Nursing Research Using Case Studies
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QUALITATIVE DESIGNS AND METHODS IN NURSING

Mary de Chesnay, PhD, RN, PMHCNS-BC, FAAN, Series Editor

Nursing Research Using Ethnography: Qualitative Designs and Methods in Nursing

Nursing Research Using Grounded Theory: Qualitative Designs and Methods in Nursing

Nursing Research Using Life History: Qualitative Designs and Methods in Nursing

Nursing Research Using Phenomenology: Qualitative Designs and Methods in Nursing

Nursing Research Using Historical Methods: Qualitative Designs and Methods in Nursing

Nursing Research Using Participatory Action Research: Qualitative Designs and Methods in Nursing

Nursing Research Using Data Analysis: Qualitative Designs and Methods in Nursing

Nursing Research Using Case Studies: Qualitative Designs and Methods in Nursing
For Judy Weismann, for all the help and friendship over the years.

—MdC
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Contributors

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FOREWORD

TELL ME A STORY

Human history is embedded in stories—tapestries of culture, belief, and the commonality of human experience. The story, as prototype, explains, guides, and gives voice to experience. “Stories have to be told or they die, and when they die, we can’t remember who we are or why we’re here” (Kidd, 2002, p. 107).

The case study is an educational tool using the story in the context of causal links, interventions, outcomes, and ethics. It unveils dilemmas, social inequity, and cultural dimensions behind decisions and choices. It is a powerful tool to examine evidence-based practice around patient care, family dynamics, professional roles, and organizational systems. However, as a pedagogical method, it has not always been regarded highly in the health professions, which tend to rely on numbers and facts rather than listening and capturing the embodied story. It took the profession of anthropology, especially medical anthropologists and nurses with education in anthropology as well as Madeleine Leininger’s work (1985), to show us how to use the themes in the story to explain health care–related phenomena.

Oliver Sacks, renowned author and neurologist, once said, “If we wish to know about a man, we ask ‘what is his story—his real, inmost story?’—for each of us is a biography, a story” (Sacks, n.d.). The case study approach allows us to reach that story, beyond the numbers and facts. Its salience is the voice and perspective of the characters in interaction with other characters and the environment.

The case study methodology, sometimes referred to as the clinical case narrative, has been examined pedagogically and employed in the education of advanced practice nurses and doctor of nursing practice (DNP) students. Smolowitz, Honig, and Reinisch (2010) outlined an extensive framework for this approach in DNP education in the translation of research to practice.
Recently, Smolowitz and Honig operationalized this approach, using multiperspective analyses, in the translation of research to practice (Smolowitz & Honig, 2015). Analyzing the story, the case study as a research method for informing best practices has achieved a place in health science pedagogy. This book on case studies, the eighth in the series *Qualitative Designs and Methods in Nursing*, edited by Dr. Mary de Chesnay, makes a substantial contribution to this pedagogy.

Tell me a story—your story.

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In this section, which is published in all volumes of the series, we discuss some key aspects of any qualitative design. This is basic information that might be helpful to novice researchers or those new to the designs and methods described in each chapter. The material is not meant to be rigid and prescribed because qualitative research by its nature is fluid and flexible; the reader should use any ideas that are relevant and discard any ideas that are not relevant to the specific project in mind.

Before beginning a project, it is helpful to commit to publishing it. Of course, it will be publishable because you will use every resource at hand to make sure it is of high quality and contributes to knowledge. Theses and dissertations are meaningless exercises if only the student and committee know what was learned. It is rather heart-breaking to think of all the effort that senior faculty have exerted to complete a degree and yet not to have anyone else benefit by the work. Therefore, some additional resources are included here. Appendix A for each book is a list of journals that publish qualitative research. References to the current nursing qualitative research textbooks are included so that readers may find additional material from sources cited in those chapters.

FOCUS

In qualitative research the focus is emic—what we commonly think of as “from the participant’s point of view.” The researcher’s point of view, called “the etic view,” is secondary and does not take precedence over what the participant wants to convey, because in qualitative research, the focus is on the person and his or her story. In contrast, quantitative researchers take pains to learn as much as they can about a topic and focus
the research data collection on what they want to know. Cases or subjects that do not provide information about the researcher’s agenda are considered outliers and are discarded or treated as aberrant data. Qualitative researchers embrace outliers and actively seek diverse points of view from participants to enrich the data. They sample for diversity within groups and welcome different perceptions even if they seek fairly homogeneous samples. For example, in Leenerts and Magilvy’s (2000) grounded theory study to examine self-care practices among women, they narrowed the study to low-income, White, HIV-positive women but included both lesbian and heterosexual women.

PROPOSALS

There are many excellent sources in the literature on how to write a research proposal. A couple are cited here (Annersten, 2006; Maren, 2012; Martin, 2010; Schmelzer, 2006), and examples are found in Appendices B, C, and D. Proposals for any type of research should include basic elements about the purpose, significance, theoretical support, and methods. What is often lacking is a thorough discussion about the rationale. The rationale is needed for the overall design as well as each step in the process. Why qualitative research? Why ethnography and not phenomenology? Why go to a certain setting? Why select the participants through word of mouth? Why use one particular type of software over another to analyze data? Other common mistakes are not doing justice to significance and failure to provide sufficient theoretical support for the approach. In qualitative research, which tends to be theory generating instead of theory testing, the author still needs to explain why the study is conducted from a particular frame of reference. For example, in some ethnographical work, there are hypotheses that are tested based on the work of prior ethnographers who studied that culture, but there is still a need to generate new theory about current phenomena within that culture from the point of view of the specific informants for the subsequent study.

Significance is underappreciated as an important component of research. Without justifying the importance of the study or the potential impact of the study, there is no case for why the study should be conducted. If a study cannot be justified, why should sponsors fund it? Why should participants agree to participate? Why should the principal investigator bother to conduct it?
COMMONALITIES IN METHODS

Interviewing Basics

One of the best resources for learning how to interview for qualitative research is by Patton (2002), and readers are referred to his book for a detailed guide to interviewing. He describes the process, issues, and challenges in a way that readers can focus their interview in a wide variety of directions that are flexible, yet rigorous. For example, in ethnography, a mix of interview methods is appropriate, ranging from unstructured interviews or informal conversation to highly structured interviews. Unless nurses are conducting mixed-design studies, most of their interviews will be semi-structured. Semi-structured interviews include a few general questions, but the interviewer is free to allow the interviewee to digress along any lines he or she wishes. It is up to the interviewer to bring the interview back to the focus of the research. This requires skill and sensitivity. Some general guidelines apply to semi-structured interviews:

- Establish rapport
- Ask open-ended questions. For example, the second question is much more likely to generate a meaningful response than the first in a grounded theory study of coping with cervical cancer.
  
  Interviewer: Were you afraid when you first heard your diagnosis of cervical cancer?
  
  Participant: Yes.

  Contrast the aforementioned with the following:

  Interviewer: What was your first thought when you heard your diagnosis of cervical cancer?
  
  Participant: I thought of my young children and how they were going to lose their mother and that they would grow up not knowing how much I loved them.

- Continuously “read” the person’s reactions and adapt the approach based on response to questions. For example, in the interview about coping with the diagnosis, the participant began tearing so the interviewer appropriately gave her some time to collect herself. Maintaining silence is one of the most difficult things to learn for researchers who have been classically trained in quantitative methods. In structured
interviewing, we are trained to continue despite distractions and to eliminate bias, which may involve eliminating emotion and emotional reactions to what we hear in the interview. Yet the quality of outcomes in qualitative designs may depend on the researcher–participant relationship. It is critical to be authentic and to allow the participant to be authentic.

Ethical Issues

The principles of the Belmont Commission apply to all types of research: respect, justice, and beneficence. Perhaps these are even more important when interviewing people about their culture or life experiences. These are highly personal and may be painful for the person to relate, though I have found that there is a cathartic effect to participating in naturalistic research with an empathic interviewer (de Chesnay, 1991, 1993).

Rigor

Readers are referred to the classic paper on rigor in qualitative research (Sandelowski, 1986). Rather than speak of validity and reliability, we use other terms, such as accuracy (Do the data represent truth as the participant sees it?) and replicability (Can the reader follow the decision trail to see why the researcher concluded as he or she did?).

DATA ANALYSIS

Analyzing data requires many decisions about how to collect data and whether to use high-tech measures such as qualitative software or old-school measures such as colored index cards. The contributors to this series provide examples of both.

Mixed designs require a balance between the assumptions of quantitative research while conducting that part and qualitative research during that phase. It can be difficult for novice researchers to keep things straight. Researchers are encouraged to learn each paradigm well and to be clear about why they use certain methods for their purposes. Each type of design can stand alone, and one should never think that qualitative research is less than quantitative; it is just different.

Mary de Chesnay
REFERENCES


Preface

Qualitative research has evolved from a slightly disreputable beginning to wide acceptance in nursing research. Long a tradition in anthropology, approaches that focus on the stories and perceptions of the people instead of what scientists think the world is about created a body of knowledge that cannot be replicated in the lab. The richness of human experience is what qualitative research is all about. Respect for this tradition was long in coming among the scientific community. Nurses seem to have been in the forefront, though, and though many of my generation (children of the 1950s and 1960s) were classically trained in quantitative techniques, we found something lacking. Perhaps, because I am a psychiatric nurse, I have been trained to listen to people tell me their stories, whether the stories are problems that nearly destroy the spirit, or uplifting accounts of how they live within their cultures or how they cope with terrible traumas and chronic diseases. It seems logical to me that a critical part of developing new knowledge that nurses can use to help patients is to find out first what the patients themselves have to say. Viewed this way, qualitative research is the first step in developing an evidence-based practice.

