Using Constructivist Case Study Methodology to Understand Community Development Processes: Proposed Methodological Questions to Guide the Research Process

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Often, research projects are presented as final products with the methodologies cleanly outlined and little attention paid to the decision-making processes that led to the chosen approach. Limited attention paid to these decision-making processes perpetuates a sense of mystery about qualitative approaches, particularly for new researchers who will likely encounter dilemmas and uncertainties in their research. This paper presents a series of questions that assisted one Ph.D. student in making key methodological choices during her research journey. In this study, a collective case study design informed by constructivist grounded theory data analysis methods was used to develop a framework of community development from an occupational therapy perspective. Ten methodological questions are proposed regarding research question development, research paradigm, design and analysis, and trustworthiness. Drawing on examples from this research project, these questions are used to explicate the decisions made “behind the scenes”, with the intention of providing both theoretical and practical guidance to others embarking on similar research journeys. Key Words: Qualitative Research Methodology, Multiple Case Study, Constructivist Grounded Theory, Community Development, Occupational Therapy.

This paper describes the research journey of the first author, Heidi, an occupational therapist and a doctoral candidate at the time of the research, who set out with a passion for understanding how community development (CD) occurs in the practice of occupational therapy. Margo and Terry, her thesis co-supervisors, acted as research mentors, providing guidance in relation to key methodological decisions. In this study, a collective case study design was utilized (Stake, 2000; Yin, 2003) informed by constructivist grounded theory data analysis methods (Charmaz, 2006) to develop a framework of CD from an occupational therapy perspective. Following a description of the research design, we describe the researcher stance of the first author, case recruitment and data generation methods, and data analysis approaches. Lastly, we present the strategies employed for enhancing the trustworthiness of this study, including potential criteria for the evaluation of this research.

This paper is structured using the main methodological questions raised during the research process (summarized in Table 1) in order to make explicit decision making processes which occur “behind the scenes” when combining methodologies. Often,
research projects are presented as final products with the methodologies cleanly outlined with little attention paid to the decision-making processes that led to the chosen approach. False starts, dilemmas, and uncertainties are rarely afforded exploration in research papers, although these are often realities in the work of novice researchers. Minimizing the attention paid to these decision-making processes perpetuates a sense of mystery about qualitative approaches, particularly for new researchers who will undoubtedly face many uncertainties in their research. This paper presents a series of questions that assisted one Ph.D. student in making key methodological questions during her research journey. These questions served as key decision points for Heidi during her research process and it is hoped that explicating these questions may assist in guiding other novice researchers, thus shedding light on some of the perceived mysteries of qualitative research methodology. This journey will be told from the first person perspective of Heidi, the first author and the principal investigator on this research project.

Table 1. List of Methodological Questions

<table>
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<tr>
<th>Question</th>
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<tbody>
<tr>
<td>1. What do I want to better understand?</td>
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<tr>
<td>2. How do I best frame my research question to ensure I am gathering data that will inform this main concern?</td>
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<tr>
<td>3. How can I integrate my chosen research approaches, case method design and grounded theory approaches, to ensure methodological congruence?</td>
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<tr>
<td>4. How does the chosen paradigm influence the research process and how can I ensure commitment to the chosen paradigm?</td>
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<tr>
<td>5. Considering all the information I could gather about these cases, how can I theoretically structure data collection to answer the research question(s)?</td>
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<tr>
<td>6. What cases will provide the best opportunity to learn about the posed research question?</td>
</tr>
<tr>
<td>7. How do I ensure I gather relevant and useful data that corresponds to my chosen method and research paradigm?</td>
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<tr>
<td>8. How do I best store and organize my data in preparation for data analysis?</td>
</tr>
<tr>
<td>9. How do I balance the intricacies and detailed richness of the individual cases with the aim of generating an abstract theoretical framework?</td>
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<td>10. To what extent can I and others trust the conclusions I have come to through this research process?</td>
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Research Purpose and Research Questions

This research journey began with me attempting to match research traditions with questions that arose from my previous experience in community development. Drawing on literature about the importance of researcher reflexivity (Alvesson & Sköldberg, 2000), I examined my previous experiences, assumptions and expectations around occupational therapists’ roles in CD. I came to CD in an international context while volunteering in southern Africa as a trainer of community-based rehabilitation workers. Voluntary Services Overseas (VSO), the organization I was with, spoke of volunteers like myself being “community developers” but I was unfamiliar with what being a community developer involved. In this international context, I learned about some of the key principles of CD from colleagues who used these principles to guide their work.
These principles included: building on local knowledge, using approaches that encouraged participation of a range of community members, and strategies for empowering people to take action in their lives. In small ways, I tried to integrate some of these ideas into my work with community rehabilitation workers. When I returned to Canada following these 2.5 years overseas in an international development context, I wanted to better understand if and how some of these CD approaches were being used by occupational therapists in Canada. Early reading and exploration confirmed that CD approaches were used by some occupational therapists in the fields of health promotion and community-oriented practice. My master’s research project involved interviewing Canadian occupational therapists working in CD to better understand how they understood their roles (Lauckner, Pentland, & Paterson, 2007). Although this research helped identify some of the challenges faced by occupational therapists in this work and how they developed their roles in CD, many questions around their daily practices and how they actually engaged in CD on a daily basis remained unanswered.

