Making the Case for Case Study Research

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Case study research is an excellent way for health care chaplains to contribute to a body of knowledge pertaining to the evidence-based practice of pastoral and spiritual care in hospitals and health care institutions. This type of research strengthens our practice, connects it to theory and theology, facilitates the development of models and paradigms, and demonstrates that what we do is effective and that it makes a difference. This article provides a how-to guide for chaplains interested in learning to conduct case study research, including research design, data collection/analysis and preparation of the manuscript.

Case study is the redheaded stepchild of research. It is criticized routinely for non-generalizable results and lack of methodological precision and rigor when, in fact, it is “a necessary and sufficient method for certain important research tasks in the social sciences … [and] holds up well when compared to other methods in the gamut of social science research methodology.”1

Case study is commonly used in chaplaincy. Indeed, one of the pioneers of chaplaincy, Anton Boisen, based his practice on case research, examining the relationship between mental illness and religious experiences.2 Case study plays a pivotal role for disciplines such as chaplaincy, which are in the process of establishing their own bodies of research distinct from the research of related disciplines. Although chaplains owe a debt of thanks to our peers in psychology, sociology, anthropology and ethnography, we have our own identity and a professional responsibility to establish that what we do has value and is unique to our discipline.

Thomas Kuhn, noted for his landmark work on the nature of scientific revolution, identifies well-executed case studies as a crucial developmental task for emerging and maturing disciplines, as they amass the paradigms necessary to reflect upon their practice.3 Researcher George Fitchett, a chaplain himself, argues that case studies are a logical and productive choice for chaplaincy research at this stage in the profession’s development: “We need good case studies of our work. … [We] need to link the spiritual care described in them with theories about our work.”4

Fitchett is a fierce and persistent advocate for health care chaplaincy as a research-informed profession and for chaplains as competent purveyors of research.5 “Chaplains need to demonstrate that there are solid theories that support the care they provide.”6 This will “strengthen our practice of ministry; increase awareness of what we contribute; and promote interdisciplinary relationships.”7 Case studies are particularly important in this effort: “[In] order to effectively tell our story to our health care colleagues, in order to make the case that we are productive members of the health care team, we have to provide evidence for the difference that we make.”8

An in-depth case study offers distinct benefits in looking at the complex real-life issues and circumstances that are the focus of chaplains’ daily ministry. It is useful for investigating trends and specific situations and has the advantage both of immediacy and of flexibility. For a chaplain, trends of importance might include an increase in spiritual care consult requests from outpatient units, extended length of stay for patients in intensive care units (ICU), high turnover of nurses in the Neonatal ICU or the readmission rate of patients with intractable pain. In all of these instances, a chaplain might seek an explanation or propose an intervention in order to address the issue from the distinct perspective of spiritual health and with the unique skills of the professional chaplain.
Case studies “can be useful in capturing the emergent and immanent properties of life ... and the ebb and flow of organizational activity, especially where it is changing very fast.”

Case studies, as a rule, are more interesting and engaging personally than experimental research or statistical analyses and therefore may have a strong impact. Unlike experimental and quantitative research, which is typically concerned with measuring what happens, case study research is more likely to be concerned with how and why things happen. Case study is useful for discovery and interpretation, for looking at processes and meanings, and for testing models or interventions in real-world situations.

For instance, a chaplain may develop an intervention to ease spiritual distress at the end of life. The intervention is theologically sound. It is based upon accepted theory of pastoral care. But does it actually ease the distress of dying patients? More important, how does it ease that distress? What is the process? Why does it work? How might it work with patients who are not imminently dying but are experiencing multiple losses related to chronic illness? Case study is an accessible methodology for a chaplain to use in answering those questions, at the same time improving her practice and adding to the body of knowledge. Palliative Care: A Case-Based Guide, offered entirely as a compendium of case studies, is a prime example in the medical literature. Although it is fair to say that case study is less concerned with objective measurement and statistical procedures than experimental research, it is not fair to say that case study lacks methodological standards. There are clear-cut methods for conducting case study research and, when multiple cases are examined, the possibility of generalization and even replication becomes feasible.

Every method of research has limitations, and case study is no exception. Cases are, by definition, embedded into a particular context, making it more difficult to replicate a case study than an experimental study. Case studies are especially vulnerable to the so-called “ex post facto fallacy,” which refers to a tendency to observe co-related events or variables and assume a causal connection in the absence of an actual demonstration of that causality. These weaknesses are not unique to case study research, but it is easy in narrative interpretation to weave a story that moves beyond the conclusions that the observations permit.