In this volume, we explore case study as a qualitative method of particular usefulness to nurses who wish to describe richness and depth of a person’s experience, a disease process, an organization, or a group. Similar to life history, ethnography, or evaluation research, case study is an in-depth treatment that provides a picture of experience. Similar to ethnography and evaluation research, case study might use a variety of approaches, including both quantitative and qualitative methods, in order to meet the goals of the researcher. However, in this book, qualitative methods are emphasized.

Case study is a particularly useful design for nurse practitioners and doctor of nursing practice (DNP) students who typically do not conduct research in the same way that PhD students do. Two focused life histories by nurse practitioner students are included to show how case studies can
be used to teach the research process in such a way that students see direct relevance to their clinical practice. The chapter on animal-assisted therapy is coauthored by two nurse practitioner students who completed their study as a requirement of graduation. We hope that the case studies included here inspire other students to make use of this method.

Mary de Chesnay
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No publication is successful without great people who not only know how to do their own jobs but also how to guide authors. At Springer Publishing Company, we are indebted to Margaret Zuccarini for the idea for the series, her ongoing support, and her excellent problem-solving skills. The person who guided the editorial process and was available for numerous questions, which he patiently answered as if he had not heard them a hundred times, was Joseph Morita. Also critical to the project were the people who proofed the work, marketed the series, and transformed it from the Web to hard copies, chief among these being Rachel Landes, Jenna Vaccaro, and Kris Parrish.

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**CHAPTER ONE**

**OVERVIEW OF CASE STUDY RESEARCH**

*Patricia Hentz*

Case study methods are well suited when the aim of a study is to retain the holistic and meaningful characteristics of real-life events (Yin, 2009). In addition, it may also be the method of choice when the researcher plans to investigate contemporary phenomena or contemporary problems in their natural or “real-world context” (Yin, 2014, p. 2). Key factors for choosing case study approaches include the following: (a) when the researcher has little or no control over the phenomenon of interest and/or the behavioral events and (b) when the contemporary phenomenon is inseparable from the social or contextual conditions related to the phenomenon. Case study research provides an in-depth and inside view of the phenomenon within its social context, sensitizing the reader to the issues, problems, and processes. In doing so, its aim is to foster a deeper understanding of the complexity of the phenomenon. An example of this depth and complexity can be seen in the case study by Hentz (2015), which focuses on the experiences of veterans returning from war. The cases uncovered processes that expand our understanding of veterans’ experiences beyond the diagnosis of posttraumatic stress disorder (PTSD) or a list of PTSD-related symptoms. The reader is provided with an inside view of the veterans’ lives after returning home. It is relevant to the study how the social contexts, both in war and then returning home, are critical to understanding the experiences of veterans. In this multiple case study, single cases are presented within their social context, highlighting the veterans’ experiences after they have returned home. The cases examine in depth some of the challenges veterans faced, including a heightened fear process, compensatory survival behaviors, social disengagement, attachment difficulties with family and friends, and attachment bonds related to the military world. Data were obtained from the researcher’s clinical work with veterans; interviews with veterans; discussions with a veteran who was a key informant; historical accounts, literature, films, and research; and theories in the areas of trauma, PTSD, and emotional processing.
CASE STUDY RESEARCH: WHAT IT IS AND WHAT IT IS NOT

When we are presented with the concept, *case study*, it is important to understand that a single definition does not exist. Within the social sciences, it has been very broadly defined and divided into four categories. Only the fourth category exclusively focuses on case study as a research approach. The first category is the *teaching case*. The teaching case study does not need to accurately depict a specific individual, event, or process because its primary aim is to enhance learning. The teaching case is illustrative, and although it often has been derived from case study observations, it does not necessarily comply with any specific research methodology. For example, case studies depicting specific psychiatric disorders are grounded in research. These case studies are often developed using a combination of diagnostic criteria and clinical observations. The second category, *case histories*, is used for the purposes of record keeping. Here again, the primary aim is not research; however, these cases may be useful as data in a research study. *Case work*, the third category, is used to describe the management of health care for a patient or a population. The fourth category, *case research* or *case study research*, is intended for the purpose of “investigating activities or complex processes that are not easily separated from the social context within which they occur” (Cutter, 2004, p. 367). Case study research maintains rigor in its research methodology and its attention to presenting findings that accurately and reliably represent the data.

OVERVIEW OF CASE STUDY RESEARCH

Philosophical Derivation

There is still no standardization or formula on how to conduct case study research (McKee, 2004; Yin, 2014). As stated by Rosenberg and Yates, “The methods used in case study research are pragmatically-rather and paradigmatically-driven” (2007, p. 448). In essence, the phenomenon of interest and the research question(s) determine the method and design. Thus, case study research may be developed at any level of research, including exploratory, descriptive, and explanatory designs. Furthermore, from a qualitative perspective, case study research might draw from phenomenological, ethnographical, and grounded theory research approaches depending on the aim of the study and the research question(s). It should be noted that even though case study research designs are quite flexible, they derive their
rigor by creating the research designs in accordance with the research aims, hypotheses, or questions. A clearly developed phenomenon of interest along with the key questions to be explored form the basis for case study design. In case study research, as in any other research method, the researchers must justify their research approach and clearly identify the significance of the study whether the focus is on a single individual, a group of individuals, an organization, processes, neighborhoods, institutions, or events. The emphasis is on identifying the object of study within its social context and the importance of the bond between the object of study and the social context. To illustrate the object of study within its social context, the study by Hentz (2015) explored the experiences of veterans after returning home. The object of study involved exploring their processes of adapting back to “life at home.” Foundational philosophical underpinnings for the case study research approach was adapted from ethnography and grounded theory research methods and an interviewing approach involved constant comparison of data as an ongoing process of data analysis.

The strength of case study research is its adaptability and flexibility. For example, the classic descriptive case studies, “Tally’s Corner” (Liebow, 1967) and “Street Corner Society” Whyte (1955), provide in-depth, inside views of the life of these small groups. The concept used in case study research, unit of analysis, distinguishes the boundaries of the case. In these studies, the unit of analysis included the group of individuals who lived in the specifically defined neighborhood. This is certainly a contemporary phenomenon for its time. These studies illustrate the key aspects of case studies: investigation of a contemporary phenomenon in depth within its real-life context and the obvious interconnection between the phenomenon and the unit of analysis. Another example of a case study that clearly illustrated the interconnection or blurring of the social context and the phenomenon was the 2003 film, Monster (Theron, Damon, Peterson, Kushner, & Wyman, 2003). The film depicts the life story of the first female serial killer. The process of becoming a serial killer and how it is inseparable from her life experiences are strikingly apparent in this portrayal. A tragic and tortured history of dysfunctional and abusive relationships was portrayed. The rich contextual detail of her life story provided insights into how and why she became a serial killer. Here again, the strength of the case study method is apparent. The producers invite the viewer to understand the relevant details and “how” and “why” of her life path.

Because case study research focuses on a unit of study or phenomenon rather than any one specific research methodology, it can be used at any level of knowledge development, including exploratory, descriptive, or
explanatory. The rigor of the design is reflected in the congruity and constancy of the research components within the research design. Therefore, the data collection approaches and data analysis strategies all need to be tailored to consistently reflect the research question and the research aims. Given the broad nature of case study method, researchers need to familiarize themselves with the data collection and analysis approaches appropriate for the level or type of case study. Thus, descriptive studies that focus on understanding an individual’s experience regarding a specific phenomenon might consider incorporating a phenomenological approach. These case studies will be rich in description and focus on the lived experience. If the purpose of the study is to understand how individuals respond or adapt when faced with a challenging situations, the focus may be on the process within the social context. The researcher may choose a multiple-case approach, incorporating a constant-comparison approach as seen in grounded theory research. An ethnographic case study might be an approach of choice when the object of study is an organization or a group and may incorporate interviews and participant observation. Inherent in all case study research is the need for the researcher to clearly explain the logic behind the method being applied, show the research process, and clearly present how it is conforming to a rigorous methodological approach (Yin, 2014, p. 3). In essence, “The research design is the logic that links the data to be collected to the initial question of study” (p. 26).

ETHICAL ISSUES

A critical component in the planning process is the attention to the ethical issues and, most specifically, the protection of human subjects. If the research involves sensitive topics or vulnerable groups, the process for obtaining institutional review board (IRB) approval can be challenging. In addition, many members on the IRB may not be very familiar with case study research and may require that the researcher provide additional explanation of the research approach. The researcher needs to be clear on how the participants or cases will be informed fully about the research, informed of any potential risks in participating in the research, and the process of consent. For example, interviewing prisoners about their drug use history may place prisoners at risk legally. Such data need to be carefully collected, coded, and then presented to maintain anonymity. A strategy in this situation and similar cases for maintaining anonymity might be to present the multiple case studies as a cross-case analysis, and thus
not depicting any identifiers from a single case (Yin, 2014, p. 196). Such an approach maintains the integrity of the data but it is presented as a case study that does not reflect any single individual’s experience. Yin also discusses creating an exemplary case study when anonymity is a major concern. Given the importance of protection of human subjects, and to some extent the challenges presented in the IRB process, presenting the data as an exemplary case could offer a credible approach for reporting significant findings while maintaining the highest level of protection for those participating in the research. Exemplary case studies still adhere to the rigor of case study analysis and meet the general characteristics of case study research, including justifying the relevance and significance of the study, attending to the case and the social context, having awareness and exploring alternative perspectives that might challenge the findings, finding in-depth and sufficient evidence to support the findings, and presenting in an engaging manner so that the reader is able to “arrive at an independent conclusion about the validity” (Yin, 2014, p. 205). In addition, while adhering to the standards for protecting human subjects, the use of exemplary case study provides for an increased level of anonymity and offers an option for researchers who would like to pursue research on sensitive topics and with vulnerable populations.