Reflecting on the findings of my master’s research, existing literature on the topic, and remaining questions from my own experience, my first methodological questions in my dissertation process were: 1. What do I want to better understand? and 2. How do I best frame my research question to ensure I am gathering data that will inform this main concern? This began an iterative process of proposing potential research questions from within various research traditions, as proposed by Creswell (1998). A process of brainstorming potential research topics ensued, with clarification questions asked by my peers. Was it more important to gather the occupational therapists’ (OTs) experiences of CD from their subjective experiences or to generate a theory that encompassed a range of experiences? Was the focus to be on what the OTs did (i.e., the outcomes of CD) or how they did it (i.e., the processes of CD)? Through such discussions and further exploration of research approaches, in particular case study and grounded theory methodologies, the purpose of this study and its research questions were derived such that they “fit” with questions arising from my experiences and demonstrated methodological congruence with established research traditions. Through this process, I determined that this study sought to a) develop in-depth interpretive case descriptions of three exemplars of OTs engaging in CD; and, b) develop a theoretical framework that describes process(es) of CD from an occupational therapy perspective based on a cross-case analysis of these descriptions. The phrase “from an occupational therapy perspective” refers to those stances taken by OTs that are informed by their professional training or experiences and used in their daily practice. Through this iterative process of exploring potential research questions and methodologies, we determined that this study aimed to answer the following research question: How does the process of community development from an occupational therapy perspective occur in practice? The following sub-questions guided the research process:

a. What are the central strategies and activities of the CD process in practice?
b. What are the intended and actual outcomes of this process?
c. How do OTs facilitate this process?
d. How are key concepts, values and approaches of occupational therapy integrated into CD practice?
e. How do contextual factors enable the CD process?
f. What are key points of tension encountered by OTs in daily practice and how are these managed

Research Design

Through the iterative dialectic between the research topic and potential research methodologies, we determined that case study design combined with grounded theory analysis methods would allow for both the in-depth exploration of examples of CD initiatives within context and the generation of a theoretical framework. The key methodological question posed at this stage of the research process was: 3. How can I integrate case method design and grounded theory approaches to ensure methodological congruence? This methodological decision required the examination of the strengths, weaknesses, and paradigmatic foundations of each tradition. Tables 2 and 3 are summaries of the strengths and weaknesses of case study and grounded theory in relation to the identified research topic (Lauckner, Krupa, & Paterson, 2007).

Table 2. Case Study’s Strengths and Weaknesses

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tr>
<td>• Appropriate for examining a “contemporary phenomenon within its real-life context, especially when the boundaries between the phenomenon and context are not clearly evident” (Yin, 2003, p. 13), which describes the context-specific practice of OTs working in CD</td>
<td>• Poorly defined data analysis process (Yin, 2003), but can follow any number of analysis methods (Merriam, 1998)</td>
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<td>• Enables the exploration of complex situations, allowing for the gathering of multiple perspectives, from a range of sources, including contextual information</td>
<td>• On-going debate of whether case study constitutes a method describing what is studied oral research tradition outlining how the case is approached</td>
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<td>• Particularly useful when looking at a process; and case studies answer “how” questions (Yin, 2000), which is compatible with the research question of this study.</td>
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<td>• Multiple case study with variety across cases ensures richness and depth in order to understand the shared phenomenon of interest (Anaf, Drummond, &amp; Sheppard, 2007; Stake, 2000, 2006)</td>
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<td>• There are a range of case study types that can be used to gather required data (Yin, 2000; Stake; 1995)</td>
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Table 3: Grounded Theory’s strengths and weaknesses

<table>
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<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<td>• Emphasis on, and well-established analysis methods for, generating substantive theory (Strauss &amp; Corbin, 1998; Charmaz, 2000; 2006), which fits with the aim of this research</td>
<td>• Requires in-depth interviews with 20-30 individuals with knowledge of the phenomenon under investigation (Creswell, 1998). Because CD is an emerging and diverse field for OTs, it proved very difficult to recruit a large enough sample of OTs with experience in CD</td>
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<tr>
<td>• Does not detail collection techniques, but rather outlines an analytic process (Charmaz, 2000) Strauss, 1987)</td>
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In order to build on the strengths of these two traditions, we proposed combining case study design to guide data collection and grounded theory approaches to guide data analysis. Strauss (1987) supports the integration of case studies and grounded theory when the focus of the researcher is on the development of analytic generalizations that contribute to theory building.

However, the question of methodological congruence required examination of each tradition’s paradigm. Both case study and grounded theory approaches can be placed in either the positivist/post-positivist or interpretive/constructivist paradigms. For example, implicit to Yin’s (2003) approach to case study is the ontological belief that there is a “real” reality that can be actually apprehended (i.e., naïve realism) or probabilistically apprehended (i.e., critical realism; Lincoln & Guba, 2000), placing it in the positivist/post-positivist paradigm. In contrast to this, the qualitative case study approach described by Stake (1995; 2000; 2005; 2006), falls within the interpretive/constructivist paradigm. Stake’s case studies explicitly seek out the multiple perspectives of those involved in the case, aiming to gather collectively agreed upon and diverse notions of what occurred. In this instance, the ontological belief is that reality is local and specifically constructed (relativism; Lincoln & Guba, 2000). Similarly, recent discussions in the literature about the philosophical underpinnings of grounded theory (Annells, 1996; Charmaz, 2006) indicate an evolution of grounded theory method that spans both the post-positivist classic grounded theory espoused by Glaser and Strauss (1967) and constructivist grounded theory (Charmaz, 2000, 2006). Constructivist grounded theory acknowledges the subjectivist stance of researchers who “construct our grounded theories through our past and present involvements and interactions with people, perspectives and the research practices” (Charmaz, 2006, p.10).