Case studies are generally constructed socially or relationally, with an emphasis upon describing an observed pattern and examining the meaning of that pattern and the meanings that people place upon their experiences. Chaplains daily probe the meaning-making processes and the inter- and intra-personal relationships of patients, family, and staff. Case study is uniquely suited to mine this rich data pool, enabling professional chaplains to reflect empirically upon the practice of pastoral and spiritual care.

Chaplains are encouraged to master this methodology. Chaplain residents are taught the rudiments of case study in their CPE programs and, at a workshop on evidenced-based spiritual care presented at Spiritual Care Summit ’09, George Fitchett proposed that a detailed case study be required for APC board certification (BCC) and included in every 5-year BCC peer review.

This article will assist chaplains in formalizing their spiritual assessments and analyzing their interventions through the case study method. Information is given about ways to design and carry out case study research and to draw implications from case findings in order to contribute to the evidence-based practice of chaplaincy.

So, what is a case?

In case study methodology, the “case” generally refers to a person (a patient, a family member, a staff member) or sometimes to an entity (the palliative care program, the curriculum for in-service education, the new crisis intervention procedures, the code blue policy). A case study may be used to determine not only if a particular intervention is successful (Does dignity therapy offer positive...
results for patients living with chronic illness?), but also why and how it works (What changes are noted in spiritual assessment during the course of dignity therapy?). A single case study will provide evidence that the intervention was successful in that particular instance; multiple studies using the same technique provide deeper insight into the process and stronger, more generalizable evidence of the outcomes. Case methodology also may be used to determine if implementation of new policies and procedures has been successful, e.g., has the new policy regarding parental presence during invasive procedures been effective in reducing children’s anxiety and improving outcomes, have we learned something about the process that may be applied to other situations?

A case study may highlight a single case or it may be a collective study, bringing together multiple cases with a common thread, e.g., five families who observed CPR performed on loved ones in the Emergency Department, three hospitals’ code blue policies, all staff members who participated in a perinatal bereavement seminar. Single cases may be analyzed in greater depth; multiple cases allow a broader range of occurrences, settings and results to be considered. Generalization is not the Holy Grail of case study research, though. “The real business of case study is particularization, not generalization. We take a particular case and come to know it well, not primarily as to how it is different from others but what it is, what it does. There is emphasis on uniqueness, and that implies knowledge of others that the case is different from, but the first emphasis is on understanding the case itself.”

How does one identify a critical case? There are some rules of thumb, but no overall standards exist to guide chaplains in selecting cases. The “typical or average case is often not the richest in information. Atypical or extreme cases often reveal more information because they activate more actors and more basic mechanisms in the situation studied.” Random selection of cases is helpful when the goal is to describe something or to determine its frequency. However, the strategic selection of cases is a better method if the goal is to examine causes and consequences or to analyze what is occurring at a deeper level than simple description. “[Identifying critical cases] requires experience, and no universal … principles exist …. The only general advice that can be given is that … it is a good idea to look for either ‘most likely’ or ‘least likely’ cases, that is, cases likely to either clearly confirm or irrefutably falsify propositions and hypotheses.”

That said, “it is not unusual for the choice of a case to be no ‘choice’ at all. Sometimes we are given, even obligated to take it as the object to study.” Robert Stake takes a pragmatic approach: “[O]ur time and access . . . are almost always limited. If we can, we need to pick cases which are easy to get to and hospitable to our inquiry, perhaps for which a prospective informant can be identified and with actors (the people studied) willing to [participate].”

**Designing case study research**

The first step in designing a case study is to establish the area of interest and its relevance to practitioners or researchers. What do we want to know or learn? What is the research question? Why is it important? The purpose of a case study is not to survey a broad area but to focus on a small, discrete area of interest: a single person, a population of people with something in common, a policy or procedure applied in a particular context, a problem to be understood.

It is important to decide how to address the case in order to ensure collection of the right kinds of data. “[Case] studies should provide detailed information about three things we need to understand . . .: 1) descriptions of the patient (or family) to whom we provided care, 2) descriptions of the spiritual care that was provided and 3) descriptions of the changes that occurred as a result of that spiritual care.”