CASE STUDY RESEARCH: A REVIEW

Although early studies may not have coined the term case study research, they certainly have served as models for case study research over the years. As discussed, case study research designs may be descriptive, exploratory, or explanatory. Case study research may also be used to describe processes, generate theory, and test theory.

Case study research may involve multiple data collection strategies. Yin (2009, 2014) presented six common types of research evidence: documents, archival records, interviews, direct observation, participant observation, and physical artifacts. The type of evidence depends on the research question and the methodological approach. For example, for a phenomenological case study, we may use open-ended interviews. Ethnographical case studies may draw on several different types of data, including observation, structured interviews, focus interviews, open-ended interviews, archival records, and documents. The use of multiple types of data, termed triangulation of data, provides different vantage points, which can help in providing depth as well as increased credibility to the case study (Figure 1.1)
The “Object of Study” Examples

The first step for case study research is to identify the object of study and to define its boundaries. This unit or object of study could be an individual, group, or process with its social context clearly defined. The following exemplars illustrate the object of study and the social context.

- Single-case example: In The Jack-Roller, Shaw (1930) presents comprehensive data on one individual, a juvenile delinquent who is the object
of study. The case study is presented as a life history, written by him, with material about him from several other sources. The boundaries of this case study is clear; a single juvenile delinquent. The social context of his life is presented in depth.

- Multiple case study: In *Street Corner Society*, Whyte (1943/1955) focuses in detail on two gangs with the social context, a street corner. The object of the study is the “street corner gangs.” The research is exploratory in nature using participant observation as the primary data collection approach. The boundaries of this case study is clear, two specific gangs with the location, a specific street corner.

- Multiple case study synthesis to identify themes and patterns: In *The Family Encounter of Depression*, Angell (1936/1965) focuses on the experiences of university students whose families had suffered a loss of income during the Depression. This case study presented a synthesis of the individual cases, which is an early example of how to offer greater anonymity and confidentiality.

- Case study with emphasis on social process: In *Boys in White*, Becker, Greer, Hughes, and Strauss (1961) focus on the effect of medical school on students. The object of study is medical students and the social context is medical school. Participant observation was the primary data collection strategy in this study. There was also longitudinal component. Researchers focused on different points of time in medical school rather than on the study of individuals in medical school (Platt, 1992).

- Case study with emphasis on culture: Goffman’s (1961) classic study of mental institutions provided an in-depth description of the cultural “underlife” that exists in mental institutions and has been instrumental in understanding similar institutions.

- Explanatory case study: A group of educators in the late 1950s and 1960s wanted to understand why the changes they had made in educational approaches did not improve test results (Yin, 2003). Case by case, they explored the complexity of the teaching process in practice, widening the lens from the classroom activity to the organization, cultural, economic, and policy contexts in which learning and teaching occur. The object of study involved the educational approaches.

**SUMMARY**

This chapter offers an overview on the case study method. It is an approach that has evolved and continues to be developed. Its strengths include its holistic nature, depth of investigation, and its rich description. The case
study method is a versatile and flexible approach well suited when studying phenomenon that is inseparable from its social context. Case studies can range from a single case to multiple cases. Single case studies are valued and can stand on their own, but they also require careful attention to reliability issues. Researchers who engage in single case study research need to remain vigilant regarding their biases and pre-understandings. Although unintended, novice researchers may experience difficulty separating what “they believe they know” from what is to be discovered. This might be described as the research bias, “believing is seeing” (Hentz, 2012). Thus, one needs to be aware that the inductive process inherent in qualitative approaches requires the researcher to be ever vigilant with the awareness that what is discovered is very often different from what was anticipated.

In addition to the single case study design, there are several case study research designs that involve more than one case. According to McDonnell, Jones, and Read (2000), case studies are chosen because they are viewed as an illustrative. When several cases are used in a multiple case study design, the cases need to represent a phenomenon. This requires that the cases be as homogeneous as possible. If the phenomenon is too broad, too loosely defined, and/or the social context is too varied, the study resembles an exploratory study but not a case study. The concept of replication is key in a multiple case study design. Each case needs to be carefully selected with the expectation that there will be similar findings. The rationale for multiple case study is to enhance the credibility of the findings and its validity and reliability.

With the range of research approaches from which to choose, case study research is well suited when the phenomenon of interest is best studied within its social context. Nurses are certainly witness to a variety of human conditions and social problems and case study may be a means of expanding our knowledge as well as contributing to research and practice.

REFERENCES


Qualitative case study methodology (QCSM) is an approach to research that has become increasingly popular in nursing inquiry. Originating in the field of social sciences, QCSM offers a means to holistically explore complex phenomena within real-world contexts (Anthony & Jack, 2009). This holistic approach aligns well with the nursing perspective, which is often characterized by its holistic view of health and well-being. In an article meant for novice researchers, Baxter and Jack (2008) provided an excellent introduction to QCSM, which examined the philosophical roots that inform the approach. Although several theoretical views of QCSM exist, Baxter and Jack noted that the approaches of Yin (2014) and Stake (1995) predominate. Both of these approaches situate QCSM within a constructivist paradigm (Baxter & Jack, 2008) and both consider multiple sources of data as a defining characteristic of the case study approach (Anthony & Jack, 2009). Conversely, Yin (2014) defines case study methodology in terms of the empirical process, whereas Stake (1995) views the approach in terms of the unit of study (Anthony & Jack, 2009). Nevertheless, both approaches acknowledge the value of QCSM in conducting deep exploration of phenomena that cannot be manipulated or removed from their real-world context (Baxter & Jack, 2008; Stake, 1995; Yin, 2014).

Focusing specifically on nursing research, Anthony and Jack (2009) conducted an excellent integrative review of nursing studies published from 2005 to 2007 that employed a qualitative case study approach. The purpose of this review was to critically appraise the use of QCSM by nurse scholars. Anthony and Jack noted that QCSM has become increasingly prevalent in nursing inquiry, a fact that necessitated such a review. Using a defined set of
criteria to produce a manageable yet representative sample of QCSM nursing studies, Anthony and Jack identified a total of 42 such studies to include in their review. The authors discovered that nurse scholars were employing QCSM in a broad range of nursing contexts, including acute care, long-term care, nursing education, community health, nursing research, family care, nursing management, adolescent health, and mental health. Furthermore, their review revealed that nurse scholars were paying increasing attention to issues of rigor within the context of QCSM. Still, confusion surrounding the nature of such inquiry persists, a fact that presents challenges to QCSM implementation (Anthony & Jack, 2009). Anthony and Jack recommended that further appraisal of the use of QCSM in nursing inquiry was warranted. Chan (2009) supported this recommendation, citing the increasing prevalence of QCSM in nursing research as the impetus to continue the work of Anthony and Jack and to further explore QCSM within a nursing context. As Chan (2009) noted:

The case study approach has great potential in nursing research and yet there is still a great deal that we need to understand about what QCSM is, why it is being adopted, and how it is being conceptualized and implemented. (p. 1774)

Clearly, QCSM presents both challenges and opportunities for nurse scholars. When used appropriately, QCSM can be employed to conduct rigorous and empirically based studies that take into account the impact and implications of real-world contexts on the phenomena or concept in question. Furthermore, through the use of several data sources, QCSM allows scholars to investigate phenomena from multiple perspectives. Nevertheless, Yin (2014) cautions that QCSM poses unique challenges to novice researchers who may underestimate the complexity of conducting such research in an appropriately systematic and rigorous manner. Confusion over the nature of QCSM may further complicate the research process for neophyte scholars. To facilitate understanding of how QCSM can be employed by nurse researchers in the generation of new knowledge, the following section offers a review of the current body of nursing research that has used a qualitative case study approach. This section is then followed by a discussion of common trends in QCSM within nursing contexts. Through an exploration of contemporary QCSM nursing inquiry, it is our hope that readers considering QCSM for their own research will be better positioned to take advantage of the unique benefits the approach offers.
CURRENT STATE OF NURSING INQUIRY USING CASE STUDY METHODS

In this section, we offer a review of current nursing studies that have been conducted using a QCSM approach. Initially, the search criteria used by Anthony and Jack (2009) guided a literature review of QCSM that spanned from 2009 to 2015. Databases included in the search were CINAHL, MEDLINE, and PsychInfo. Meaningful keywords and search phrases used to identify relevant articles included “qualitative case study,” “case study,” “qualitative,” and “nursing.” The initial search returned more than 140 articles that met the original criteria set, and so additional exclusionary criteria were established. To generate a manageable yet representative sample of studies, this review was further limited to research that was published in nursing journals during a 3-year period, from 2013 to 2015. Furthermore, only studies that listed a nurse as the primary author were included in the review. Incorporating these criteria, a modified search generated a total of 50 articles for inclusion in this review.

Results from the review are summarized as follows. Much like Anthony and Jack (2009), this review identified a broad range of nursing settings and issues in which QCSM has been employed as a research methodology. These settings included acute care, long-term care, mental health, community health, nursing education, peripartum/perinatal care, and professional/workplace issues. When a study overlapped two nursing areas, that study was categorized based on its primary focus. For example, a study conducted in the community health setting that explored implementation of an undergraduate learning strategy was categorized as nursing education.