In order to ensure methodological congruence between the chosen traditions, the combined traditions require foundations in similar paradigms. The decision of approaching this research from either a post-positivist or a constructivist perspective was largely a personal one based on my (Heidi’s) epistemological stance. Based on my prior research and experience, I understood CD to be a complex, context-specific phenomenon that had different meaning for those involved. For example, my priorities and focus as someone teaching CD approaches in an international context were very different from
those of the rehabilitation workers I was training and the people with disabilities they would eventually work with. I came to recognize that we each brought our own perspectives to a shared experience and I was not able to distinguish where my contribution began or where it ended – I was a part of various processes by the very fact that I was there. This recognition that we are involved in and actively interpreting our experiences is consistent with a constructivist approach. This approach not only acknowledged, but welcomed that I, as the primary research, would play an active part in constructing the interpretation of the data gathered. To promote a constructivist perspective, we therefore elected to draw predominantly from Stake’s work on case studies (1995, 2006) and Charmaz’s approaches to constructivist grounded theory (2000, 2006), both of which recognize multiple perspectives and the researcher’s role in constructing interpretations. This decision was supported by literature which promoted the compatibility of constructivist research approaches in community-oriented health promotion research (Labonte & Roberston, 1996).

A multiple case study design was chosen to promote the richness, depth and complexity that is drawn from multiple events that help one understand the phenomenon of interest that is shared among the diverse cases (Anaf et al., 2007; Stake, 2000). However, a multiple case study risks reducing complex cases to a few comparable variables, resulting in the loss of the idiosyncrasies of individual cases (Stoecker, 1991). To mitigate this risk, Creswell (1998) suggests that no more than four cases be examined to allow individual cases to be adequately explored. This study examined three initiatives where Canadian OTs worked in CD amidst different contexts and community groups, offering a range of CD initiatives and providing the opportunity to identify common and distinct processes. Only CD initiatives within Canada were selected to ensure the relevance of findings to Canadian occupational therapy training and models, although it was expected that the rich description provided in these case studies would facilitate the transfer of findings to other locations.

This study’s design also demonstrates the characteristics of an instrumental case study (Stake, 1995, 2000) that explores phenomena beyond the immediate particularities of the situation examined. The broad phenomenon examined in this study was the CD process in practice from an occupational therapy perspective, requiring a multiple case study design that was analytic in nature in order to develop a framework featuring key aspects of the phenomenon. An analytic case study includes descriptive data “used to develop conceptual categories or to illustrate, support or challenge theoretical assumptions held prior to data gathering” (Merriam, 1998, p. 38) rather than simply describe each case’s events.

**Research Paradigm**

While planning and conducting the research, I revisited the fourth methodological question: **4. How does the chosen paradigm influence the research process and how can I ensure commitment to the chosen paradigm?** As stated previously, this research is placed within the constructivist paradigm. Constructivism assumes that the meaning of experiences and events are constructed by individuals, and therefore people construct the realities in which they participate (Charmaz, 2006). From this stance, research aims to elicit and understand how research participants construct their individual and shared
meanings around the phenomenon of interest. Also particular to constructivism is a
similar construction of meaning by researchers that “their interpretation of the studied
phenomenon is itself a construction” (Charmaz, 2006, p. 187).

The acknowledged co-construction of the researcher’s interpretation in
constructivist research demanded that I conduct research in a reflective and transparent
process (Mills, Bonner, & Francis, 2006). Reflection entails “thinking about the
conditions for what one is doing [and] investigating the way in which the theoretical,
cultural and political context of individual and intellectual involvement affects interaction
with whatever is being researched” (Alvesson & Sköldberg, 2000, p. 245). Articulating
my assumptions and experiences through reflective and analytical memos, written prior
to and during data gathering and analysis, helped achieve this transparency (Mills,
Bonner, & Francis, 2006).

My experiences in international development, research, and teaching provided me
with a number of professional and personal lenses for approaching this research.
Specifically, I brought to this research process: a) a general understanding of clinical
occupational therapy in outpatient and community settings, b) a critical perspective about
the relevance of clinical experiences to CD contexts, which draw on an array of skills that
may be different than those used in more typical practice fields, c) an appreciation of how
other OTs defined their role in CD within Canadian contexts, and, d) a desire to clarify
the contribution of OTs to CD in order to better prepare students for such work. This
latter point arose from my own uncertainty experienced when first working in CD. I, like
other OTs I later realized, struggled with translating our clinical training to a CD context.
I believed OTs had a valuable contribution to make to communities because of their focus
on the daily lives and participation of people with disabilities, but I felt this contribution
needed to be delineated so those new to the field of CD had a foundation from which to
start.

Theoretical Framework of the Cases

The fifth methodological question pertained to the theoretical framework of the
cases: 5. Considering all the information I could gather about these cases, how can I
theoretically structure data collection to answer the research question(s)? In addition to
identifying the macro-level constructivist paradigm in which this research is situated,
both Yin (2003) and Stake (1995, 2000) emphasize the importance of establishing a
specific theoretical framework that structures data collection in a case study. Yin (2003)
proposes the use of a case study protocol that outlines the key information to be gathered
from each case and primary sources. In addition to developing such a protocol, which
facilitated the logistical planning around data collection, the exploratory nature of this
case study prompted me to follow Stake’s suggestion to outline main “issues” of each
case. Issues focus on the concerns that highlight the complexity and contextuality of the
phenomenon under investigation: “issues are not simple and clean, but intricately wired
to political, social, historical, and especially personal contexts. Issues draw us toward
observing, even teasing out, the problems of the case, the conflictual outpourings, the
complex backgrounds of human concern” (Stake, 1995, p. 17). Within a multiple case
study, Stake’s issues raise individual case research questions, distinct from the overall
study (Stake, 2006). At the beginning of this research, potential issues for exploration
were extrapolated from my experience, previous research with OTs working in CD (see Lauckner, 2005) and related literature, in particular recently revised occupational therapy models (Townsend & Polatajko, 2007). These issues are summarized in Table 4.

