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*The case for case research in health services management*

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**Abstract**

Health services management research has traditionally been steeped in positivism but the context-specific nature of case research within the realism paradigm is becoming more useful. Qualitative methods are able to provide the health services management researcher with rich, detailed and valid data that contribute to a more in-depth understanding of context in the real world. Case research methodology is appropriate for health services management research because such research focuses on contemporary events where the researcher has no control over the actual behavioural events, and the research problem is based on ‘how’ and ‘why’ questions. There is no ideal number of cases or interviews. The focus is on selecting cases and interviewees for their quality and potential to contribute to further insights rather than on quantity and random selection. The criteria used to measure the quality and credibility of case research in health services management and limitations of the methodology are discussed.

**Keywords:** health service management, case research method

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## **Introduction**

Health services research has been defined as the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organisational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately health and well-being (Lohr & Steinwachs 2002). Health services management research is a subset of this definition and relates to the management aspects of health services. This article looks at the utility of qualitative research methodologies in health services management, specifically case research. There are several definitions of case research (VanWynsberghe & Khan 2007). It has even been proposed that a case study is not a method, a research design, or a methodology, but is something broader—‘a transparadigmatic heuristic that enables the circumscription of the unit of analysis’ (VanWynsberghe & Khan 2007, p. 90).

For the purposes of this article, case research is defined as a qualitative research methodology that focuses on understanding the dynamics present in a contemporary management situation (Eisenhardt 1989). This broad definition can be further divided up into categories of definition based on the following three areas: the management situation (Bonoma 1985), an actual situation (Eisenhardt 1989; Kaplan 1986; Yin 2009), and an actual situation with an emphasis on the case research method as a research tool (Yin 1993). Firstly, case research can be defined as a research method that uses clinical observation and examination to provide a rich description of a management situation, in order to lead to theoretical generalisation (Bonoma 1985). Secondly, the case research approach can be used to provide a rich description of the actual situation in order to lead to generalised theoretical application (Kaplan 1986). Therefore, case research can be used as a strategy to gain an understanding of the dynamics present within actual situations (Eisenhardt 1989). Finally, case research can also be defined as an empirical inquiry that investigates a contemporary phenomenon within its real-life context when the boundaries between phenomenon and context are not clearly evident (Yin 2009).

Each of these definitions of case research provides insight into the usefulness of the methodology, and health services management research utilises case research in a manner that embraces all of the definitions. For health services management research, a comprehensive definition of case research distilled from the various definitions can be developed. Case research in health services management is defined here as an empirical investigation of a situation that leads to theoretical analytical generalisation (Bonoma 1985; Eisenhardt 1989; Robson 1993) through the investigation of a new health services management research area or contemporary phenomenon within a real-life context (Eisenhardt 1989; Yin 2009; Merriam 1988) based on clinical observation and examination using multiple sources (Bonoma 1985; Robson 1993; Yin 2009).

Although existing literature looks at qualitative methodologies in health services management (Bradley et al. 2007), very little has been written regarding case research in this area. This article provides health services management researchers with a summary of case research and justifications for its use as a qualitative methodology in health services management research. This article also discusses the limitations of case research in health services management, and how such limitations can be overcome.

### **Overview of main research paradigms**

To begin justifying the use of case research as a methodology in health services management, consider scientific paradigms that form the foundation of research strategies. A *paradigm* mirrors what is essential, legitimate and reasonable for a researcher and is a coherent view of the world that guides the research decisions of scientists (Perry 2004b, 2004a; Rao & Perry 2007; Perry et al. 1999). There are three elements of each of these paradigms (Healy & Perry 2000; Rao & Perry 2007): ontology represents the reality to be investigated, epistemology links the researcher to the reality, and methodology covers the methods used to examine the reality (Neuman 2006). For the purposes of this article, we will examine only four broad types of scientific paradigms: positivism, critical theory, constructivism and realism (Guba & Lincoln 1994; Perry et al. 1999). The positivism paradigm is deductive in its approach,

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whereas critical theory, constructivism and realism are more inductive research approaches (Healy & Perry 2000; Perry 1998; Patton 2002; Perry 2004a; Perry et al. 1999).

**Positivism** is a deductive research approach that deals with observable occurrences and is the most common form of research methodology in management research (Orlikowski & Baroudi 1991). The observer researches causes and effects, and has to be objective while looking at phenomena through a one-way mirror (Healy & Perry 2000; Riege & Nair 1996). The presumption of positivism is that there exists an observable reality that is governed by laws that are immutable (Guba & Lincoln 1994; Rao & Perry 2007). However, a lot of research in health services management does not seek to test an established theory (that is, health services management research can be more inductive than deductive) or find a direct cause and effect relationship like those in the physical sciences (Bradley et al. 2007). In addition, it has been claimed that positivism is unable to cope with the interpretations of human–workplace interactions that are inherently subjective (Perry et al. 1999).