Focus on a limited number of topics or questions, no more than four or five points at the most. Write those points down and at every juncture during the study ensure that data being collected are related to one or more of the key points and provide answers to one or more of the research
questions. These questions or points are the boundaries around the study. They define what we are doing and keep us from straying into other interesting pastures.

It is important to remember that “Initial research questions may be modified or even replaced in mid-study by the case researcher.”18 One of the hallmarks of case study research is that it is responsive to the needs of the situation. A case study researcher is first and foremost an observer, more so than a manipulator of the situation, but as chaplains, we are also meaning makers. We observe the moving parts of the case, but we also examine the meaning of what we observe and redirect our attention when new meanings emerge.

Particularly in descriptive and explanatory case study research, we are witnesses more than actors, monitoring and observing the situation; in exploratory case studies, we may be both actors and witnesses, introducing an intervention and observing its impact.

The researcher, deliberately or intuitively, makes role choices, including the following:

• How much to participate in the activity of the case.
• How much to pose as expert, how much comprehension to reveal.
• Whether to be neutral observer or evaluative, critical analyst.
• How much to try to serve the needs of anticipated readers.
• How much to provide interpretations about the case.
• How much to advocate a position.
• Whether or not to tell it as a story.19

For this reason, notes need to be thorough, accurate, methodical, well organized and always referenced to the key points of the study. Many case study researchers create a spreadsheet or database in order to organize the data as they become available; this allows efficient and fluid manipulation of data during and at the end of the study. The case study researcher will classify, sort, store and retrieve data for analysis and interpretation. Cross-referencing information is important in order to sort and re-sort data as the study progresses.

For instance, in observing interactions or in analyzing interviews, a chaplain might be interested in affective descriptors or spiritual terminology used by patients to describe their spiritual needs or their state of spiritual well-being. Potentially, this could be hundreds of words, some virtually identical, others similar but with important nuanced differences. How to record and later sort or analyze such a large and amorphous list? One way is to record the words or phrases on a spreadsheet, which may be sorted periodically according to different criteria or may be evaluated by multiple observers. Given the emergent nature of case methodology, the spreadsheet could also be subjected to the constant comparison method to identify salient entry differences and eliminate trivial ones.20

Case study methodology does not demand a particular type of data or evidence. A distinction is made between quantitative and qualitative research, and case study methodology is often placed into the latter category. In fact, case studies utilize both qualitative and quantitative data, singly or in concert with each other, which is a considerable strength.

Robert Yin, an authority on case study research,

notes the importance of distinctions among type of evidence, data collection method, and research strategy ... in defining case studies ...: (1) The different types of case studies that are possible (exploratory, descriptive, and explanatory), (2) The types of
research questions best addressed by case studies as opposed to other research strategies (explanations rather than incidence questions); and (3) The types of case study designs (all must cope with the essential problem that, because the context is part of the study, there will always be too many “variables” for the number of observations to be made ....²¹

Case study questions, which usually begin with how or why, are answered in a variety of ways: spiritual assessment, interviews, journals, observations, self-report tools, tests, questionnaires, transcripts of video or audio tapes, medical charts. Some data collection techniques, such as observation or analysis of medical charts, journals or other artifacts, require trained observers/recorders. Further, researchers need to document that the observation/recording system is sufficiently uniform that any observer would record essentially the same data in the same circumstance. Other techniques require development of a tool, such as questionnaires, interview protocols or test items. Rating scales, interview protocols, and tools of this type may be accessed in the professional literature, purchased commercially, or developed by a researcher for a specific purpose.

Address ethical considerations
There are unique ethical considerations in case study research, in part because of the distinctive trust relationship between researcher and subject and in part because of the emergent nature of this methodology.

Helen Simons explores issues of trust, confidentiality, and accessibility, as well as dilemmas posed by cultural differences, with straightforward examples from her own case study research. “Ethics is a situated practice inextricably connected with ... many factors .... This is not always a straightforward process.”²²

She goes on to write that in case studies,

people and their experiences are closely described and interpreted .... [Having] developed a relationship of trust over time, participants often speak quite openly about their experience, and may inadvertently reveal something they did not intend. You need to be sure you do not unintentionally misuse this information and exploit a person’s openness or vulnerability.... Participants should not feel let down, ‘at risk,’ or disempowered when they see in written text experiences closely shared with you in the field.²³

This kind of research is emergent in nature: It changes.