Table 4. **Initial Issues Guiding Research**

<table>
<thead>
<tr>
<th>Issue 1:</th>
<th>To what extent and in what ways do OTs bring a unique occupational perspective that is explicit in their CD work?</th>
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<tr>
<td>Issue 2:</td>
<td>To what extent is there congruency/incongruency between the espoused theories of occupational therapy in general or those of these specific OTs and how they practice CD?</td>
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<tr>
<td>Issue 3:</td>
<td>Considering the uncertain applicability of occupational therapy models to communities, what guides OTs in the integration of their occupational therapy knowledge and skills into their daily CD work?</td>
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<td>Issue 4:</td>
<td>How do OTs negotiate the anticipated tensions between the medical model which tends to dominate health services and a more community-oriented approach that would be required in CD?</td>
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These initial issues served as *points of departure* that guided interview questions and preliminary analysis (Charmaz, 2006). They helped me focus on salient features of the cases that would help me better understand some of these contentious issues. Acting as points of departure, rather than predetermined destinations, these initial issues developed and changed over the course of the research. Stake (1995) explains that as the researcher gains a better understanding of the cases, initial researcher-identified issues evolve and are influenced by emic issues raised by the study’s participants. In this study, particular issues were developed and explored in each case, which guided data collection and analysis for the individual case descriptions. The emerging issues from each case were then examined to identify shared issues, which then directed the cross-case analysis. In this way, initial contentious issues derived from the literature and experience posed questions which helped focused my attention during data collection. These issues and questions were then revised based on emerging data to ensure they addressed the particularities of each case. During times of feeling overwhelmed by data, I would revisit these issues to assist me in examining new data in relation to these salient topics. Through the early identification of issues which acted as points of departure during data collection, I had direction to focus my attention and flexibility to further develop these issues as data were collected. Regularly revisiting and refining these issues during data collection and preliminary analysis provided an emergent theoretical structure to my data collection processes.

**Case Recruitment and Selection**

Prior to recruitment, ethical approval was obtained from the Queen’s University Research Ethics Board in May 2007. Stake (1995) suggests what was my sixth methodological question: *6. What cases will provide the best opportunity to learn about the posed research question?* We decided that maximum variation purposive sampling
(Patton, 2002) would provide cases that depicted a variety of practice contexts in different regions in Canada. To maximize the learning about OTs engaging in CD, the following inclusion criteria were developed:

- Participants were registered OTs in Canada working in CD, as indicated by self-report and their program’s explicit mandate of CD activities,
- At least half of each OT’s time was spent on CD initiatives,
- The OT was central to the development and implementation of at least one CD initiative that was ongoing at the time of data collection, and
- The OT was identified by another colleague as making a valuable contribution to CD.
- The OT and colleagues were proficient in English, the first language of the primary researcher.

Initial requests for potential research participants made to 13 key informants with strong ties to CD yielded only a few potential cases. Consequently, additional recruitment strategies were developed and submitted for ethical approval. Supplemental recruitment strategies included searching the Canadian Association of Occupational Therapists’ national occupational therapy registry and recruiting through a CD network group. Overall, 65 OTs potentially working in CD were emailed an invitation to participate and requested to pass on the invitation to colleagues. Of the 18 OTs who initially responded, four met the inclusion criteria and were available to participate. From these, three were selected from different regions of Canada (west, central and east) that depicted diverse practice settings working with different populations. Each case took place in mid- to large-sized Canadian cities, which were regional centres.

The three cases examined in this study were:

1. Case 1, in which an OT in a rehabilitation centre worked with a community agency to develop a pilot peer mentoring project for stroke survivors;
2. Case 2, in which an OT in a community mental health program worked with people with a history of mental health illness to raise awareness about recovery approaches to mental illness; and,
3. Case 3, in which an OT in a seniors’ health team worked with seniors to develop community-run programs and linked senior volunteers to these programs.

Site entry and participant recruitment. The seventh methodological question pertained to the practicalities of gathering data: 7. How do I ensure I gather relevant and useful data that corresponds to my chosen method and research paradigm? The OT at each site acted as the site’s contact person, liaised with her manager, and, crucially, oriented me to the site (Creswell, 1998). In each case, potential research participants with varying perspectives on CD initiatives were identified including: at least one manager, health colleagues, community members or agencies (separate from the health authority) and program participants. The OT approached potential research participants to request
an interview and letters of information and consent forms were provided to each interviewee. A similarly collaborative process was used to identify key events or activities for observation.

**Data Generation**

For each case, information gathered was guided by a data collection protocol consisting of questions regarding the type of information to be collected and possible sources (Yin, 2003). Although a protocol was developed at the onset of the research in order to plan data collection, the protocol was applied in a flexible manner. I aimed to gather a similar variety of information about each case to answer the topical questions of the protocol, but I followed potential lines of inquiry that arose, which were unique to each case. Recalling our commitment to Stake’s (1995, 2005) constructivist approach to case study, we sought to integrate Yin’s case study protocol and Stake’s issues in this study. To do this, we distinguished between the protocol’s initial questions, which were informational in nature and similar to Stake’s topical questions, and the issues identified at the onset of the research, which were more problematic in nature and served to assist in better understanding individual cases. Emerging case-specific issues, which evolved over time (Stake, 1995, 2005), acted as analytic tools, rather than research questions, in that they helped to focus my attention on potentially informative events or dynamics and consequently deepened my understanding of each case.

