3 (Summary of the steps to conduct a qualitative case study), the process often requires multiple steps to be undertaken concurrently. For example, Steps 1-5 could be undertaken together as they involve decision-making around the foundational issues of the study, Steps 6-9 involve decision-making about methods, and Steps 10-14 involve implementation. In addition, it is normal for certain steps to be repeated due to unforeseen circumstances. For example, an event such as the COVID-19 pandemic which restricted access to healthcare facilities during outbreaks may necessitate many of the steps needing to be started again. Figure 2 illustrates the 14 steps as a non-linear, circular process.

Table 3
Summary of the Steps to Conduct a Qualitative Case Study

Steps		Palliative Case Study Example
1.	Select the philosophical framework/paradigm	Interpretive, using a constructivist framework
2.	Choose a theory, develop the problem statement & purpose (concurrent with Step 3)	Therapeutic Landscapes framework (Gesler, 1992). The purpose (aim) of the case study is to explore how environment and language affect nurses, palliative patients, and their family members in the acute palliative care clinical area to improve how and where family meetings occur
3.	Review the literature (concurrent with Step 2)	A qualitative meta-synthesis explored the physical hospital environment. A second qualitative meta-synthesis explored truth disclosure in bad news
4.	Develop the conceptual framework	A model was designed to illustrate the triangulated data sets with the issues (environment and language)
5.	Develop the research questions	Question - How are nurses, palliative or end-of-life patients, and their family members affected by the palliative care clinical area environment and language during family meetings?
6.	Design & bound the case	Single instrumental case study of a hospital site, bound by time and phenomena. Interviews were limited to nurses, patients, and family admitted during the observation period
7.	Choose data collection methods, define their boundaries, and identify what data to collect	Non-participant observation of the palliative care clinical area and interviews with nurses, patients & family members. Audit of patient medical records
8.	Design field note templates & interview guide	Tools developed to record the observational data The semi-structured interview guide was prepared beforehand but remained flexible
9.	Choose the sampling method & design the recruitment procedure	Purposive sampling. Direct recruitment of nurses within the palliative care clinical area, indirect recruitment of patients & families via nurses
10.	Choose the analytical method for each data set	Reflexive thematic analysis (Braun & Clark, 2006, 2022) using a constant comparative approach. Content analysis of medical records data (Graneheim et al., 2017)
11.	Address issues of rigor & trustworthiness	Descriptive field notes and a reflexive journal were written. Data were triangulated, and an audit trail kept
12.	Attend to ethical issues & obtain formal ethical approval	Language amended on documents and safeguards employed to reduce unnecessary distress to vulnerable participants. Ethical approvals obtained
13.	Data collection & analysis	A simultaneous constant comparative approach using Reflexive thematic analysis (Braun & Clark, 2006, 2022)
14.	Write the report (paper) and/or formal literature review	Preliminary and final findings reports were produced. Two literature reviews and original research papers were published (Miller et al., 2022a, 2022b)