Acute/Inpatient Care

QCSM studies conducted in acute care settings represented a large percentage of the studies identified for this review. First, Dionne-Odom, Willis, Bakitas, Crandall, and Grace (2015) chose a qualitative case study design to examine surrogate decision making (SDM) within the context of end-of-life issues in the intensive care unit (ICU). The case study approach allowed the researchers to make within- and cross-case comparisons to provide a deeper understanding of the complex psychological processes underlying SDM for terminally ill patients. The researchers recruited 19 informants who had served as SDMs for adult patients who had died in the ICU setting. Cognitive task analysis was used to conduct and analyze semi-structured interviews,
which were digitally recorded and evaluated for common themes. Findings were then organized into a conceptual model that represented the SDM process. Results from this study have the potential to inform development of interventions designed to support SDM during end-of-life care.

Adams, Bailey, Anderson, and Thygeson (2013) also examined end-of-life issues in the ICU setting using a QCSM approach, this time from the perspective of both health care providers (HCPs) and family members. The study’s stated purpose was to “describe the behavior of HCPs and responses of family members through the lens of Adaptive Leadership in a prospective case study of a patient transitioning from curative to palliative care” (Adams et al., 2013, p. 330). The researchers used a single case study design that focused on four family members, a nurse, and two physicians of one terminally ill patient. Data were collected using family group conferences and narrative interviews. During data analysis, the researchers employed Adaptive Leadership as a framework for understanding behaviors employed by health care providers to assist families during end-of-life care. The Adaptive Leadership model views organizations and individuals as complex adaptive systems that must confront technical and adaptive challenges through successful self-organization (Adams et al., 2013; Bailey et al., 2012; Thygeson, Morrissey, & Ulstad, 2010). The study findings supported the use of Adaptive Leadership behaviors to facilitate successful adaptation and coping in families facing the loss of a loved one.

Furthermore, within an ICU context, Nesbitt (2013) investigated nurses’ experiences with journal clubs and how such participation influenced professional development. Using a two-site, multiple case study design, the researcher recruited 70 health care professionals (64 nurses) who participated in journal clubs in two Canadian ICUs for a 6-month period. Data-collection methods included six semi-structured interviews with each informant, two focus groups, field notes, anonymous surveys, and document review. Five major themes emerged from data analysis: community, incentive, confidence, impact on practice, and reflection. Findings demonstrated that participation in journal clubs increase nurses’ confidence, competency, and motivation to read research articles, as well as foster an atmosphere of community. Gains in competency were thought to be modest. The researchers concluded that implementation of journal clubs in conjunction with other educational strategies would have a greater impact on competency than just journal clubs alone.

Similar to the study by Adams et al. (2013), Rudolfsson (2014) used a single case study design to elucidate one nurse’s perception of the perioperative patient experience. Rudolfsson selected a QCSM approach for its
advantages in providing an in-depth description of a particular phenomenon within specific real-world contexts (Rudolfsson, 2014; Stake, 1995; Yin, 2014). A unique characteristic of this particular study was that the researcher was both the narrator/informant of the case as well as the interpreter/researcher. Thus, the study not only focused on the perception of the perioperative nurse, but also on how that nurse interpreted the situation. The researcher adopted a hermeneutic approach to data analysis, which permitted new insights to arise from the experience. A key finding of this study was that patients experience shame related to body image even before arriving in the operating room.

Four studies used QCSM to explore complex experiences and challenges faced by nurses working in acute care settings. First, Hoyle and Grant (2015) conducted a study that aimed “to understand nurses’ views and experiences of four treatment targets in the emergency department and how this impacts clinical decision making throughout acute secondary care hospitals” (p. 2211). The researchers interviewed 31 informants from three acute care specialties at a large hospital in Scotland. Employing a case study approach informed by Yin (2014) to provide a holistic perspective within a real-world context, the researchers used the hospital as the case unit for the study. Overall, informants perceived treatment time targets as unhelpful and potentially detrimental to patient care. Informants reported breaching treatment target guidelines in cases where acutely ill patients required more care. Emergency nurses bore the most responsibility in meeting treatment targets, a fact that created significant burden for these nurses. The researchers recommended that policy makers reevaluate implementation of treatment time targets to ensure appropriateness. In addition, health care providers breaching such targets to ensure patient safety should be immune from negative repercussions, and the burden arising from these target programs should be more evenly distributed.

A second study that examined experiences of acute care nurses was conducted by White, Pesut, and Rush (2014). In this study, the researchers explored the experiences of post-anesthesia care unit (PACU) nurses caring for ICU patients within the PACU setting. The researchers recruited six PACU nurses who participated in semi-structured interviews designed to elicit information about informant experience with ICU patients. Findings revealed that these nurses caring for ICU patients in a PACU setting often felt unable to provide the appropriate level of care given the limitations of the setting. This inability was related to nurses having the knowledge to provide appropriate care but lacking the resources to do so. The researchers noted that the study highlights the need for a planned change process that could
provide PACU nurses access to resources and support needed to care for overflow ICU patients within the PACU setting.

A third study by Droskini (2013) explored issues faced by diploma nurses working in acute care settings. Droskini selected a QCSM approach because of its potential to provide authentic empirical data about complex issues within a real-life context. A single informant was recruited for the study, and phenomenological interviews were conducted via e-mail using semi-structured, open-ended questioning. Findings from the study revealed two major themes. The first theme, progressive transformation, related to changing educational requirements and increased responsibilities within the nursing profession. The second theme, technological innovation, represented informant experience with technological revolutions that have transformed nursing care. Overall, the researcher concluded that awareness of the needs of diploma-prepared nurses could contribute to better integration of these nurses within the current health care environment.

Finally, Powell (2013) investigated the experiences of night-shift nurses, with a particular focus on work satisfaction and professional relationships in an acute care setting. The researchers adopted a case study approach that was informed by the perspective of constructivist theory to provide night-shift nurses the opportunity to voice their own unique reality. Fourteen nurses participated in semi-structured interviews that were reinforced and collated with self-completed diaries. Four major themes emerged during data analysis: the importance of work relationships, the impact of the working environment, common work practices, and the personal impact of working nights. Informants reported feeling less supported by leadership than dayshift nurses, with fewer opportunities for engagement and professional development. In addition, working conditions for night-shift nurses appeared inferior to those experienced by day shift. Nevertheless, findings also demonstrated strong collegial relationships among night-shift nurses. The researchers concluded that facilities should capitalize on these strong relationships, while implementing strategies to improve support and working environments of night-shift nurses.

Turning to issues of nursing leadership, this literature review uncovered two studies that dealt with the relationship between nursing leadership and implementation of best-practice/evidence-based quality improvement programs. First, a study by Fleiszer, Semenic, Ritchie, Richer, and Denis (2015) aimed to describe the impact of nursing leader actions on the sustainability of best practice initiatives in the acute care setting. Thirty-nine informants participated in a multiple case study that used semi-structured interviews, document analysis, and field observations.
The study’s purpose was to provide insight into the influence of nursing leader actions on the long-term success of best practice guideline programs across four acute care units. Data analysis revealed that successful strategies for sustaining such programs included those that maintained priorities and reinforced program expectations. In doing so, these strategies promoted learning and accountability in the workplace. A key implication of the study was the importance of nursing leadership actions in addressing issues of patient care through implementation and maintenance of best practice initiatives.

Stetler, Ritchie, Rycroft-Malone, and Charns (2014) also explored the impact of nursing leader actions on quality improvement programs, this time from the perspective of institutionalizing evidence-based practice (EBP) guidelines. The study used a multiple case study design that presented two contrasting acute care cases. The first case was a hospital widely known for its successful implementation and use of EBP guidelines, while the second case was a hospital characterized as a beginner in the use of formalized EBP. Data collection included multiple interviews with nurse leaders as well as focus groups with staff nurses. Findings demonstrated the complexity of leadership behaviors and actions that influence successful implementation of EBP. These actions cut across hierarchical levels, and included the efforts of both nurse administrators and staff nurses.

Another study related to quality improvement was conducted by Ireland, Kirkpatrick, Boblin, and Robertson (2013), who investigated the implementation of fall-prevention initiatives in three acute care hospitals located in Ontario, Canada. The researchers defined the case unit as implementation of best practice fall-prevention guidelines, while the three hospitals served as the contextual boundaries of the case. As with many of the previously discussed studies, Ireland et al. (2013) identified the appropriateness of a QCSM approach to investigate complex real-world situations within a specific context. Ninety-five nurses (both administrative and bedside) participated in interviews and focus groups, and also provided documentation and artifacts for data analysis. The researchers noted that triangulation via multiple data sources enhanced rigor of study findings, a claim supported by Stake (1995). Data analysis suggested four recommendations related to falls-prevention interventions:

- The need to listen to and recognize the expertise and clinical realities of the staff
- The importance of keeping the implementation process simple
- The need to recognize that what seems simple becomes complex when meeting individual patient needs
The need to view the process as one of continuous quality improvement (Ireland et al., 2013, p. 95)

Related to the subject of nursing leadership, Maxwell, Baillie, Rickard, and McLaren (2013) studied the impact of social identity in achieving acceptance and workplace jurisdiction within two acute care hospitals. Using a multiple case study design, the researchers defined each hospital as a separate case, while two new specialty nursing roles constituted embedded units within the study. According to the researchers “the use of data from different sources is a classic strength of case study design” (Maxwell et al., 2013); accordingly, this study used a significant number of data collection methods, including semi-structured interviews, nonparticipant observation, partial-participant observation, organizational document review, and follow-up interviews. Two distinct role types were identified during data analysis: a “fixer” role and a “niche” role, each of which faced distinct challenges in establishing workplace jurisdiction. Furthermore, workplace jurisdiction was influenced by four different types of workplace identities. These included professional, specialty, organizational, and relational identities. These findings illustrate the need for facilities to support social processes that facilitate acceptance and legitimacy of new nursing roles within acute care settings.