As is consistent with case study design (Stake, 1995; Yin, 2003), data collection methods in this study included in-depth semi-structured interviews, document review, direct observation and participant observation. Information was gathered from the inception of the initiative to the time of data collection in order to capture process changes. Data collection occurred between September 2007 and February 2008, where 12 to 14 days of onsite data collection occurred per case, with approximately two months between each case to allow for preliminary analysis and compilation of documents. Table 5 summarizes the amount and type of data collected at each case.

**Development of Data Collection Guides**

Interview guides were developed based on the information identified in the case study protocol. The occupational therapist interview guides were piloted with two local OTs working in CD initiatives. This sensitized me to the complexity of CD, resulting in modified interview questions allowing OTs to speak to their multifaceted role but then narrow down to one main CD initiative. When conducting interviews from a constructivist stance, my intention was to be reflexive and flexible in my interview approach to share my stance, and be mindful of Mills et al.’s (2006) explanation that an interview is considered a means of knowledge construction between the researcher and the interviewee. Participant interviews took the form of informal conversations at convenient times between activities and meetings, in which I tried to minimize potential hierarchies by locating myself as a graduate student seeking to better understand a phenomenon that had perplexed me from my own previous experience. I admitted early on that I’m doing research in this area because I do not have the answers and am hoping to learn from those with experience in the field. I shared my own questions about
engaging in CD and inquired about the research participants’ questions and resolutions. In order to foster a sense of reciprocity with participants, I presented research participants with some emerging theoretical ideas to gather their feedback. At times, my proposed interpretation or insight resonated for the research participants and at other times they clarified or refined the idea so it better captured their perspectives. Through such interactions, the co-construction of reality was made explicit.

A general field note observation guide was developed that structured my initial and more focused observations. These observation guides listed a series of questions about the event observed, who was involved, the key activities and interactions. Interviews and observations were the primary sources of data, with documents gathered used to provide background information and fill in details of events.

Table 5. *Brief Summary of Data Collected from the Three Cases*

<table>
<thead>
<tr>
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<th>Case 1 Peer mentoring</th>
<th>Case 2 Mental Health awareness raising</th>
<th>Case 3 Seniors volunteering</th>
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</thead>
<tbody>
<tr>
<td>Days on site</td>
<td>13.5 days</td>
<td>14 days</td>
<td>12 days</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>14 people</td>
<td>14 people</td>
<td>14 people</td>
</tr>
<tr>
<td>Number of Interviews</td>
<td>24 interviews in total</td>
<td>17 interviews in total</td>
<td>28 interviews in total</td>
</tr>
<tr>
<td>Observations</td>
<td>29 hours of documented observations</td>
<td>33 hours of documented observations</td>
<td>33 hours documented observations</td>
</tr>
<tr>
<td>Documents Reviewed</td>
<td>39</td>
<td>34</td>
<td>37</td>
</tr>
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</table>

**Data Management**

During data management, I was faced with the eighth methodological question: *8. How do I best store and organize my data in preparation for data analysis?* Considering the volume of data gathered (estimated at approximately 2000 pages of transcripts from interviews and field notes), I decided to use software to assist with data management (St John & Johnson, 2000). Because of my previous experience with NVivo software (QSR International Pty Ltd, 2006), and the time required to familiarize oneself with new software (St John & Johnson, 2000), this software was used for data management. All interviews were audio-taped, transcribed verbatim by a transcriptionist, reviewed for accuracy and entered into NVivo 7, as were field notes from observations, and on-site memos. To assist in data organization, documents from each case were stored together, which facilitated individual case analysis. Prior to data collection, I consulted
with qualitative software experts at the university and through on-line technical support to discuss options for structuring the set up of NVivo to ensure that various software functions could be used in later stages of analysis. The software was used during initial coding and to develop coding categories for each case. In this way the software allowed for the systematic deconstruction of the data into meaningful units that could be searched and examined. The software, and potentially my own limitations as a novice analyst, did not however provide the flexibility and visual organization that I required to reconstruct the data into more abstract concepts. Literature indicates that qualitative analysis software can emphasize coding, retrieval and the deconstruction of data, with the risk of losing contextualized meaning (St John & Johnson, 2000). To avoid this, during the cross case analysis and framework development, I moved away from the software to free hand drawings and diagrams on paper, sticky notes and white boards which allowed me to visually explore potential connections between emerging ideas within their contexts.

Data Analysis

The ninth methodological question deepened the integration of the research traditions discussed during research design:

9. How do I balance the intricacies and detailed richness of the individual cases with the aim of generating an abstract theoretical framework? To address this issue, data analysis occurred in two stages: Stage 1 involved the independent, in-depth analysis of each case; and, Stage 2 involved a cross-case analysis of the three cases. Preliminary data analysis occurred simultaneously during data collection, in which preliminary case summaries and reflections on the research questions were developed and discussed. As is consistent with qualitative case study methodology (Stake, 1995, 2000, 2006), issues were identified that guided the individual case examination. During data collection, preliminary data analysis built upon these issues, which then informed further data collection.