Figure 2

The 14-Steps as a Circular Process
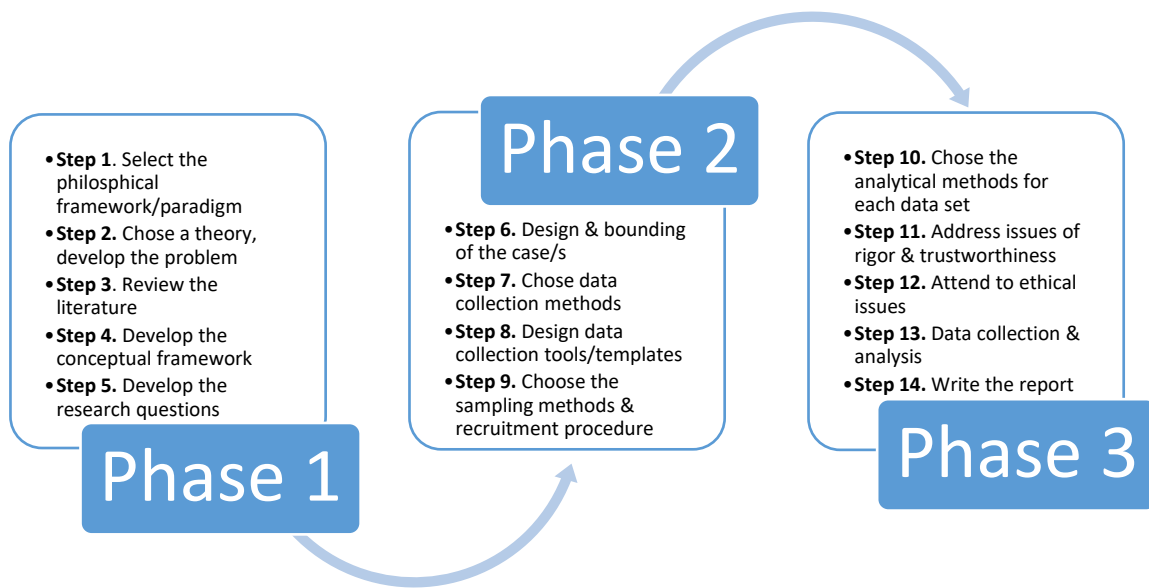
Conclusion

Case study research is a useful methodology and design due to its philosophically neutral positioning, flexibility in methods, and holistic examination of a bounded phenomenon in its real-life context yet can be bewildering and complex for the novice researcher to grasp. This paper provides a 14-step guide for designing, conducting, and publishing a qualitative case study using a palliative care example that may be helpful to assist novice qualitative researchers in understanding and framing their research within health contexts.

References

Anthony, S., & Jack, S. (2009). Qualitative case study methodology in nursing research: An integrative review. *Journal of Advanced Nursing*, *65*(6), 1171-1181. https://doi.org/10.1111/j.1365-2648.2009.04998.x

Bhatta, T. P. (2018). Case study research, philosophical position and theory building: A methodological discussion. *Dhaulagiri Journal of Sociology and Anthropology*, *12*, 72-79. https://doi.org/10.3126/dsaj.v12i0.22182

Bloomer, M. J., Hutchinson, A. M., Brooks, L., & Botti, M. (2018). Dying persons' perspectives on, or experiences of, participating in research: An integrative review. *Palliative Medicine*, *32*(4), 851-860. https://doi.org/10.1177/0269216317744503

Boblin, S. L., Ireland, S., Kirkpatrick, H., & Robertson, K. (2013). Using Stake's qualitative case study approach to explore implementation of evidence-based practice. *Qualitative Health Research*, *23*(9), 1267-1275. https://doi.org/10.1177/1049732313502128

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, *9*(1), 3-26. https://doi.org/10.1037/qup0000196

Brown, L. (2008). A review of the literature on case study research. *Canadian Journal for New Scholars in Education*, *1*(1), 1-13.

Chen, W. T., Hong-Gu, H., & Leng, C. Y. (2022). The evolving roles of nurses providing care at home: A qualitative case study research of a transitional care team. *International Journal of Integrated Care*, 22(1), 3. https://doi.org/ 10.5334/ijic.5838

Chiesa, M., & Hobbs, S. (2008). Making sense of social research: How useful is the Hawthorne Effect? *European Journal of Social Psychology*, *38*(1), 67-74. https://doi.org/10.1002/ejsp.401

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). SAGE.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, *12*(2), 219-245. https://doi.org/10.1177/1077800405284363

Gesler, W. (1992). Therapeutic landscapes: Medical issues in light of the new cultural geography. *Social Science and Medicine*, *34*(7), 735-746. https://doi.org/10.1016/0277-9536(92)90360-3

Gesler, W. (1996). Lourdes: Healing in a place of pilgrimage. *Health and Place*, *2*(2), 95-105. https://doi.org/10.1016/1353-8292(96)00004-4

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.