We emphasize placing an interpreter in the field to observe the workings of the case, one who records objectively what is happening but simultaneously examines its meaning and redirects observation to refine or substantiate those meanings. ...If early questions are not working, if new issues become apparent, the design is changed.²⁴

Reflecting on this phenomenon, Simons notes that “ethics in the field” is as important as the ethical consideration given to the design of the research.²⁵ She talks of the need for such things as ongoing informed consent, giving participants a voice in research issues, negotiating what becomes public, and being in dialogue with stakeholders.²⁶

Simons says she asks herself questions such as these:

• Are my questions in interview sensitive, not too intrusive?

• When observing, am I invading participants’ privacy? Or attributing motivations?
• When taking photographs or filming, do I have informed consent? What will be the likely reaction when participants see the photographs or video?
• Have I recorded participants’ perspectives accurately?
• Am I documenting participants’ stories or confirming my previous theories?
• Am I honoring participants’ requests to keep information confidential?
• Have my biases led to unfair selection of data or interpretation?
• Have I portrayed participants fairly in reporting?  

As chaplains we are committed ethically to confidentiality and are further guided by HIPAA, which also takes on unique qualities in case study research because of the intimate role that participants play, and the inherent risks of exploiting or misrepresenting them and their experiences. There are also practical considerations: Anonymity and confidentiality are not the same thing. It is common in case studies to use initials or pseudonyms, or to identify people by role rather than by name. Although these techniques reduce the likelihood that individual people will be identified, they do not guarantee anonymity, let alone confidentiality.

Institutional Review Boards (IRBs) have not traditionally been concerned with case studies, but this is changing as the ethical challenges are better understood. Be in communication with your institution’s IRB early in the process to ensure compliance in extending full ethical safeguards to your subjects.

Identify data to be collected
The researcher may choose to gather a single kind of data, e.g., something extracted from archival material, an interview, a questionnaire. Alternatively, one may gather multiple kinds of data, combining data extracted during chart review with observational field notes, information gleaned from interviews and the results of a questionnaire. Weaving together multiple sources of information with multiple perspectives (such as those of patients and family, chaplains, interdisciplinary colleagues, perhaps independent observers) enhances and deepens the case analysis and also may reflect upon the validity and reliability of the data. “[From] both an understanding-oriented and an action-oriented perspective, it is often more important to clarify the deeper causes behind a given problem and its consequences than to describe the symptoms of the problem and how frequently they occur. Random samples emphasizing representativeness will seldom be able to produce this kind of insight; it is more appropriate to select some few cases chosen for their validity.”

If, for instance, one is studying the impact upon families of observing cardiopulmonary resuscitation (CPR) performed on loved ones in the Emergency Department, in particular the meaning individual family members make of this experience, then there are several kinds of data that potentially may be collected. The behavior of family members in the ED may be observed and recorded. Family members may be interviewed at one or more intervals following the event. Spiritual assessment may be part of one or more of those interviews. A satisfaction survey may be mailed to their home. Staff may be interviewed or questionaired. The patient’s chart may be reviewed to determine the nature of the code, e.g., duration, outcome. These and other data are all available to the researcher, but they may not all be pertinent to the focus questions. Choose those that are pertinent and do not be seduced by the Siren voice of those that are attractive but irrelevant.

Choose data collection methods
Choose data collection methods and tools that serve the purpose of the research question, recognizing that the tools employed in the case study will shape the findings to some extent. Deciding to interview family members in the first hour following the code will shape the study in a
particular way. If families are interviewed at one hour, one week and one month post event, then the case will take on a different shape. If the interview is constructed as a spiritual assessment rather than as a phenomenological tool, a different dimension is highlighted. If data are limited to staff reports and observations *in situ*, then the study will have still a different shape. It is critical to note the ways in which decisions about data collection impact the results of a study and particularly the perception of the event, person or process being chronicled in the case.

**Assemble data collection tools**

In preparation for data collection, identify the information needed, the most efficient collection method and the manner in which data will be stored once they are received. Then build or acquire the necessary tools, e.g., questionnaires, interview protocols, letters of introduction or explanation, and train any people who will conduct interviews, review charts or observe situations. The chaplain researcher may be performing all of these tasks or may have colleagues to provide assistance.

In this preparatory phase, anticipate problems that might arise and plan to avoid or cope with them. Establish guidelines for confidentiality. Be sensitive to ethical considerations. As noted earlier, the use of unobtrusive methods of data collection, such as observation or chart review, raises particular ethical concerns around subjects’ right to informed consent and the use of sensitive data contained in such records. In order to obtain approval from the Institutional Review Board (IRB), researchers must demonstrate the necessity for such techniques and provide safeguards that protect the rights of the participants.