In contrast, the second paradigm of **constructivism** approaches phenomena from a subjective viewpoint (Stokes & Perry 2007). Constructivism examines the different perspectives of individual people, including their beliefs and values, and assumes that these are multiple constructed realities (Healy & Perry 2000). These multiple realities are created by a person's awareness and are the most important drivers of constructivism phenomena (Hunt 1991; Rao & Perry 2007). Thus, the constructivism researcher has to be a 'passionate participant' who actively works with the research participants inside the research environment and therefore contributes to the research outcomes (Guba & Lincoln 1994, p. 112). However, health services management research tends to focus on an external reality, and therefore constructivism is usually not an appropriate paradigm.

Similarly, **critical theory** rejects the positivism belief that there is an objective reality (Healy & Perry 2000; Rao & Perry 2007). Critical theory accepts that a group's reality is changed over time by societal pressures and the researcher can transform this environment and so

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transform the group's participants (Guba & Lincoln 1994; Perry et al. 1997). In other words, the researcher changes the social world as a 'transformative intellectual' (Guba & Lincoln 1994, p. 112)—the researcher interacts with the participants to influence the outcomes of the research in order to modify social consciousness (Riege & Nair 1996). However, health services management research does not aim to influence the social environment and consciousness of its participants. Instead, health services management research may look for relationships between theoretical frameworks and an *external* reality relating to health services management. As a result, critical theory is not an appropriate paradigm for this research.

**Realism** is the fourth and final paradigm to be examined and is the one most appropriate for health services management research. The essence of realism is that reality consists of abstract things that are created from the minds of people but are independent of them (Perry 2004b, 2004a; Perry et al. 1997). The assumption in realism is that an external reality is a complex social science phenomenon existing through a dynamic framework of people's interactions that is not easily measured (Guba & Lincoln 1994; Healy & Perry 2000; Godfrey & Hill 1995).

Research in the area of health, including health services management research, has traditionally been steeped in positivism (Freedman 2011). However, some results of positivism medical research have been found to be potentially misleading or inaccurate because of the bias for medical journals to only publish positive link results (Freedman 2010). Therefore, positivism as a research paradigm in medicine can be viewed as mainly appropriate for old 'infectious diseases medicine', for example, where a vaccine obviously and directly worked to prevent disease. In contrast, constructivism could be viewed as related to the post-modern, very subjective 'new-age medicine' (Freedman 2011, p. 90).

Realism is the practical merging of these two paradigms of medical research and could be more appropriate for research into some of the more complex diseases in modern medicine

(Freedman 2011). That is, medicine seems to be entering a realism worldview where some parts of reality are no longer as easily understandable as they were in the positivism world; instead, medicine is entering a world that is constructed subjectively (but not as subjectively as a constructivism world) where only causal *tendencies* exist (and not the old, direct, *always working* A to B causal linkages of infectious diseases medicine). In such research, the doctor-researcher needs rapport with the patient-participant, but is not a passionate participant or a transformative intellectual. Therefore, the context-specific nature of case research within the realism paradigm may become more useful in some fields of medical research, including health services management research.

As noted, rather than direct cause and effect relationships, realism focuses on causal tendencies in contextual social structures that exist externally (Easton 1998; Pawson & Tilley 1997). In other words, explanatory knowledge is the objective in realism (Easton 1998) and so researchers try to remain unbiased or at least value-aware; they also try to remain independent (Perry et al. 1997; Naude & Turnbull 1998). This paradigm is appropriate for health services management research (Gummesson 2006).

### **Justification for qualitative methods**

In health services management research, quantitative and qualitative methods have been used. The quantitative method is the predominant methodology in management research (Hanson & Grimmer 2005), usually through the use of formal surveys utilising structured questions with predetermined responses and large numbers of participants for statistical significance (Duffy & Chenail 2008). Quantitative methods are based on statistical analysis and data collection to prove an existing hypothesis or theory (Patton 1987).

