Hermeneutic inquiry: insights into the process of interviewing

Abstract

Interviewing is a popular research method, closely associated with hermeneutic inquiry as a means of obtaining lived experience material from the viewpoint of the experiencing person. This article provides personal and theoretical insights into the use of the research interview to explore the meaning of witnessed resuscitation from the perspectives of emergency department registered nurses and ambulance staff who have experienced this situation. The discussion focuses on the decisions and actions taken by the researcher to enhance the nature and quality of interviews and offers a step-by-step guide to the practicalities of interviewing. The interview process is theorised and discussed in the tradition of hermeneutic enquiry.

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Introduction

Hermeneutic phenomenology is concerned with identifying, describing and interpreting everyday lived experiences (in context), with the goal of discovering meaning and achieving a sense of understanding (Benner 1985). This commitment to meaning and understanding can be linked to Heidegger's philosophy of interpretive phenomenology, which embraces the ontological-existential approach to the study of human lived experience. For Heidegger,

phenomenology is concerned with the nature of existence (ontology) – the study of 'being' or ways of 'being-in-the-world' (van Manen 1997). My way of 'being-in-the-world' in this study was as a nurse experienced in the care of critically ill patients and familiarity with making decisions regarding relatives' presence when performing intensive care interventions. I was also trained to perform cardiopulmonary resuscitation (CPR) in the presence of others and I am responsible as a lecturer for the evidence-based teaching of intermediate and advanced life-support interventions. I have also experienced the sudden death of two family members who received CPR in the presence of relatives. These personal manifestations attest to Draucker's (1999) critique of Heideggerian philosophy that 'we are always already in the world'.

I therefore considered it unrealistic to suspend personal experience, knowledge and judgement on the research topic. This lived experience of lay presence during a resuscitation attempt (or witnessed resuscitation) fuelled my interest and inspired the focus of this research.

Before embarking on the research interviews, I used the first person to reveal how prior knowledge and experience had shaped my understanding of the concept of witnessed resuscitation and influenced my point of view. Furthermore, I proposed that this framework would be used to support the interpretation and discussion of the study findings, thus demonstrating a commitment to the Heideggerian concept of co-constitution, which refers to the blending or fusion of the meanings articulated by the participants and the researcher during the interpretive process (Koch 1995, Koch 1996, Lopez and Willis 2004).

Step 1: determining the type and style of interview

There appears to be consensus in the literature that research interviews can be located along a continuum, with structured and unstructured interview types representing opposite ends of the spectrum (Fielding 1994, Polgar and Thomas 1995, Nieswiadomy 1998, Holloway and Wheeler 2002, Robson 2002, Parahoo 2006, Tod 2006). These extremes are linked to the depth of response sought and the degree to which the researcher has control over the content and process of the interview. Van Manen (1997) argued strongly that deciding on the most appropriate type of interview should be determined by 'the fundamental question that prompted the need for the interview in the first place'.

The purpose of interviewing was to explore the meaning of the concept of witnessed resuscitation from the perspectives of emergency department registered nurses and ambulance staff who had experienced this situation. A semi-structured interview technique was selected to uncover the essential themes of the person's lived experience. This type of interview appeared to offer a balance between flexibility and control while giving reassurance that the aims of the study could be achieved. Morse and Field (1996) argued that the semi-structured interview technique is useful because it ensures that the researcher obtains the information required, while giving participants the freedom to explain a situation in their own words. Questions are organised under a list of topic headings (Robson 2002) on which the interviewer aims to keep the conversation focused (Hansen 2006). This is in keeping with van Manen's (1997) view that the role of the researcher in the hermeneutic interview is to keep the interviewee focused on the topic being investigated.

Step 2: making initial contact

Each participant was contacted by telephone to arrange a mutually convenient date and time for the interview to take place. Conversation during this first contact was approached in a way that sought to establish a relationship of equality, trust and involvement by adopting a natural style of conversation. For example, I purposefully used phrases such as 'when will it be convenient to meet with you?' as opposed to 'when will it be convenient to conduct the interview?' Smythe *et al* (2008) argued that to approach an interview with a mindset of 'conducting' is to freeze the phenomenological spirit. The fact that all participants subsequently went on to share their experiences may be testimony to the relationship-building approach that I adopted during this initial contact.