Continuing with research conducted within acute care contexts, Vellos, Ceci, and Alves (2013) explored power configurations within a Brazilian emergency care system with the aim of understanding how such configurations impacted development of the new health care system. Semi-structured interviews and field observations comprised the data-collection strategies of this qualitative case study, which was informed by the work of Foucault (1979). The 31 informants participating in the study included nurses, nursing assistants, ambulance drivers, and physicians. Discourse analysis of the data highlighted the impact of hierarchical surveillance in shaping emergency care practices, which in turn influenced the nature of power relationships within the system. The researchers noted that study findings suggested that supporting flexibility in power relations within health care systems may be necessary in creating a system responsive to the dynamic health issues of contemporary society.

Tobiano, Chaboyer, and McMurray (2013) employed QCSM to understand family member perceptions of bedside shift reports in an Australian hospital. The researchers recruited eight informants who had a family member admitted to an inpatient rehabilitation ward. Data-collection methods included observations, field notes, and guided interviews using open-ended
questioning. This combination of data collection methods was employed as a recognized strategy to enhance rigor of study findings (Yin, 2014). Data gathered from individual informants were regarded as separate cases, leading to a multiple case study design. Analysis of common threads among cases revealed three major themes: understanding the situation, interaction with nursing staff, and finding value. In turn, each of these major themes had several associated subthemes. The researchers concluded that families value inclusion and the chance to participate in their loved one’s care, and that effective use of bedside shift reports can support a family-centered nursing approach.

Another study identified in the literature review addressed issues faced by older patients being discharged after hip fracture surgery. Popejoy, Marek, and Scott-Cawiezell (2013) conducted a longitudinal, multiple case study that investigated problems experienced by older adults transitioning through different levels of care following a hip fracture. A total of 21 informants were recruited for the study, and data were collected using participant interview and chart reviews. Interviews were conducted in person or by phone, and were scheduled during the immediate postoperative period, and that at post-discharge intervals of 2 weeks, 3 months, and 12 months. Three major transition patterns were identified: from home to hospital to inpatient rehabilitation, from home to hospital to nursing home, and from nursing home to hospital. Common problems experienced at all levels of transition included depression, delirium, pressure ulcers, weight loss, urinary incontinence, and falls. The researchers recommended that transitional care should enhance patient and family involvement during transitions.

Finally, parents experience significant stress when faced with the hospitalization of their child, and these challenges are exacerbated when one of the parents is a nurse. Lines, Mannix, and Giles (2015) considered the unique experiences of nurses who have had a child hospitalized for an acute illness. For this case study, the researchers recruited six nurses who participated in semi-structured interviews. The results of these interviews were thematically analyzed to identify commonalities among informant experiences. Informants characterized their situation as taking on a dual role, that of the parent–nurse; role conflict often emerged as the informants felt torn between these roles. The expertise of the informants compelled them to seek higher levels of care for their children, a fact that increased stress levels. The researchers concluded that health care professionals need to acknowledge and respond to the unique needs of the nurse–parents of pediatric patients.
Long-Term/Elder Care

Two studies investigated issues of long-term care placement using a QCSM approach. First, Mamier and Winslow (2014) used a single case study design to examine divergent perspectives of a family caregiver and a health care professional within the context of long-term care placement decision making. Informants in the study included a woman caring for her husband, who had been diagnosed with Alzheimer’s disease, as well as a social worker who led a support group attended by the couple. The researchers constructed this revelatory case study from data collected during three interviews (two with the caregiver and one with the social worker). Data analysis was conducted from a grounded theory perspective and revealed 11 major categories in which divergent perspectives of decision making fell. Although some congruence between the perspectives of the social worker and the caregiver was identified, significant differences were also evident. A key finding of this study was that health care professionals may not be aware of the particular needs of caregivers facing long-term placement decisions, and that caregivers could benefit from anticipatory guidance before events necessitate long-term placement.

A second study by Koplow et al. (2015) explored caregiver experiences after long-term care placement of a loved one. Two caregivers were recruited as informants and constituted two separate, contrasting cases made up of a caregiver–care recipient dyad. Informants were purposefully selected to exemplify a smooth transition and a difficult transition within the context of long-term care placement. Data were collected through interviews conducted shortly after placement and again 3 months later. Similarities and differences between the two cases centered around four major issues: the relationship between caregiver and his or her loved one before long-term placement, factors contributing to the placement decision, continuing involvement in the loved one’s care after placement, and available support systems for the caregiver. Implications of the study included the need for nurses and other health care professionals to understand caregiver perspective and the issues that can facilitate smooth transition for families facing long-term placement of a loved one.

Also, within the long-term care context, Tayab and Narushima (2015) used a QCSM approach to explore perceptions and practices of cultural competence among personal support workers (PSWs) working in a long-term care facility in Ontario, Canada. The long-term care facility constituted the case of the study, while six of the facility’s employees served as key informants. The researchers employed multiple methods of data collection to
increase study rigor; these methods included focus groups, document review, and semi-structured interviews of key informants. Findings from the study revealed a strong link between cultural competence and patient-centered care, multiple definitions of cultural competence that existed among PSWs, and organizational factors that impacted the development of cultural competence among employees. The researchers concluded that further education and research is needed to elucidate the meaning of cultural competence for PSWs and how their understanding of the concept impacts patient care.

Abrahamson, DeCrane, Mueller, Davila, and Arling (2015) investigated a long-term care quality improvement project designed to reduce pain in nursing home residents. The stated purpose of the study was to “closely examine processes for successful nursing home QI [quality improvement] with particular focus on pain management” (p. 262). This case study approach used implementation of the quality improvement project as the case unit. Informants included 24 nursing home employees from eight facilities that had implemented the quality improvement project. Data collection was accomplished via in-depth, semi-structured interviews. Findings identified five major facilitators of successful project implementation, including adequate training, participation by nursing assistants, leadership support, and interdisciplinary communication. Barriers to implementation included challenges with measuring outcomes, increased documentation, and resistance to change. The findings of this study suggest avenues for facilitating successful implementation of pain management projects within the long-term care setting.

Challenges to implementing long-term care research aimed at quality improvement was the focus of the next study to be discussed. Zapka et al. (2014) used QCSM in a study designed to explore factors that impacted willingness of caregivers and nursing home administration to participate in research seeking to determine the efficacy of feeding alternatives among patients with dementia. This multilevel case study employed multiple methods of data collection, including caregiver focus groups and in-person and electronic interviews with nursing home administrators. Data analysis revealed key challenges to caregiver participation in efficacy research including lack of clarity in research design, caregiver understanding of dementia prognosis, and caregiver perception of feeding needs of their loved one. Challenges to nursing home participation included legal issues, corporate approval, and previous relationships with researchers. The researchers noted that enhancing caregiver participation in such research should include comprehensive education about dementia as well as research purpose, design, and protocols. Such education should also take into consideration literacy...
levels of potential informants. Improving the likelihood of nursing home participation in research could be accomplished by preliminary work to develop a trusting relationship with nursing home administration, address potential legal issues, and navigate corporate policies and requirements for researchers.

**Community/Outpatient Care**

Six studies using QCSM were identified that explored issues in community/outpatient care settings. In one of these studies, Sandy, Kgole, and Mavundla (2013) explored the needs of family caregivers of children with learning disabilities living in an impoverished province of South Africa. The researchers employed two phases of semi-structured interviews to elucidate issues faced by three case study families, all of whom had at least one child with a learning disability. Six major themes emerged from the study’s findings, including caring as a stressful experience, working in partnership with health professionals, education and training needs, the need for support through professional supervision, the need for financial assistance, and experiences with discrimination arising from stigma associated with learning disabilities. The researchers concluded that support programs and policies are needed to assist families in the complex task of caring for children with learning disabilities within a resource-poor setting. Furthermore, such programs must be individualized to the needs of each family, and should include training and education as a major component of support.

Another study by Mizutani et al. (2015) also examined community health issues within a resource-poor area of rural Indonesia. The purpose of this study was to construct a model of healthy behaviors of rural Muslim Indonesians living with hypertension. Twelve married couples were recruited for the study, which used semi-structured interviews to provide the desired data. The researchers used Yin’s (2014) method of data analysis to identify specific health promoting behaviors practiced by study informants. In doing so, the researchers also examined informant reasons for adopting these behaviors. Some of the healthy behaviors reported by informants included dietary choices, exercising, stress management, caring for others, and fulfilling one’s duty to God. Reasons for practicing such behaviors related to personal beliefs and perceived competence. Conversely, challenges to health promoting behaviors included personal, environmental, and social barriers. The researchers recommended that health professionals working with the target population should reinforce reasons for adopting health promoting behaviors, while also finding ways to mitigate negative factors that formed barriers to healthy lifestyles.
Whiffin, Bailey, Ellis-Hill, Jarrett, and Hutchinson (2015) employed a longitudinal case study design to explore the narratives of noninjured family members of persons who suffered traumatic head injury. The researchers recruited nine family members from three families to participate in the 12-month study. Although recruitment took place in the acute care setting, whereas data collection was primarily conducted after patient discharge, which allowed the researchers to explore family reaction and adjustment in the post-injury period through a series of three unstructured narrative interviews. From these interviews, the researchers identified five interconnected narratives that included experiences related to trauma, recovery, autobiography, suffering, and family. An analysis of these narratives revealed that turbulence and disruption characterized family life during the first year following a traumatic head injury of a family member. The study illuminated the importance of addressing the needs of the family as a whole when caring for those with traumatic head injury. Supporting these families would include listening to their stories and validating their experiences.