Let’s say, for instance, that you are a chaplain at a children’s hospital. Your institution has large numbers of children with chronic illnesses who eventually transition to a hospital that treats adult patients. You believe that the children with cardiac conditions transition more successfully to the adult setting than the children with sickle cell disease, cystic fibrosis or renal conditions. They appear to be more in-tune with the impact of the disease process on their lives, more able to create a sense of meaning about wellness/illness and the value of life in the midst of illness, better prepared to assume responsibility for participating in treatment decisions and for following the prescribed and agreed-upon treatment. They also appear to have better outcomes, and this is your goal for all of your patients as they mature and age out of your hospital’s care.

Why do the cardiac patients do so much better? How might the experience of the cardiac patients be replicated for the sickle cell, cystic fibrosis and renal patients? This is the perfect situation for a case study. What variables might be important: age at diagnosis, co-morbidities, patient education, parent participation, unit staff, policies and procedures on the cardiac service? What does existing research tell you about this phenomenon? Has it been reported elsewhere? What kinds of data may help to understand what’s going on?

This example also provides the opportunity to understand how case studies may be built into a body of research. The first case study, or set of studies, might be undertaken to confirm the chaplain’s anecdotal perception that one set of patients makes a better transition than another set of patients. The chaplain may then proceed to the how and why questions: In what ways do some of the patients make better transitions and why is this so? With these suppositions in hand, the chaplain may create an educational program for parents (or staff or patients), or organize a covenant group among patient peers, or create a parent support group, or engage patients in a particular kind of spiritual discernment with the goal of helping other pediatric patients make a better transition to the adult care setting. Case study may be used not only to confirm that the new program or new set of interventions is effective, but also how and why it promotes a better outcome for these young patients moving into maturity and the adult health care system.
Analyzing results and drawing implications from case findings

In experimental research, data are analyzed statistically. Case data, though, often comprise words, images, descriptions or exemplars collected through observation, interviews and similar methods. These data typically are analyzed narratively, although statistical analyses also may be utilized.

Case studies often contain a substantial element of narrative. Good narratives typically approach the complexities and contradictions of real life. Accordingly, such narratives may be difficult or impossible to summarize into neat scientific formulae. ... This tends to be seen by critics of the case study as a drawback. To the case study researcher, however, a particularly ‘thick’ and hard-to-summarize narrative is not a problem. Rather, it is often a sign that the study has uncovered a particularly rich problematic. The question, therefore, is whether the summarizing and generalization, which the critics see as an ideal, is always desirable.30

Raw data—transcripts of interviews, field notes from observation sessions or chart review, responses to interviews and questionnaires, spiritual assessments, journals or art produced by case subjects—are examined for connections, relationships and links to each other as well as to the focal points of the research, to pertinent theology or theory and to the outcomes. It is apparent from the earlier discussion of affect descriptors that this demands efficient and fluid storage of the data so that they may be sorted and analyzed in several different ways and at different times in the course of the case study.

Organize data

A database or matrix of variables is an efficient way to organize information. Simple frequency tabulation in the form of tables, bar graphs or pie charts may be helpful. More than likely, an array of tools and templates such as the following will be used to organize and analyze nonnumerical data:

- flow charts
- process maps
- event cycles
- time charts
- fact/opinion charts
- Potter Boxes
- cause-effect diagrams
- affinity diagrams
- concept mapping
- biography diagrams
- story maps
- data flow diagrams
- spiritual assessments
- SWOT analyses (strengths-weaknesses-opportunities-threats)
- graphic organizers (such as stars, spiders, fishbones, and trees)

These are techniques familiar to any chaplain who has participated in ethics consultation, quality improvement initiatives, or Lean Six Sigma projects in their institutions.31

Drawing tools, such as Visio (Windows), SmartDraw (Windows), Canvas (Apple/Mac) and ConceptDraw (Mac), help to create and analyze these symbolic representations of the data. Betty Jung, Andrew Moore and Nancy Tague walk readers through the use of these and other tools for interpretation and analysis of narrative data.32