Stage 1: Individual Case Descriptions

In this collective case study, each case was analyzed and written up separately, providing a contextual description and interpretation. The following five strategies of constructivist grounded theory analysis (Charmaz, 2006) informed the analysis of data gathered from each case:

1. Line-by-line open coding. For each case, key interviews, which focused on the main CD initiative and the OT’s role in it were reviewed using line-by-line coding. One interview from the OT, her main community colleague, her manager, and a participant were reviewed to ensure I was exposed to multiple perspectives early on in the coding process. At this initial stage of coding, Charmaz (2006) suggests looking for tacit assumptions, explicating actions and meanings, comparing data with data, and identifying gaps in the data. It was at this stage that Terry reviewed two interviews from two cases in order to discuss potential emerging concepts and processes that informed the subsequent analysis stage. As is consistent with a constructivist approach, this informal analyst triangulation fostered further reflexivity and deeper questioning of the data as this "new
set of eyes” asked for further clarification and shared impressions of the data (Stake, 2000; Richardson, 2000).

2. Focused coding. In this phase, the most significant and/or frequent earlier codes were used to sift through remaining data. Some focused codes were topical in nature, helping to organize the various activities engaged in by the OT, and others were conceptual, such as the identification of potential processes or tensions emerging. Each case had approximately 20 main codes used to deconstruct data into smaller units.

3. Memo-writing. Memos were written during data collection and data analysis stages. During data collection, onsite memos were written following interviews to summarize key ideas and potential questions for follow-up, as well as emerging issues that required further exploration.

The consideration of Charmaz’s (2006) early and advanced memo questions (see pp. 80-81 for a list of memo questions) with each emerging category prompted the reconstruction of data in new ways, making connections between categories and sub-categories. A comparison of concepts within and between key categories explored potential relationships between context, actions and consequences within cases. For example, in each case, the OTs identified main CD projects along with other responsibilities that they identified as not CD-related. Guided by Charmaz’s memo writing questions, the features of these projects were examined and compared to better understand in what contexts each category of project occurred, what actions were undertaken in each and by whom, and what the outcomes or consequences were of these different projects. Such questioning allowed for the development of new insights about the data that could be explored through additional questioning which probed deeper and assisted me in becoming more theoretical in my thinking.

4. Diagramming and memo sorting. Following the examination of each category’s text through memoing, concepts that linked together were identified in and illustrated by basic diagrams. Contextual factors, strategies or actions, and resulting outcomes that influenced the processes were identified and diagramming within and across categories assisted in distilling main processes and events. The memos and summary diagrams were examined and compared to each other, allowing further grouping of similar processes through a process of sorting that aided the analysis process.

5. Development of core categories. In anticipation of cross-case analysis, main processes pertained very loosely to common elements across cases, including how the OT worked with consumers, community partners, and other health professionals. These broad common elements provided a general structure for examining how the cases were similar and where they varied. Although each case was analyzed separately, concepts from previous cases inevitably influenced subsequent data analysis by raising additional questions. Analysis continued during the writing and revisions of the three case descriptions. During this writing process, I critically examined and clarified concepts in response to my ongoing analytic questioning and that of my supervisors and colleagues.
Stage 2: Cross-Case Analysis

In stage 2, each case’s main categories were compared to explore how different contexts and processes varied across the cases. The key issues that were identified for each case (as described previously under Theoretical Framework of the Cases) were re-examined to distill common issues that may be addressed differently across the three cases. As I proceeded to the stage of cross-case analysis, I examined case-specific issues to identify those that affected all cases. In total, five cross-case issues were created through a process of comparing and merging salient case-specific issues.

Five cross-case issues found to be relevant to all cases were developed, helping to structure individual case descriptions that facilitated cross-case comparison. Charmaz’s (2006) stages of final analysis—diagramming and memo-sorting and identification of core categories—were re-visited to examine and question data combined from the three cases. Memos from key categories and individual case diagrams were examined across cases to determine shared and variant processes. Commonalities and unique features across the cases were identified and raw data were re-examined to describe shared strategies and processes, as well as to propose potential contextual features that explain the variations across the cases. Further refinement of concepts and relationships occurred during the writing process and the development of the conceptual diagram. These cross-case processes developed an integrated theoretical framework applicable to all cases that was then examined in light of extant theory.

Trustworthiness of Data

The tenth methodological question required me to critically reflect on the quality of my research: 10. To what extent can I and others trust the conclusions I have come to in this research process? Trustworthiness, or a study’s soundness, is based on: the extent to which the findings accurately describe/capture the phenomenon studied (i.e., credibility), the ability of the study to account for variability over time (i.e., dependability), the extent to which the process of collecting data and coming to conclusions is clear and can be followed by another (i.e., confirmability), and the likelihood that the findings have meaning in other similar situations (i.e., transferability) (Krefting, 1991; Streubert & Carpenter, 1999). Specific strategies to enhance this study’s trustworthiness include:

1. **Prolonged engagement in the field** – I was onsite for data collection for each case for 12-14 days over 3 weeks, during which time extensive data were collected from multiple sources.
2. **Multiple sources and methods** – A variety of data collection methods was used at each site (interviews, observations, and document review) obtained from a range of sources (the OT, staff and participants). By giving voice to multiple perspectives within the study the credibility, dependability, and confirmability of the study was further strengthened.
3. **Analyst Triangulation** – Excerpts of two transcripts from two cases were reviewed by Terry in order to deepen my first level coding. This afforded me with the opportunity to discuss emerging issues with Terry, an experienced
qualitative researcher, who encouraged sophisticated abstraction by raising additional questions for consideration. Further analyst triangulation occurred through ongoing discussions with members of my dissertation advisory committee. Such interactions with the advisory committee were considered a valuable component of supporting qualitative doctoral research in which the student is working independently rather than in a team. At early stages of the research project, I discussed data collection processes with the committee prior to entering the field and then shared preliminary analysis summaries with the committee following data collection at each case. During these meetings, committee members posed questions about preliminary interpretations which served to encourage me to consider alternative explanations and to deepen my analysis. At later stages of analysis, committee members and other colleagues responded to and critically questioned earlier renditions of the conceptual framework. Such discussions encouraged me to clearly articulate definitions and relationships, thus further refining the framework.