Implementation of a patient-centered model of nursing care in outpatient radiation oncology was the subject of an instrumental case study conducted by Rose and Yates (2013). The stated purpose of this study was “to describe clinical staff perceptions of implementing a person-centered model of nursing in an outpatient radiotherapy treatment department, using a Primary Nursing/Collaborative Practice framework” (Rose & Yates, 2013, p. 554). The study sample included 13 clinical staff, including physicians, nurses and radiotherapists, who participated in semi-structured interviews over a 6-month period. Major themes that emerged from the study included changes in traditional practices, dominance of a profession-centric approach, operationalization of primary nursing, and ensuring an interdisciplinary approach. Findings from the study revealed that the person-centered model was generally well received, and resulted in increased nursing autonomy and satisfaction; nevertheless, challenges to providing holistic care within the interdisciplinary environment were also made evident. The researchers noted that the study highlighted the potential benefits of a person-centered model, as well as the integral role that communication and education play in the success of such a model.

Abbott, Fuji, and Galt (2015) used a qualitative case study approach to examine engagement among nurses working in a rural ambulatory setting that had implemented electronic health records (EHRs) and electronic prescribing system. Lewin’s (1951) Change Theory provided a framework for the study, which employed an exemplar critical case design to allow for generalization to similar cases. Twelve informants, including eight nurses
and four physicians, participated in semi-structured interviews that were constructed to identify common themes related to engagement with the EHR system. The researchers identified six major themes: nurses maintaining patient focus, lack of nursing involvement with the EHR, the influence of physician preference on nurses’ use of EHR, nursing bypass of the EHR system, increased workload related to the EHR, and EHR impact on efficiency of nursing care. A notable conclusion of this study was that EHRs appeared to increase workloads while also contributing to new patient safety issues.

The final study conducted within a community setting sought “to explore, identify, and characterize the origins, processes and outcomes of effective chronic disease management models and the nursing contributions to such models” (Procter, Wilson, Brooks, & Kendall, 2013, p. 633). Six community case study sites that represented three different models of care for chronic conditions participated in the study. Models of care included case management, disease management, and supported self-care. Data were collected using semi-structured interviews with nurses working at each of the participating sites. Overall, the study found that nurses at all sites possessed high levels of clinical expertise. In addition, nurses working in community matron settings were also successfully accomplishing their goal of reducing hospital admissions. The researchers noted that structural factors and power relationships within integrated care models may constrain effective nursing care. Addressing this problem requires changes that reexamine and reconfigure traditional power structures.

Mental Health Nursing Care

Five of the identified studies focused on issues of mental health nursing using QCSM. First, the role of stigma in the formation of mental health nurses’ professional identities was explored in a qualitative case study by Sercu, Ayala, and Bracke (2015). Using a multiple case study design that integrated ethnographic data collection from two psychiatric hospitals, the researchers sought to understand the role that stigma played in giving meaning to the mental health nursing role. Thirty-three nurses participated in the study, which used semi-structured interviews and intensive participant observation to explore the phenomenon of interest. Findings from the study suggested that overcoming stigma and resisting a reductionist approach that focused on diagnosis rather than patient was a major motivator to becoming a mental health nurse. Thus, stigma appeared to be enmeshed in the turbulent relationship between mental health nursing and the traditional psychiatric model of care. Many informants described a desire to resist what they felt to be stigmatizing
practices found in general health care, which focus on illness rather than person. The researchers concluded that the concept of stigma should be integrated in future research focused on exploring the identity crisis currently experienced by mental health nurses.

Next, McKeown, et al. (2014) used a multiple, comparative case study design to explore relationships between professional mental health care providers and independent mental health advocates. Although nurses often serve as advocates for patients with mental health issues, the advocacy role of nursing is often unsupported and weakly delineated. Conversely, independent mental health advocacy groups represent and champion patient interests from a position unencumbered by co-allegiances to employers. An expansive case study that covered eight geographical regions and included 214 informants, the study also included a variety of inpatient, outpatient, and community settings. The researchers used informant interviews and a survey of available advocacy services to collect data. From their findings, the researchers concluded that the extent to which professionals understand and appreciate the advocacy role influences relationships between health care professionals and independent advocates.

Recovery, a familiar concept within the field of mental health, was the focus of a study by McKenna, Furness, Dhital, Park, and Connally (2014). The purpose of the study was to describe the impact of a recovery-oriented approach on service care delivery in an inpatient, Australian, mental health facility. An illustrative case study design was employed. Informants included 20 stakeholders, all of whom worked in a 26-bed mental health unit of a large urban hospital in Melbourne. Data collection methods included interviews and focus groups. Findings from the study demonstrated that stakeholders embraced the recovery-oriented approach, which they characterized as collaborative, holistic, engaged, strength based, and supportive of patient autonomy. Overall, the case illustrates the recovery-oriented approach of action, and could potentially guide other agencies wishing to adopt such an approach.

Seeking to identify strategies that could prevent involuntary admission for patients with mental illness, de Jong, Schout, and Abma (2014) designed a naturalistic case study approach informed by Stake (1995) that examined the impact of a Family Group Conferencing (FGC) approach on such compulsory admissions. This single case study used semi-structured interviews with 17 informants who had participated in one FGC that addressed the family concerns of a man living with schizophrenia. The 17 informants represented four stakeholder groups, including the man’s neighbors, family, and other social acquaintances, the FGC coordinator, and mental health
professionals involved with the case. Four themes emerged from the data analysis phase: a history of avoiding care and involuntary treatment, prevention of compulsory admission following the FGC, optional participation of the patient in FGC, and resolution of conflict between neighbors and the involved case managers. Overall, the case supported the use of FGC to avoid involuntary admissions due to mental illness, and to improve relationships of those involved.

Shifting focus to pediatric mental health, a final identified study by Morris (2014) used a case study approach to explore how parental perceptions of mental illness change after a child is diagnosed with such a disorder. For this study, the researcher recruited one informant, the father of a 7-year-old boy who had received several possible diagnoses, including attention deficit hyperactivity disorder, bipolar disorder, mood disorder, and low-grade autism. The informant participated in two semi-structured interviews that were recorded and thematically analyzed. Six themes emerged from this analysis: alienation from peers, ambivalence toward the diagnosis and outcome, an evolving orientation toward mental illness, stigmatization within the school system; conflict with mental health care, finding specialists, and finally acquiring new peers. Factors impacting parental perception included the educational and mental health systems and interactions with peers. The researcher concluded that further research is needed into parental experiences with the diagnosis and illness trajectory of pediatric mental illness. Such research could assist health care professionals in supporting family adaptation in such cases.

Peripartum/Perinatal Care

Peripartum/perinatal care was another nursing context in which QCSM was used to explore a variety of health care issues. First, De Rouck and Leys (2013) investigated how the illness trajectory of neonates admitted to an ICU impacted parents’ use of online sources for health information. The study used a longitudinal, multiple case study design, in which the unit of analysis was the parental dyad of each infant. Data were collected over a 10-month period using in-depth, in-person interviews with 40 dyads. Initially, parents were interviewed every 2 weeks for the first 2 months following admission. Afterward, interviews were conducted on a monthly basis. Data analysis revealed multiple factors influencing parental use of the internet as a health information source along the illness trajectory, including the parent–health provider relationship. Information-gathering behaviors also changed as parents moved along the illness trajectory and became more proficient with comprehending complex medical information. An important theme emerging
from this study was the use of online information gathering as a part of the coping process for the informants. In addition, illness labels associated with an infant’s condition significantly influenced the success of online search strategies employed by parents; vague labels tended to confound searches, while precise terminology facilitated them.

Another study that examined perinatal issues within the neonatal intensive care unit (NICU) context was one by Johnston (2014), which explored a high-risk father’s experiences following the hospitalization of his low-birthweight infant. The study combined a single case study design with a hermeneutical, phenomenological approach. The defined case for the study was a young black man from a high-risk background characterized by violence and loss. Over a 10-week period, the informant participated in three semi-structured, in-depth interviews at specific points in time: shortly following his child’s birth, a week before discharge, and 2 weeks post-discharge. Themes that emerged during data analysis can be characterized by feelings of loss and unmet needs and the need to appear strong in the face of adversity. Supportive themes were also identified, including support through communication, the benefits of finding a mentor, and adopting a new perspective as a father. Male nurses may be well suited as mentors for these fathers, who often lack positive male role models. Findings demonstrated the important role that health care workers using caring practices can play in meeting the needs of these fathers.

Chang, Rowe, and Goopy (2014) also used a longitudinal case study design to explore how nonfamily support influenced breastfeeding in Taiwanese career women. Low breastfeeding-maintenance rates in Taiwan justified the study. In addition, the researchers chose a case study design because of the highly contextualized nature of phenomenon in question. Fourteen women participated in a series of two to three in-depth interviews, which took place at three significant times: shortly after participation in a culturally important postpartum ritual, before returning to work, and shortly after resuming work responsibilities. The informants were interviewed alone, without inclusion of their partners. Data analysis identified several significant nonfamilial factors contributing to breastfeeding maintenance, including collegial support, onsite workplace services, and online resources. Overall, these findings provide insight into possible ways of sustaining breastfeeding within this population.