To interpret the data collected, begin with the key points identified as the focus of the case and with the research questions, the how and the why. Categorize the data and arrange them around appropriate categories. Having multiple sources of information from different perspectives is a strength of the case study method, so combine observations and then separate them to get the advantage of multiple observers’ perspectives. Called “data source triangulation,” this technique offers the opportunity to confirm observations, to give credence to interpretation or to identify commonalities of assertions—or not.33 In the earlier example of the pediatric chaplain’s interventions, the use of multiple perspectives may be illustrated well. Who are the people looking
at these children cope with their chronic illness, mature and move into an adult health care setting? Obviously, the children themselves have a perspective. So, perhaps, do their parents and siblings and friends. Certainly, staff have a unique angle and it may even be illuminating to look at different staff perspectives, e.g., nurses, child life specialists, and especially differences between the sending and receiving staff. Who shares similar perceptions and who sees things differently? How are the perceptions different or similar and why? Shifting data, combining them in a new way and/or tabulating different components may reveal or give rise to new insights.

**Construct narratives**

As the data are sorted into manageable form, begin to construct narratives around them. Is there one story or are there multiple stories? In order to maintain focus, be meticulous about referring to key points and research questions when the images and exemplars that comprise the data pool are collated. If multiple cases are being analyzed, treat each case as a separate instance and then, after the data are analyzed for each case independently, look for cross-case trends.

Keep an open mind. Look for insights into the observed relationships. Don’t jump to premature conclusions. Re-sorting and rearranging data may provide new insights and different perspectives. Cross-check data. Look for holes or discrepancies. It may be necessary to conduct follow-up interviews, to do more observation and/or to gather additional data in order to address the research questions as fully as possible. “Good case study is patient, reflective, willing to see another view.”

Keeping an open mind also means looking not just for congruencies, but also for conflicts in the data that may weaken the findings or even completely refute expectations, assumptions and hypotheses. Conflicts are an impetus to probe more deeply.

There are some excellent resources to help case study researchers. Yin’s book, *Case Study Resources*, now in its fourth edition, is the gold standard. It is comprehensive and does assume some research knowledge on the part of the reader. *Case Study Research in Practice*, authored by Simons, is more accessible. Stake’s *The Art of Case Study Research*, while older, is very pragmatic and easy to use. This author would be remiss if she also did not remind chaplains that the Association of Professional Chaplains (APC) offers many excellent educational opportunities, including the 5-session “Introduction to Chaplaincy Research” webinar series directed by George Fitchett and Patricia Murphy, which began in September 2010. HealthCare Chaplaincy is another rich resource for chaplains, offering extensive on-line resources.

**Writing the case**

Case study methodology transforms a complex issue into one that may be understood by readers and practitioners. Data are presented in an accessible manner that allows individuals to incorporate the case’s conclusions and understandings into their own life experiences and professional chaplaincy practices.

A case has value when it stands alone, but it begins to take on broader meaning when it is shared as part of the corpus of knowledge available to other professionals. Typically, this is done in written format, although a case also may be presented orally. The presentation needs to convey clearly the parameters of the case and needs to attend to conflicting propositions. Most researchers ask colleagues and other knowledgeable individuals to review a draft of an article and to offer comments and suggestions that will guide its revision before submission for publication or presentation.

One of the strengths of case study research is that people are interesting and their stories are interesting, so write with the curiosity and fascination that prompted your own interest in the case; this will appeal to readers and pique their interest and curiosity. Writing research findings does not
mean the language needs to be pretentious or unnatural. Rather, it should be direct, uncomplicated and clear.

A case is organized into sections for presentation. Although each report will differ slightly, a case report will have most of these sections:

- Executive summary or abstract.
- Introduction.
- Review of the literature.
- Description of the research design.
- Summary/analysis of the results.
- Interpretation/recommendations.

A list of the cited references will conclude the case report. In addition, appendices may be provided to illuminate the case.

**Executive Summary**
An optional but important component of a case study is the executive summary, or perhaps an abstract, which introduces the case and brings together its major components.

Abstracts and executive summaries are similar documents in that both encapsulate the research, but they vary in length (the abstract is shorter) and in detail (the executive summary is more faceted). An abstract presents enough information about the research to let the reader know if the article fits his/her needs and warrants a complete reading. An executive summary is a stand-alone document and has sufficient detail so that the reader can understand the contents of the longer document without necessarily reading it in its entirety. Because case studies are filled with rich and plentiful variables, and because the methodology is often an emergent one, an abstract usually will not suffice.