In contrast, qualitative methods tend to evaluate a smaller number of responses against a broader set of issues and are more exploratory or ‘pre-paradigmatic’ (Perry et al. 1999). Qualitative methods address theory building rather than theory testing (Bonoma 1985; Parkhe 1993); that is, they involve analytic generalisation to a body of knowledge rather than

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statistical generalisation to a population (Yin 2009). The intensity and detail of qualitative data are achieved by getting both physically and psychologically nearer to the phenomenon (Merriam 1988). Furthermore, qualitative methods are designed to lead the researcher to a conclusion which is not known prior to commencement of the study (Sekaran 2000; Yin 2009). That is, they allow the researcher to develop understanding and to build a theory upon earlier understanding (Carson et al. 2001). Qualitative research involves the collection, analysis and interpretation of data from a smaller cohort of participants, through methodologies such as case research, focus groups and in-depth interviews (de Ruyter & Scholl 1998). These qualitative research methods provide an avenue for the investigation of practical and relevant research problems.

In brief, qualitative methods are able to provide the health services management researcher with rich, detailed and valid data that contribute to a more in-depth understanding of context in the real world, through the use of words and images (Denzin & Lincoln 2003). In addition, qualitative research methods can be justified because the focus of health services management research is on human perceptions and their meanings. In summary, the use of qualitative methods in health services management research is justified within a realism perspective (O'Connor & Netting 2005).

### **Justification for case research**

Case research is a powerful methodology when the research is related to a contemporary issue (Eisenhardt 1989; Patton 2002; Yin 2009). Case research is particularly useful in new research areas or where existing theory is lacking or insufficient (Bonoma 1985; Deshpande 1983). Health services management research may involve a new research area that is under-researched, and may investigate contemporary events and current trends in the health industry as it relates to hospital management.

In addition, case research is not only able to assist in the collection of data relating to contemporary issues, but it also allows the researcher to obtain in-depth information and detail relating to the research topic (Patton 2002; Romano 1989). Moreover, the case research

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methodology focuses on a particular part of the organisation or industry within its context in order to rigorously explore and analyse contemporary real-life experiences in depth using a variety of evidence (Riege & Nair 1996). The health services management researcher is able to use case research to identify individual cases that are information-rich so that they can be studied at great depth and information can be extrapolated from just a few cases (Patton 2002; Stokes & Perry 2007).

Also, case research that involves selected cases being examined in depth, is useful for research questions where the focus is on the understanding of a dynamic and contemporary event in a controlled environment (Bonoma 1985; Yin 1993, 2009). Health services management research fits this description because it usually examines contemporary issues relating to hospital and health management which are issues beyond the control of the researcher.

Finally, case research within the realism paradigm focuses on explaining phenomena; in other words, it looks at the 'how' and 'why', rather than measurement (Perry 2004a; Perry et al. 1997; Perry et al. 1999). Case research uses how and why questions that deal with operational links traced over periods of time, in contrast to quantitative research methods such as surveys that do cross-sectional measurements in the form of frequencies or incidence (Yin 1993). Health services management research explores 'how' health services are managed and 'why' certain health outcomes occur.

### **Criteria for case selection**

The criteria used to choose the cases for case research and the number of cases selected will now be described. There are situations where a single case can be used (Yin 2009). For example, a single case can represent a unique situation to be researched. A single case design is also appropriate when the case has been previously inaccessible. However, a multiple case design is typically used to achieve an understanding of complex issues in health services management. Multiple cases improve the quality of data and research outcome (Eisenhardt



1989; Parkhe 1993; Patton 2002; Yin 2009). In addition, multiple cases enable the researcher to follow replication logic for testing the theories identified in the literature review, and offer a greater range of evidence for the research (Stokes & Perry 2007; Yin 2009).

**What is a case?** First, a 'case' needs to be defined. The case or unit of analysis is selected for its relevance to the research problem (Patton 2002). The cases must provide the health services management researcher with a rich source of information in relation to the research problem.

**Number of cases.** There is no ideal number of cases. The goal is to choose enough cases to provide information-richness (Gummesson 2000; Patton 2002; Stebbins 2001; Yin 2009). That is, the focus should be on selecting cases for their quality and potential to contribute to further insights rather than on quantity and random selection (Gummesson 2000; Stake 1995). Some researchers suggest an open ended number of cases (Lincoln & Guba 1994; Patton 2002), while other researchers propose a limit of between 4 and 10 (Eisenhardt 1989; Yin 2009; Perry 1998).

**Replication logic.** In case research, cases are chosen based upon their appropriateness to the research to satisfy the relevance criterion (Stake 1995), rather than their ability to be used for statistical generalisation (Eisenhardt 1989; Yin 2009). Therefore, the purposeful sampling of cases follows a replication logic that leads to cases being chosen deliberately based on their differences and similarities and not randomly (Eisenhardt 1989; Patton 2002). Cases provide theoretical replication when they are expected to produce contrary results for predictable reasons, or provide literal replication when they are expected to produce similar results (Carson et al. 2001; Eisenhardt 1989, 1991; Yin 2009).