4. Member checking – The preliminary case descriptions were forwarded to the OT from each case for review and comment. Although all three were interested in reviewing their case description, only two were able to provide comments within the allotted time. Within a constructivist paradigm, rather than aiming to determine if the research’s interpretation was ‘correct’ - which would be difficult because the interpretation integrates multiple perspectives - member checking provides an opportunity to further explore the tensions and complexities of the proposed interpretation (Charmaz, 2006).

5. Case study protocol – The use of a case study protocol, a data storage system and ongoing methods and analytical memos enabled the development of an audit trail, which contributed to the confirmability of the research.

6. Inclusion of thick description – In the individual case descriptions (see Lauckner, 2010), a detailed description of the setting and interactions aimed to provide readers with adequate information for them to feel that they have vicariously “experienced” the case, allowing for naturalistic generalizations (Stake, 1995). Such thick description contributed to the transferability of the study.

7. Reflexivity of the Researcher – As described previously, I maintained a field journal during data collection and memoed reactions and emerging interpretations throughout data analysis. Peer examination by the advisory committee and colleagues further promoted the level of my own reflexivity and thus the credibility of the study.

In order to assist me and others in evaluating the contribution of this study, I developed strategies for evaluating this study. Different research traditions present various criteria against which a study can be evaluated. In addition to the general trustworthiness criteria discussed above, more specific criteria have been developed for research within the different paradigms and for specific methodologies. For example, Stake (1995) proposed a critique checklist for reviewing a case study that poses questions pertaining to the case study’s conceptual structure, definition of the case, provision of vicarious experiences,
inclusion of context, and transparency of the researcher’s role, to name a few. Similarly, Charmaz (2006) has developed a list of questions for the evaluation of constructivist grounded theory around issues related to credibility, originality, resonance and usefulness. Readers of the present study require an understanding of an amalgamation of these two sets of criteria to evaluate this study. One strategy to guide the evaluation of this research is to use the framework developed by Fossey, Harvey, McDermott, and Davidson (2002), which differentiates between methodological rigour and interpretive rigour. Methodological rigour refers to good practice in the conduct of the research (Fossey et al., 2002); in this situation, methodological rigour pertains to how the case study was designed and the congruency between the various methodological decisions made, including the choice of analysis methods. Interpretive rigour refers specifically to the trustworthiness of the interpretation made (Fossey et al., 2002) and thus pertains more directly to how I was informed by Charmaz’s constructivist grounded theory approaches during data analysis. With these two distinctions in mind, we propose below a few evaluative questions relating first to the methodological rigour of this study, drawing mainly from case study literature and, second, to interpretive rigour, which draws from Charmaz’s criteria.

In order to evaluate the methodological rigour of this research, it is important that key features of case study design have been carefully considered and addressed in accordance with the chosen research paradigm (Fossey et al., 2002). Possible questions for the reader to pose to him or herself to evaluate this study’s methodological rigour include:

- Has the case been adequately defined?
- Has the case study been developed based on a conceptual structure such as around key issues?
- Have contextual factors been adequately described and considered?
- Have quotations and descriptions been adequately used to provide some various experience for the reader?
- Was an adequate number of and variety of data sources used?
- Was the role of the researcher and his/her perspective clearly outlined?

(adapted from Stake, 1995)

In addition to these criteria, to assess the methodological rigour of this study, it is also important to critique the congruence of the research design, the responsiveness to contextual factors, and transparency in data collection and analysis choices (Fossey et al., 2002). Possible questions to ascertain these criteria include:

- Are the chosen design and data collection and analysis methods congruent with the philosophical or paradigmatic stance of the research?
- Was the research design flexible in adapting to real-life situations within the social settings it was conducted?
- Was the researcher detailed and transparent in describing the data collection and analysis process?

(adapted from Fossey et al., 2002, p. 724).
Regarding interpretive rigour, Charmaz (2006) has outlined a set of twenty-one questions that the reader can refer to (pp. 182-183). As key results of this study are only summarized in this paper, readers are encouraged to refer to Lauckner, Krupa and Paterson (2011) and Lauckner (2005) for more detailed renditions of the research findings. Key questions we feel are relevant to evaluating this research, particularly keeping in mind that this was not a grounded theory study, but rather drew on this body of literature to inform analysis, include:

- Are sufficient data presented to support the researcher’s claims?
- Do presented categories cover a wide range of empirical observations?
- Do the researcher’s proposed categories offer new insights and a new conceptual rendering of the data?
- Has the researcher addressed taken-for-granted meanings?
- Have links been made between the larger institution or context and individual lives?
- Does the proposed theoretical framework make sense to participants or those in a similar situation, offering deeper insights about the phenomenon?
- Is the researcher’s interpretation relevant to people’s everyday lives?
  (Adapted from Charmaz, 2006).
- Were genuine efforts made to ensure reciprocity and co-construction of meaning during interviews by making the participant comfortable through a flexible, unstructured interview approach?
- Was the researcher actively reflective about his or her contribution to the research as evident by strategies such as acknowledging experiences brought to the research process and using memo writing to document this ongoing questioning of data and self?
  (Mills et al., 2006)

We invite the reader to build upon these questions to create a guide for evaluating this research project. Through the strategies outlined at the beginning of this section, we have attempted to meet standards for both methodological and interpretive rigour. A brief overview of this study’s findings is provided below.