As a rule of thumb, the executive summary is short and snappy, 500 words or less. It is concise in stating the purpose of the case, its scope and methods, the results and any conclusions or implications drawn. The executive summary also is a teaser, enticing the reader to journey with the author through the case.

**Introduction**
This section educates the reader: What is the problem being studied? How is this case related to other cases? Who will be interested in this case? The introduction clearly states what is being studied and provides a meaningful framework for this work.

**Review of the literature**
The introduction flows naturally into a review of the pertinent literature, setting the case into the larger context of the body of knowledge out of which the study has emerged and inviting the reader into this ongoing conversation. The literature review also serves as a point of reference for later sections evaluating results and drawing implications from the case.

**Research design**
The research design is simply a plan that states the problem or question, proposes an intervention or a solution, offers a theory or premise to explain what might happen and delineates a plan for collecting and analyzing information. What kinds of data will be gathered, how will data collection instruments be used or created and how will the information gathered be organized and analyzed?
Again, keep in mind the emergent nature of case study research: If the questions change then the plan for data collection may need to change accordingly.

In most chaplaincy research, the research design will:

- describe the focus of the case study – the subject or population,
- tell what was done – the intervention,
- describe what changed, what happened, what was learned – the outcome.

The subject is usually a patient, family member or staff, and the description will address the contextual, demographic or social information that will be critical to the analysis. This may include age, gender, racial or ethnic background, faith tradition, diagnostic/treatment descriptors or other variables pertinent to the research question. In the earlier example of child patients transitioning from a children’s hospital to an adult care setting, such things as age at diagnosis and general intellectual functioning may be deemed important variables to include, or some measure of the intactness of the family, or a description of educational or emotional support previously provided/declined.

It’s also important to describe how the subjects were sampled: Was it random selection, did the subjects self-select or did researchers select an individual who met a particular criterion or a group of individuals who shared a particular experience or aspect? If the decision was to look at random cases, then state the rationale for that. If a strategic selection process was employed, then describe the strategy and the selection criteria and explain the reasons for choosing these particular kinds of cases. What was the rationale for choosing patients with breast cancer, or nurses who had been assaulted by patients or chaplains from a particular faith tradition? Perhaps you simply chose the patients who were available and willing to participate.

Describing the intervention means telling what was done and why it was done. Any particulars that distinguish this intervention from other interventions need to be stated and a strong case made for choosing this intervention over others available. The description will not only include what and why, but also who, where, when and how. Sufficient description should be offered so that someone else could repeat what was done based upon the information given.

Describing the outcome means first defining the data that were collected and how they were collected, e.g., through observation, by personal interviews or online questionnaires, as part of a review of charts or other documents, or a combination of methods. The rationale is important. Why were charts reviewed rather than people interviewed? Why is that important to this case? Acknowledge any weaknesses in the research design, and point out any strengths that the design offers.

Analysis
The analysis of the case compares the findings of this study with benchmarks established in the review of literature and offered at the beginning of the case report. The analysis also should be theory-driven: How is the type of pastoral or spiritual care offered linked to theological and theoretic understandings about the work that chaplains do? How does this case fit into the body of case material already available?

Case study is concerned with the distinctiveness and complexity of a single instance and so there is interest both in the uniqueness of the case and the commonality between this case and other cases. Therefore, one may name similarities and differences, may recognize and classify agreements and contradictions, or may propose or hypothesize explanations for the identified relationships or interactions. A case study may yield unexpected results and lead to new practices or to research taking a new direction. Remember, too, that case study methodology is designed to stir debate. The issues of case study are not generally ones for which there is an empirically
established right or wrong answer. For example, case studies may be used as the basis for arguing a particular position regarding issues as varied as the risks and benefits of genetically modified crops, the value of e-participation in political debate, or the benefits and burdens of artificial nutrition and hydration at the end of life.

What’s more, case studies are “presented with some sense of advocacy” that invites readers into a lively, reasoned and ongoing conversation.41

**Summary**

The summary is the place to tie up loose ends, to recapitulate findings and, if possible, to draw inferences from the results. The summary is the “so what” section of the report, where the researcher offers careful conjecture and deductions based upon solid reasoning and informed interpretation of reported results.