**Number of interviews.** Next, the selection of individual participants is directly related to the quality of the information that the researcher can access from them for health services management qualitative research. The validity, meaningfulness and insights generated from

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health services management research have more to do with the information richness of the selected cases and the observational and analytical capabilities of the researcher than with the size of the sample (Patton 2002). That is, the subjects are selected for their ability to provide valuable information in relation to health services management.

Other factors must also be considered in the selection and number of participants. The first issue is the *scope* of the study which usually requires focusing of the topic and selecting participants for their ability to provide information-rich data on the research topic (Yin 2009). The second issue is the nature of the *topic*, which means that the researcher has to ensure that the nature of the topic is clear and concise and the information is easily accessible to those selected. The third issue is the quality of the *data* being collected, including using information from those who are able to provide objective data about the unit of analysis, obtaining supporting data from observations by the researcher, and gaining data from documents that further support the claims of the participants.

In brief, there is no ideal number of interviews for case research. Recommendations from the literature vary, as demonstrated in Table 1 (adapted from C Perry 2011, pers. comm., 31 July). The minimum number is about 6 (Guest et al. 2006), 10 (de Ruyter & Scholl 1998) or 15 (Betraux 1981), and the maximum number is about 50 or 60 (de Ruyter & Scholl 1998; Mason 2010). However, the usually accepted number is around 20 to 25 (Gaskell 2000; Charmaz 2006; Green & Thorogood 2004; Crawford & Di Benetto 2008). For example, Gaskell (2000, p. 44) states specifically that around 20 is an appropriate number for case research:

...there is an upper limit to the number of interviews that it is necessary to conduct and possible to analyse. For the single researcher this is somewhere between 15 and 25 individual interviews [or] six to eight focus group discussions. Of course the research may be phased: a first set of interviews, followed by analysis, and then a second set.

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The ideal number is not fixed because the care taken in interview research design and analysis is critical (Patton 2002).

**Table1 Estimates of the number of interviewees required in a research project**

Author	Minimum	Maximum	Other
Perry (2011)			Around 35-45
Mason (2010) for all case research	1	95	modes=40, mean=36, median=33
Mason (2010) for all qualitative research	1	95	modes=20 and 30, median=28, mean=31, no need to be more than 60
Crawford & Di Benetto (2008)	20	30	
Guest et al. (2006)	6	12	
Charmaz (2006)		25	
Green & Thorogood (2004)		20 or so	
Ritchie et al. (2003)		50	
Gaskell (2000)	15	25	
deRuyter & Scholl (1998)	10	40-60	For minor and major research
Betraux (1981)	15		

Source: extracted from the sources cited by C Perry (2011, pers. comm., 31 July).

**Criteria for judging the quality and credibility of case research**

The following criteria can be used to measure the quality and credibility of health services management case research: construct validity, credibility or internal validity, dependability or

reliability, and confirmability or objectivity (Guba & Lincoln 1994; Healy & Perry 2000; Miles & Huberman 1994; Yin 2009; Lincoln & Guba 1999; Sykes 1990).

**Construct validity.** Construct validity refers to the development of correct operational measures for the concepts under review (Emory & Cooper 1991; Yin 2009). There are three techniques to increase construct validity: triangulation of data using multiple sources of evidence, establishing a chain of evidence during data collection and a robust case research protocol (Yin 2009).

Firstly, the health services management case researcher achieves triangulation by collecting data from three sources, that is, interviews, documentation and field observations. Secondly, establishing a chain of evidence enhances construct validity during the data collection phase of this research (Yin 2009). The researcher should design the case research protocol and an interview protocol in order to set up a structured approach to the exploration of the research issues, to ensure a smooth sequence of questioning and proper identification of data collected (Carson et al. 2001).

**Credibility or internal validity.** Credibility or internal validity of the research relates to the ontology, or the reality being investigated, and this can be established in a few ways. Firstly, the how and why questions of health services management research may be ontologically appropriate for the case research method, and the realism paradigm suitable for health services management research (Healy & Perry 2000). Secondly, both methodological and data source triangulation can be used in health services management research to provide a better understanding of the reality being investigated (Denzin & Lincoln 2003; Hall & Rist 1999; Opperman 2000; Perry 1998; Stake 1995; Yin 2009).