**Overview of Key Research Findings**

A detailed description of the study’s findings has been described elsewhere (Lauckner, Krupa & Paterson, 2011), so only a brief overview is provided here. Drawing mainly from the cross-case analysis, CD from an occupational therapy perspective was constructed as context-dependent, with existing service gaps, historical tensions, and emerging community initiatives influencing how the initiatives unfolded. Within this study, CD initiatives occurred at the intersection of three main sectors: health services, community agencies, and consumers. The main underlying process of CD from an occupational therapy perspective was the strategic use of self, through which the occupational therapists moved between sectors, shared her power with consumers and developed opportunities for service users to be meaningfully involved with community activities. Meaningful involvement was characterized as reframing people’s experiences
with disability or illness as a resource for contributing to the well-being of others. Through tools and opportunities to share their strategies and experiences with others, the people participating in the CD initiatives came to recognize, and be recognized by others, that they had valuable experiential expertise to share. Such sharing promoted a sense of contributing to and connecting to others, features of involvement that have, to date, not been well captured in extant occupational therapy theory. Three interrelated subprocesses the occupational therapists employ during the strategic use of self were: anchoring, centering and relinquishing. Anchoring refers to the deliberate linking of CD activities to recognized areas of occupational therapy expertise. Anchoring serves to establish the legitimacy of the CD activities. Centering refers to the ethical recommitment to core values pertaining to the importance of meaningful engagement, equitable partnerships, and experiential learning. Relinquishing occurs as the occupational therapists release control of projects to service users and share tasks with other colleagues. The four CD strategies identified in this research were: 1) building consumer and community capacity, 2) nurturing community partnerships, 3) influencing the health care system, and 4) linking sectors and resources. A pictorial representation of these concepts was constructed (Lauckner et al., 2011).

The findings of this research contribute to our understanding of how OTs can partner with consumers, community agencies and other health providers to enable meaningful engagement at the individual and community level. This study illustrates how OTs can be leaders within health authorities to initiate and facilitate CD with people with disabilities and/or chronic conditions. CD from an occupational therapy perspective involves the recognition of historical power differences, the use of self that is based on a recommitment to core values around meaning, equity and justice, and the assumption of new ways of being with consumers and community services. Through this work, power is shifted to consumers who become valuable resources within health and community services, benefiting their own and others’ health and well-being. Through individual meaningful engagement arises the opportunity to share with others, contributing to the development of communities. OTs in this study illustrated how the complex process of CD from an occupational therapy perspective occurs in daily practice to affect such changes. The study findings suggest ways that extant occupational therapy theory requires refinement in order to adequately capture processes of change as they occur within communities through CD.

Discussion

Methodologically, this paper describes a research approach that combined case study design (Stake, 2006) and constructivist grounded theory approaches to data analysis (Charmaz, 2006). Of particular note is our effort to ensure methodological congruence throughout this study that combined research traditions. Although a series of questions were presented here chronologically, I found it helpful to revisit earlier methodological decisions to remind myself of my chosen direction and priorities. For me, of utmost importance was reminding myself of my chosen paradigm which gave me permission to be present in the research. In the health care arena where positivist tendencies are strong, I valued being reminded that I was seeking out multiple perspectives and that rich, contextualized interpretations, although at times overwhelming, was preferred to
oversimplification of complex phenomenon. Revisiting my chosen paradigm informed subsequent decisions, thus strengthening this research’s methodology. One aim of this paper is to encourage other novice qualitative researchers to frequently revisit and reaffirm their chosen paradigm as a way to counteract the dominant positivist thrust within health research. The questions proposed here provide a framework for such paradigmatic reaffirmation that will encourage methodological congruence, thus further strengthening the quality and trustworthiness of qualitative research.

In answer to a series of methodological questions, we have described the study’s design as a qualitative case study design situated within a constructivist paradigm that uses constructivist data analysis approaches. We reviewed the case study protocol that outlined the questions and sources for data collection, and showed that emerging contentious issues arising during data collection deepened my analysis. Processes around case recruitment and data generation methods were reviewed, including an overview of the amount of data gathered from several resources. We then described how constructivist grounded theory informed my data analysis process through the use of the constant comparison method, along with memo writing, diagramming, and memo sorting to deepen the analysis process while maintaining the data’s contextual situation and participants’ voices. We presented the general strategies used in this study to strengthen its trustworthiness and proposed specific criteria for evaluating it. Through discussion of the “behind the scenes” methodological decisions faced during this research project, we hope that others will similarly document and share their methodological cross roads, thus making explicit the complex choices made throughout the research process. Too often the research process is presented as a linear one. Qualitative research requires a much more iterative process of revisiting previous decisions based on new perspectives gathered. This is one of the strengths of qualitative research, thus sharing approaches to addressing this complexity is important, particularly for novice researchers. Such explicit decision making is also essential when exploring a phenomenon of interest, such as community development, that is vaguely defined resulting in the tendency to try to understand the phenomenon through established perspectives. This paper describes how as a researcher exploring a vaguely-defined phenomenon, I was challenged in unexpected ways as I tried to remain open to new perspectives. It was through the explicit delineation of the methodological decisions that these challenges were addressed and ultimately knowledge about community development from an occupational therapy perspective was advanced. It is our hope that the methodological questions identified during this doctoral research process and descriptions of how they have been addressed in this study will provide both theoretical and practical guidance to others embarking on similar research journeys.

References


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**Author Note**

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