Graneheim, U. H., Lindgren, B.-M., & Lundman, B. (2017). Methodological challenges in qualitative content analysis: A discussion paper. *Nurse Education Today*, *56*, 29-34. https://doi.org/10.1016/j.nedt.2017.06.002

Harrison, H., Birks, M., Franklin, R., & Mills, J. (2017). Case study research: Foundations and methodological orientations. *Forum, qualitative social research*, *18*(1). https://doi.org/10.17169/fqs-18.1.2655

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

Merriam, S. B. (1998). *Qualitative research and case study applications in education* (2nd ed.). Jossey-Bass Publishers.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation* (3rd ed.). Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). SAGE.

Miller, E. M., Porter, J. E., & Barbagallo, M. S. (2022a). The experiences of health professionals, patients, and families with truth disclosure when breaking bad news in palliative care: A qualitative meta-synthesis. *Palliative and Supportive Care*, *20*(3), 433-444. https://doi.org/10.1017/S1478951521001243

Miller, E. M., Porter, J. E., & Barbagallo, M. S. (2022b). The physical hospital environment and its effects on palliative patients and their families: A qualitative meta-synthesis. *HERD: Health Environments Research & Design Journal*, *15*(1), 268-291. https://doi.org/10.1177/19375867211032931

Mulhall, A. (2003). In the field: Notes on observation in qualitative research. *Journal of Advanced Nursing*, *41*(3), 306-313. https://doi.org/10.1046/j.1365-2648.2003.02514.x

Patton, M. Q. (1990). *Qualitative evaluation methods* (2nd ed.). SAGE.

Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). SAGE.

Phillipi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and conversation. *Qualitative Health Research*, *28*(3), 381-388. https://doi.org/10.1177/1049732317697102

Ruddin, L. P. (2006). You can generalize stupid! Social scientists, bent Flyvbjerg, and case study methodology. *Qualitative inquiry*, *12*(4), 797-812.

https://doi.org/10.1177/1077800406288622

Sibbald, S. L., Paciocco, S., Fournie, M., Van Asseldonk, R., & Scurr, T. (2021). Continuing to enhance the quality of case study methodology in health services research. *Healthcare Management Forum*, *34*(5), 291-296. https://doi.org/10.1177/08404704211028857

Stake, R. E. (1995). *The art of case study research*. SAGE.

Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 443-466). SAGE.

Stake, R. E. (2006). *Multiple case study analysis*. Guilford Press.

Stake, R. E. (2010). *Qualitative research: Studying how things work*. Guilford.

Steppe, J. D. (2017). State of the art of qualitative case study methodology in nursing research. In M. De Chesnay (Ed.), *Nursing research using case studies: Qualitative designs and methods in nursing* (pp. 11-41). Springer.

Tellis, W. M. (1997). Introduction to case study. *The Qualitative Report*, *3*(2), 1-14. https://doi.org/10.46743/2160-3715/1997.2024

Thomson, P., & Kamler, B. (2013). *Writing for peer reviewed journals: Strategies for getting published*. Routledge.

van Schothorst–van Roekel, J., Weggelaar-Jansen, A. M. J. W. M., Hilders, C. C. G. J. M., De Bont, A. A., & Wallenburg, I. (2021). Nurses in the lead: A qualitative study on the development of distinct nursing roles in daily nursing practice. *BMC Nursing*, *20*(1), 97. https://doi.org/10.1186/s12912-021-00613-3

Virdun, C., Luckett, T., Gilmore, I., Brassil, M., Lilian, R., Lorenz, K., & Phillips, J. (2019). Involving consumers with palliative care needs and their families in research: A case study. *Collegian*, *26*(6), 645-650. https://doi.org/10.1016/j.colegn.2019.08.002

Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The Qualitative Report*, *20*(2), 134-152. https://doi.org/10.46743/2160-3715/2015.2102

Yin, R. (2014). *Case study research: Design and methods* (5th ed.). SAGE.

Yin, R. K. (2018). *Case study research and applications: design and methods* (6th ed.). SAGE.

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