Also, multiple methods can be used in health services management research through the use of convergent interviews before case research. Cross-case comparisons of the propositions in health services management research for theory building and the linkage of these findings to

existing literature can be carried out to enhance the credibility of the research from an epistemological perspective (Amaratunga & Baldry 2001). The iterative process of examining cases against prior theory by establishing connections between the findings and the literature, leads to a more valid reading of the findings by the researcher (Sykes 1990). This validation of the case research data maintains the quality of the data while preserving the confidentiality for participants.

**Transferability or external validity.** The transferability or external validity of the case research depends on the ability of the researcher to make analytical extrapolations based on a cogency of theoretical reasoning (Ward Schofield 2000). Therefore, the researcher undertakes a comprehensive literature review to ensure there is sufficient prior theory and detailed description of the research context to ensure that the initial process of identifying research issues is rigorous (Perry 2001; Stokes & Perry 2007).

Indeed, the literature review and the convergent interview methodology are used to identify and clarify the research issues and propositions in a comprehensive and structured process (Stokes 2004). These techniques, together with the research protocol for case research, helps the researcher to confirm or disconfirm theory and make analytical generalisations based on the findings of the research (Perry 1998; Yin 2009). Besides using prior theory, external validity can also be achieved through the maintenance of a readily accessible case research database and triangulation (Healy & Perry 2000).

**Dependability or reliability.** The researcher should also consider the dependability or reliability of the case research methodology in the data collection and analysis phases of the case research process. Reliability of the process is improved through the provision of a detailed audit trail of the evidence using coding schemes for data analysis and the archiving of the data for later access (Healy & Perry 2000; Lincoln & Guba 1999; Yin 2009; Halpern 1983; Lincoln & Guba 1994).

**Confirmability or objectivity.** In relation to the confirmability or objectivity of case research, the realism paradigm is neither value laden nor value free, but value aware from an epistemological perspective (Healy & Perry 2000; Perry 1998). Because there are multiple perceptions of reality, health services management case research uses multiple interviewees in the health industry to obtain multiple perspectives and their triangulation to enhance the confirmability of the research. Objectivity is enhanced through the utilisation of broad opening questions before probing, the maintenance of a self-critical perspective of the researcher's own values in conducting the research, and the provision of the research findings to participants and others for peer review (Healy & Perry 2000). Indeed, epistemologically, a realism researcher has to be aware of their own values, to prevent them from adding bias during the research process (Healy & Perry 2000).

### **Limitations of case research**

The case research methodology has many advantages, but it also has some limitations (Bonoma 1985; Eisenhardt 1989; Larsson 1993; Parkhe 1993; Seidman 1991; Flyvbjerg 2006). Four limitations are summarised in Table 2.

Table 2 **Limitations of case research and their counter-strategies in this research**

Limitation	Counter strategy
<b>Results in overly complex theories</b>	Use prior theory and research issues
<b>External validity</b>	Replication logic, case selection and triangulation
<b>Difficult to conduct</b>	Case research protocol
<b>Lack of rigour compared to other methodologies</b>	Interviewer's guide with questions based on stage 1 methodology and prior theory

Source: Developed from Bonoma (1985), Eisenhardt (1989), Flyvbjerg (2006), Larsson (1993), Parkhe (1993) and Seidman (1991), and adapted for this research.

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The first limitation is that case research can produce theory that can be overly complex and over-inclusive, attempting to incorporate everything from within its rich dataset (Eisenhardt 1989), or paradoxically, it can also result in narrow idiosyncratic theories (Parkhe 1993). This limitation can be overcome by using prior theory and developing specific research issues based on a theoretical framework (Yin 2009; Flyvbjerg 2006). The second limitation is that case research may lack external validity (Larsson 1993). To mitigate this concern, triangulation can be achieved through the use of multiple interviews in different settings (Perry 2001; Yin 2009; Flyvbjerg 2006). The third limitation is that case research is difficult to conduct and time consuming, with access to appropriate participants difficult (Bonoma 1985; Seidman 1991). This limitation can be countered through the use of a case research protocol. The final limitation is the lack of rigour compared to other methodologies. This limitation is addressed by the development of an interviewer's guide based on the exploratory convergent interviews and the comprehensive literature review (Stokes & Perry 2007; Flyvbjerg 2006).

### **Conclusion**

Health services management is an important part of health services research and although quantitative methodologies predominate in this area, this article has discussed how qualitative methods can be justified. In particular, case research is a qualitative research methodology based in the realism paradigm that can be of use in health services management research that examines contemporary issues. This article defines case research in health services management as an empirical investigation of a situation that leads to theoretical analytical generalisation through the investigation of a new or contemporary health services management research area or issue. This article has also provided a summary of case research as a methodology in health services management research and it is hoped that more researchers in this area will consider its use in health services management.

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