**Recommendations**

Following a summary of the results, researchers typically make recommendations based upon their findings, e.g., for further research, for institutional or procedural changes, for expanding or discontinuing particular pastoral interventions. Whatever recommendations are offered should flow directly from the analysis of the case and the way it affirms or refutes the existing corpus of research. Is the body of case research sufficiently large and sufficiently congruent to warrant conclusions about the effects of similar interventions offered in relatively similar circumstances? If so, the profession might begin to consider studying whether the intervention analyzed in this case study is now appropriate for so-called “clinical trials” in order to determine if it is better than no intervention at all or better than some other intervention commonly employed. As Fitchett writes, “It will be a big job to build a body of case studies, link them to theories, and later test the interventions described in them. And we will have to do this over and over for different types of patients and different chaplain interventions. … When we have a sufficient body of theoretically-illuminated case material then we will be in a position to design preliminary trial [studies].”42

**Conclusion**

Because only single cases, or a small number of focal cases, are analyzed in case study research, the power of the methodology is a product of the number of elements that can be detailed and the relational connections and frames of reference that are possible. Confounding this, though, is Yin’s reminder that “there will always be too many ‘variables’” in a case study.43 Case study research does not take place in the vacuum of a laboratory but is carried out in the midst of people’s lives. It is, by definition, rich and messy. The researcher’s ability to provide a vibrant and stimulating profile of a case, highlighting examples and linking them to broader issues and theoretical or theological understandings, is critical.

For researchers, the closeness of the case study to real-life situations and its multiple wealth of details are important in two respects. First, it is important for the development of a nuanced view of reality, including the view that human behavior cannot be meaningfully understood as simply the rule-governed acts found at the lowest levels of the learning process and in much theory. Second, cases are important for researchers’ own learning processes in developing the skills needed to do good research. If researchers wish to develop their own skills to a high level, then concrete, context-dependent experience is just as central for them as to professionals learning any other specific skills.44

When journalists were pressing him to understand what he was doing, Albert Einstein is reported to have told them, “If we knew what it was we were doing, it would not be called research, would it?”

Chaplains, welcome to research! 🗣️


4 George Fitchett, "Why case studies are the first step toward developing evidence-based spiritual care" (paper presented for the Oncology Chaplain Case Study Project, Chicago, IL, April 12, 2010). Accessed online at http://www.professionalchaplains.org/uploadedFiles/pdf/M1.04%20Outline%20Fitchett,%20George.pdf (July 7, 2010)


6 Fitchett, "Why case studies are the first step."

7 Fitchett, "Health care chaplaincy," 68.

8 Fitchett, "Why case studies are the first step."


14 Ibid., 230-31.

15 Stake, The Art of Case Study Research, 3.

16 Ibid., 4.

17 Fitchett, "Why case studies are the first step."

18 Stake, The Art of Case Study Research, 9.

19 Ibid., 103.


23 Ibid., 97.

24 Stake, The Art of Case Study Research, 9.


26 Ibid., 103.

27 Ibid., 101.

28 Ibid., 97-100.

31 Ibid., 237.

32 Many QI and Lean projects are addressing familiar struggles as hospitals and other health care institutions look at what staff do, not just with an eye toward excellence but also with an eye toward cost. “The same shifts and pressures impacting clinicians are of concern to chaplains. Just as clinicians are looking at how to standardize what they do, and prove their value to their belt-tightening organizations by making care delivery as efficient and cost-effective at possible, so too are chaplains.” This could be done by simple tabulation of number and kinds of tasks completed, but if the goal is “[to] help chaplains to ... gain traction within their organizations, ... assessing what chaplains do now, what they should be doing and how the organizations can help them shift gears,” then case studies may be a powerful and evocative methodology to achieve the goal. A hospital administrator is quoted as saying that her institution’s chaplains are training medical clinicians in the hospital and also in outpatient clinics how to be sensitive to patients’ spiritual needs. This is a good case study focus: how and why is such training done, what is its impact upon patients’ sense of spiritual well-being, how does it affect staff retention and burn-out issues, how does the process work within the institution. Julia Minda, “Multitasking chaplains put yardstick to services,” Catholic Health World 26, no.15 (September 1, 2010): Accessed online on 9/3/10 at http://www.chausa.org/Pages/Publications/Catholic_Health_World/Catholic_Health_World_Archive/2010/September_1/Multi tasking_chaplains_put_yardstick_to_services/.


34 Ibid., 12.


37 Stake, The Art of Case Study Research.


40 Stake, The Art of Case Study Research, 3.

41 Ibid., xii.

42 Fitchett, “Why case studies are the first step.”


44 Flyvbjerg, “Five misunderstandings,” 223.