Professional Development/Workplace Issues

A remarkable number of recent QCSM studies have investigated the experiences of newly graduated nurses transitioning into professional practice. This literature review identified four such studies published in nursing
journals within the past 3 years. The first such study, conducted by Al Awaisi, Cooke, and Pryjmachuck (2015), focused on new graduate nurses living and working in Oman during their first year of practice. The researchers defined the case of this study as “new graduate nurses’ transition experiences while working at a tertiary hospital in Oman” (Al Awaisi et al., 2015), while the experiences of individual nurses were embedded units within the overlying case. A case study approach was adopted because of its ability to illuminate complex and contextual factors influencing transition experiences of new nurses. The researchers acknowledged the use of triangulation using multiple methods of data collection, including interviews, focus groups, participant observation, and document review. Findings revealed that Omani nurses often have negative views of nursing, particularly basic patient care. Furthermore, informants reported experiencing a reality shock as they transitioned from school to professional practice. The study highlighted the impact of the cultural view of the status of nursing in Oman, and elucidated the need for strategies to bridge the theory–practice gap experienced by newly graduated nurses.

Another study that examined the experiences of newly graduated nurses was undertaken by Stacey, Pollock, and Crawford (2015). The stated purpose of this study was to explore how entry-level nurses respond to new structures (Stacey et al., 2015). The researchers noted that, in the United Kingdom, a critical movement has argued that nursing has become too academic to the detriment of clinical competency. This movement has led to the adoption of competency-based education models in nursing education, which some feel compromises the progression of the nursing profession. Furthermore, newly graduated nurses often must navigate encounters with anti-intellectualist stereotypes of nursing among established practitioners. For this study, the researchers employed a longitudinal case study design that spanned a 2-year period and included eight newly graduated nurses. As in other previously discussed studies, the researchers noted their use of triangulation strategies using multiple methods of data collection, including interviews, diaries, focus groups, and document review. A key finding of this study was that informants developed methods to achieve acceptance among established practitioners, including the use of fundamental care as a currency, while also demonstrating skills competence in a manner that would not be perceived as arrogant or threatening. Furthermore, informants displayed significant resilience to hostility they encountered from established practitioners by not taking personally such hostile encounters. The study findings suggest the need for a supportive environment that fosters and encourages
student and new graduate learning. In addition, the researchers noted that the study further advances the current debate over the use of competency-based models in nursing education.

Lea and Cruickshank (2015) also conducted a study that focused on the newly graduated nursing experience. The purpose of this exploratory case study was to investigate ways of supporting newly graduated nurses transitioning to rural nursing practice in Australia. The researchers collected data via in-depth interviews with 16 experienced rural health nurses, all of whom had previous experience working with new graduates. Thematic analysis of the data revealed that support for new graduate nurses transitioning to rural practice is significantly impacted by staffing allocation and the skill mix of RNs working within a specific rural health service. Furthermore, many of the informants felt that experienced rural nurses were unaware of how to best support newly graduated nurses. Findings of this study could be used to inform interventions aimed at providing timely support for new graduates entering rural nursing practice.

The impact of preceptorship on newly graduated nurses transitioning to acute care practice was the focus of a study conducted by Whitehead, Owen, Henshaw, Beddingham, and Simmons (2015). Fifty-two informants, all of whom were involved with one hospital’s preceptorship program, were recruited for the study. Informants included preceptors, preceptees, administrators, hospital nurse educators, and nurse managers. Data were triangulated using focus groups, semi-structured interviews, and documentation review. The researchers identified multiple factors that influenced the outcomes of the preceptor program, including recognition of the preceptor role, preceptor selection and preparation, managerial support of preceptors, and time out from patient care for preceptors to fill the additional responsibilities of preceptorship. These findings suggest points at which interventions could be implemented to facilitate the success of a preceptorship program.

Turning to issues of professional collaboration and interpersonal relationships, Moore, Prentice, and McQuestion (2015) investigated the impact of social factors on collaboration between nurses in inpatient and outpatient oncology settings. Specifically, the study examined how social interactions among nurses facilitated professional collaboration. The study employed a single case study design with embedded units. The researchers chose a case study approach because “it supports an interpretive approach to gaining an understanding of the phenomenon of interest” (Moore et al., 2015, p. 52). Data were collected from 14 nurses working at an inpatient/outpatient oncology clinic using telephone interviews and online document review. Documents reviewed included job descriptions from the clinic.
regulatory provisions, and frameworks from professional oncology nursing organizations, and guidelines and competencies issued by Canadian licensing agencies. Findings showed that knowing someone personally as well as professionally facilitated collaboration. Furthermore, getting to know colleagues on a personal level occurred within the professional setting as well as at planned events occurring outside the workplace. The researchers concluded that nurse leaders should encourage and promote the development of positive social interactions, as well as develop educational opportunities to enhance interpersonal skills.

Hoyle (2014) explored how nurses providing direct care for the National Health Service of Scotland perceived senior managers who were not nurses. An initiative promoting hands-on management within the organization was the impetus for the study. A single case study design that employed an interpretive approach grounded in adaptive theory was used. Through the use of semi-structured interviews with 31 direct care nurses, the researchers discovered that nurses were often uncertain of the roles and responsibilities of non-nurse managers, and that many of the informants felt the number of managers employed by the agency was unnecessary. Furthermore, informants voiced concerns related to the competency of managers who had no previous clinical experience and who may not understand pressures associated with direct care nursing. These findings underscore the need to understand nurses’ perceptions of nonclinical managers in order to identify and resolve conflicts between the two groups, conflicts which could negatively impact patient care.

A final study that addressed professional/workplace issues from a QCSM was conducted by Salami, Nelson, Hawthorne, Muntaner, and McGillis Hall (2014). This study considered the motivations of Filipino nurses who chose to migrate to Canada to work as domestic caregivers. Using a single case study methodology that defined the case as nurses migrating from the Philippines to Canada to participate in the Live-in Caregiver program, the study included a total of 15 informants for their study. Although the researchers noted the importance of multiple data collection methods to address the numerous contextual factors in case study research, it appears that informant interviews were the sole method of data collection. Findings revealed that many informants initially migrated to Middle Eastern countries before reaching their final destination in Canada. Surprisingly, none of the informants cited financial gain as a motivator for moving to Canada, as salaries in the Middle East tended to be higher than those in Canada. The most significant motivators included increased social status associated with living in North America, increased personal freedoms, access to long-term
benefits, and the opportunity to permanently relocate family members to Canada. Recommendations reached from the study included policy changes that create adequate premigration education for nurses going abroad, as well as creation of policies that can prevent the deskilling of international nurses by supporting successful integration of these nurses within the health systems of their destinations.

**Nursing Education**

Issues of nursing education are well represented in studies using QCSM; a total of eight were identified in the literature review and are described here. First, Krumwiede, Van Gelderen, and Krumwiede (2015) employed QCSM to assess the effectiveness of using a Community-Based Collaborative Action Research (CBCAR) framework to enhance learning for students implementing a community health needs assessment as part of a service–learning project. Fifteen nursing students participated in this study, which used student observational field notes, faculty observations, minutes from collaborative meetings, and reflective narratives as the sources of data collection. Results were qualitatively analyzed to evaluate student knowledge and their fidelity to the CBCAR framework. The researchers concluded that students effectively implemented the community needs assessment within the CBCAR framework. Furthermore, students achieved significant learning and skills acquisition in six of eight public health competency domains. These findings support the use of a CBCAR framework to promote student learning in undergraduate community health courses.

QCSM has also been used to explore ethical issues within the context of nursing education. This review identified two such studies. First, Ramos et al. (2013) sought to understand ethical education and content within Brazilian nursing programs through the experiences of nurse educators. The researchers chose a multiple case study approach “because case studies allow exploration, description, and explanation of unique phenomenon or of a set of situations and/or experiences that present a relative empirical unity among themselves, giving value to the real and complex context in which the phenomenon is located an occurs” (Ramos et al., 2013, p. 1125). For this study, six schools from five geographical regions constituted six separate cases. Data were collected using focus groups that included a total of 50 nurse educators. Three categories of factors influencing ethics in nursing education emerged from data analysis. The first category described educator motivation to teach ethical content. The second category centered on local and global changes that demand changes in approaches to ethical discourse. The final category
represented barriers to teaching values and ethics within the nursing education context. The researchers concluded that, rather than focusing strictly on content and pedagogical approaches, educational ethics in nursing should facilitate development of a professional identity with a commitment to core nursing values.

In a second study that focused on ethical issues in nursing education, Ramos et al. (2015) used QCSM to examine the experiences of Brazilian nursing students facing ethical conflicts during clinical rotations at a primary care setting. The researchers sought to identify situations in which students perceived a moral conflict as well as to describe ethical decision-making processes used by these students. Fifty students participated in the study, which employed focus groups and a questionnaire to gather information about the students’ experiences. Data analysis revealed that students perceived ethical conflicts in the primary care setting as being primarily related to workplace processes, confidentiality, and failure to protect patients’ rights to adequate health care. The researchers also found that the decision-making process that informed a student’s choice to intervene in observed ethical conflicts consisted of three phases: realization, reflection, and intervention. The researchers concluded that clinical education should incorporate aspects of ethical decision making in the learning environment in order to encourage the development of a higher level of critical moral reflection within nursing students.

Another study conducted in Brazil sought to explore the gaps in education and practice of nurses prescribing medications in a primary care setting (Martiniano et al., 2015). As of 2013, advanced practice nurses in Brazil were granted the ability to prescribe medications, however it is uncertain how well current curriculum guidelines ensure adequate training in pharmacology for these nurses. To investigate this concern, Martiniano et al. (2015) employed an exploratory case study design that investigated the phenomenon of medication prescribing by nurses in Brazil using the primary care setting as the bounding context. In total, 37 nurses participated in the study, which used focus groups as the data collection method. All informants felt that they had received inadequate education in pharmacology to allow them to safely prescribe medications. Furthermore, a number of informants voiced the need for postgraduate education, as well as the vital role of clinical experience. Findings supported the need for curriculum changes to provide nurses with the education necessary to safely and confidently prescribe medications.

Pront, Kelton, Munt, and Hutton (2013) used QCSM to identify significant factors influencing student learning in a rural nursing environment in
Australia. The researchers selected a case study approach to provide a holistic view of the myriad determinants of student learning within a specific context. During the study, the researchers recruited two clinical preceptors and five nursing students, all of whom lived within the same rural environment in which they studied or worked. Data were collected via semi-structured interviews with the seven informants. Much like the study by Lea and Cruickshank (2015), which investigated new nurses’ transition to rural practice in Australia, the findings from this study revealed that preceptor workload, clinical site staffing, and preceptor skill mix significantly influenced student learning. In particular, inadequate staffing often left students unsupervised during the clinical experience. In addition, the unique situation of living and studying within a small rural community impacts the formation of relationships and can impact learning and the capacity to link theory to practice. The researchers concluded that support for nursing students studying in rural environments is urgently needed.

Exploring the congruency between nurse educators’ teaching philosophies and the use of EHRs as a learning strategy was the topic of a qualitative case study by Bani-issa and Rempusheski (2014). Citing the benefits of QCSM to explore phenomena in real-world contexts, the researchers used a collective case study approach that employed open-ended interviews and observational field notes to explore the experiences of seven nurse educators. Two collective case studies emerged that were characterized by contrasting teaching beliefs. The first case study embodied a constructivist belief that was student centered and focused on experiential learning. This case study was associated with enthusiasm toward incorporating EHR learning strategies within the classroom. The second case study was characterized by an objectivist philosophy in which the need to control the learning environment predominated. An objectivist view was associated with resistance to integration of EHR learning strategies within the curriculum. The researchers recommended that strategies be adopted to encourage nurse educators to adopt a constructivist approach to teaching, which would better support innovation in nursing education.

Another study that used a case study approach to examine the impact of teaching philosophy on student learning was conducted by Waterkemper, do Prado, Medina, and Reibnitz (2014). The purpose of the study was to identify how a critical pedagogical approach to teaching fundamentals of professional care course impacted the development of critical attitudes in graduate nursing students. Fourteen students participated in interviews, the results of which were triangulated with nonparticipant observation and document analysis of student portfolios. Thematic analysis revealed three
common threads: feeling free, admiring by curiosity, and reflecting about the admired object. The researchers noted that students require learning contexts that provide the freedom to be responsible for their own learning. Such a freedom affords students the opportunity to view themselves as incomplete individuals, a view that supports the development of criticality. Furthermore, educators should provide students the chance to cultivate and exercise their curiosity, which in turn provides impetus for self-directed learning. Finally, by considering concepts from a standpoint of freedom and curiosity, students begin to critically reflect on those concepts. The researchers concluded that critical pedagogy can foster the development of critical attitudes in students, but only if institutions actively construct learning contexts that support such development.

Hegenbarth, Rawe, Murray, Arnaert, and Chambers-Evans (2015) used a multiple case study design to explore the perceptions and beliefs of hospital nurse managers and unit preceptors about nursing student clinical experiences. In doing so, the study aimed to describe unit-level processes and beliefs that impacted clinical learning. Four hospital units were included in the research, with each unit forming a separate case. Two of the units chosen demonstrated consistent acceptance of nursing students, while the other two units were actively trying to improve the student clinical experience. Through semi-structured interviews and focus groups with nurse managers, staff nurses, and advanced nurse practitioners, two major themes emerged. The first theme, influencing factors, related to the unit’s conception of what constituted a positive learning environment, as well as to the unit’s ability to provide such a context for students. The second theme was characterized as willingness of a unit to invest in the student experience. The researchers recommended that hospitals would benefit from developing a common institutional vision and approach to ensure a positive student learning environment. Such an approach would allow units to successfully manage contextual factors that facilitate student learning.

DISCUSSION

Methodological Considerations

The number of studies identified in the preceding review corroborates assertions that QCSM has become an increasingly popular methodology in nursing inquiry. In considering the above studies, several trends in the literature are evident. First, many of the studies offered similar reasons
for choosing QCSM for their research. When an explicit rationale for using QCSM was given, these rationales most commonly included the desire to explore complex phenomena within real-world contexts. Furthermore, many of the researchers also cited the need to gain deep and/or holistic understanding of phenomena as the justification for choosing a case study approach. These rationales align with expert opinions on QCSM application, which view the methodology as a means of studying complex phenomena that cannot be easily removed or separated from the contexts in which they occur (Anthony & Jack, 2009; Baxter & Jack, 2008; Stake, 1995; Yin, 2014).

In addition, the majority of researchers used either Yin’s or Stake’s theoretical approaches to QCSM to inform their studies, a fact that corroborates Baxter and Jack’s (2008) assertion that these two theoretical views predominate in case study research. Of the 50 studies reviewed, 19 cited Yin, nine cited Stake, and seven credited both. The remaining 15 studies offered no explicit discussion of the guiding theoretical framework employed. Considering that different approaches to case study research may exacerbate confusion about the use of case study design, it may be beneficial for researchers new to QCSM to compare and contrast the works of Yin and Stake before delving into case study research. Baxter and Jack (2008) provide such a comparison, which may offer greater clarity with respect to the methods and applications of QCSM.

Turning to issues of data collection, both Yin (2014) and Stake (1995) identify the use of multiple data sources as a defining characteristic of QCSM. As Yin asserts, case study inquiry “relies on multiple sources of evidence, with data needing to converge in a triangulating fashion” (Yin, 2014, p. 17). Thus, the use of multiple data sources is a feature of case study research that contributes to rigor. Indeed, in a study examining methods of enhancing rigor in QCSM in nursing research, Houghton, Casey, Shaw, and Murphy (2013) identified the use of multiple data sources as one of the major ways to ensure rigor in such research. Of the studies previously reviewed in this chapter, only 22 used multiple sources of evidence in their study design. The most common sources of data included interviews, nonparticipant observation, focus groups, and document review. Of the studies that employed a single data collection method, 26 used interviews and two used focus groups. Arguably, those studies that relied on one source of data could have benefited from inclusion of other forms of evidence. Nevertheless, the majority of studies included in this review explicitly or implicitly addressed issues of rigor, a finding that is consistent with Anthony and Jack’s (2009) assertion that nurse scholars generally employ rigorous methods when implementing case study research.
Common and Emerging Themes

The studies included in this review represented the breadth of nursing contexts, and included research from a diverse range of international settings, such as Australia, Belgium, Brazil, Canada, Indonesia, the Netherlands, Oman, South Africa, Sweden, Taiwan, the United Kingdom, and the United States. Yet, in spite of this diverse range of international settings, common themes between the studies emerged. First, many of the studies used informant experiences within specific contexts as the case unit for the study. The majority of these studies focused on the experiences of nurses in specific settings or situations, For example, Powell (2013) explored the experiences of night-shift nurses, while Awaisi et al. (2015) focused on the experiences of new graduate nurses practicing in Oman. Studies that explored family member experiences were also well represented, including families’ experiences with bedside shift report (Tobiano et al., 2013) and parental experiences with the hospitalization of infants with critical illnesses (De Rouck & Leys, 2014; Johnston, 2014).

Studies that evaluated the implementation of quality and/or workplace improvement initiatives also represented an emerging trend in nursing research using QCSM. For example, Ireland et al. (2013) investigated implementation of a fall-prevention program at three hospitals, while Abrahamson et al. (2015) evaluated a program for pain control in nursing home residents. Within the realm of nursing education, Krumwiede et al. (2015) examined the effectiveness of an educational intervention aimed at enhancing learning within the context of community health nursing. Using QCSM as evaluative research is a creative use of the methodology that may offer a more holistic appraisal of quality improvement initiatives.

A third emerging trend in QCSM identified by this review was the exploration of interprofessional dynamics and issues of collegiality and collaboration. Several studies investigated how nurses construct and maintain professional and social relationships in the workplace, as well as examined factors that facilitated these relationships. For example, Moore et al. (2015) explored collaboration among oncology nurses, while Maxwell et al. (2013) investigated the construction of social identity among new specialty nurses. Powell (2013) also examined professional relationships, this time within the context of nurses working night shift.

A final trend that emerged from this review was the use of QCSM to investigate new nurses transitioning to professional practice. Four studies were identified that explored transition to practice issues in several settings, including rural nursing, acute care nursing, and nursing within
the Sultanate of Oman (Awaisi et al. 2015; Lea & Cruickshank, 2015; Stacey et al. 2015; Whitehead et al. 2015). Given the complexity of factors that influence new nurses’ adjustment to professional nursing, QCSM appears to be a logical choice for studies investigating this multifaceted phenomenon.

**SUMMARY**

Clearly, QCSM has gained significant popularity within the realm of nursing inquiry, a fact that is not surprising given the increasingly complex nature of contemporary nursing situations. Through QCSM, nurse scholars can conduct in-depth, comprehensive, and holistic studies that explore nursing issues across the breadth of care settings and nursing contexts. Given the advantages the QCSM for specific types of inquiry, it is important that nurse scholars gain an understanding of the uses and benefits of this scholarly approach. Furthermore, because of the increased presence of QCSM in nursing literature, scholars must be able to critically appraise evidence generated by case study research.

**REFERENCES**


2. Qualitative Case Study Methodology