Step 3: considering the context of the interview

To maintain privacy and to prevent interruption or the presence of others, interviewees were asked to consider a venue for the interview outside their usual place of work. Just over half of the participants agreed to be interviewed at the researcher's place of work (ambulance staff $n=7$, nursing staff $n=3$) and six participants chose their workplaces. Of the remaining three interviews, one was held at the participant's university of study and two at the participants'

homes. Nieswiadomy (1998) argued that regardless of the setting, the researcher should attempt to seek as much privacy as possible for the interview. However, participant control over the choice of venue meant that privacy could not be guaranteed and interruptions could not always be avoided. Interruptions were most noticeable in the work environment, with persons attempting to make contact with the interviewee via telecommunications and, on one occasion, someone came into the interview room. I found myself passively accepting the situation despite the disruptive effect that this was having on the interview encounter.

On reflection, I believe that a degree of compromise may be necessary if we are to respect the wishes of the interviewee. However, in the same way as I would encourage lay persons to make emergency care staff aware of their desire to be present during a resuscitation attempt, I too should have been more assertive in my approach. Nevertheless, it is important to acknowledge the context in which the interviews take place when presenting the research findings. This includes examining the effects that different contexts had on the interview process and on the quality of the material produced. For example, interviews in the workplace seemed to bring the discussion 'alive' and I was readily able to contextualise the participants' descriptions during the process of transcription. Interviews that took place in the home had some of the most emotive descriptions. This could be because it was what I perceived to be the most natural of natural environments.

Step 4: eliciting the lived experience

Each participant was interviewed once. The interview was one-to-one, which is the most common form of data collection, according to Holloway and Wheeler (2002). Use of an interview schedule provided structure to the interview and was developed to include a mixture of closed and open-ended questions. Each interview started with a 'grand tour' question (Spradley 1979), a broad descriptive question intended to place the interview in the context of the participant's lived experience of witnessed resuscitation in the environment of either primary (out-of-hospital) or secondary (in-hospital) care. This involved asking participants to describe situations where lay people were present during attempts to perform CPR on adults. McCance and Mcilfatrick (2008) supported this approach, claiming that the research interview in phenomenology usually begins by asking the

participant to recount a particular experience. This was followed by the use of focused questions to elicit specific detail, open-ended questions to enrich the description and closed questions requiring a yes or no answer. For example:

- Focused question: what was the relationship of the lay person to the individual undergoing resuscitation?
- Open-ended question: what interventions did the lay person witness?
- Closed question: did the lay person participate in the resuscitation event?

Probing questions were used in an attempt to gain a more in-depth response and to help participants elaborate on the issue being discussed. For example, if lay people had participated in the resuscitation event, participants were asked, 'In what way?', 'What was that experience like for you?' and 'How did you feel about their involvement?'. Fielding and Thomas (2001) regarded probing as a key interviewing skill that needs to be handled sensitively and carefully as it can make participants feel uncomfortable and may lead to bias. The rule of thumb, they suggested, is to probe whenever the participant's statement is considered ambiguous. I found it helpful to pre-specify some probing questions on the interview schedule. These served as reminders to explore certain aspects of the interviewee's response to particular questions.

Additional interview tactics included the use of prompts – a way of subtly encouraging participants to reveal their knowledge or thoughts on a specific point (Denscombe 2007). I achieved this by repeating or rephrasing questions, repeating the last few words spoken by the interviewee or by offering examples. I also used the face-to-face interview as an opportunity to confirm whether or not my interpretation of what had been said was correct. Denscombe (2007) argued that good interviewers are adept at using checks and that this can be achieved by presenting a summary of what they think participants have said.

Evaluation of the first interview indicated the participant had given quite short answers and there had been some missed opportunities to follow up relevant points. On reflection, it appeared that I had applied the interview schedule too strictly, which resulted in a lack of balance between direction and flexibility. As the interviews progressed, the sequence of pre-determined questions was altered in response to the direction and flow of individual responses, and I began to probe more deeply. A verifiable outcome was the improved depth of responses to questions and an increase in the overall length of the research interviews –

the first interview was the shortest of all those held in terms of time. Hansen (2006) suggested that a good semi-structured interview runs for between 60 and 90 minutes. The length of interviews with emergency department ambulance staff lasted between 40 and 97 minutes (average 60 minutes) and between 51 and 93 minutes (average 61 minutes) for nursing staff.

Step 5: capturing the lived experience

An audio recorder was used with the participant's permission for the purpose of capturing the exact words of the interview as accurately as possible (Holloway and Wheeler 2002). This involved the use of a small portable digital recorder with a built-in microphone and 312 minutes of recording time. This latter feature meant that participants were free to talk without the interruption of cassette tapes being changed. This equipment also had a display of the recording time and a red light that indicated recording was in progress. These features allowed me to pay attention to what the participants were saying, rather than focusing on the time or the reliability of the equipment. Similarly, I chose not to take notes during the interview as I believed that this could be distracting for the participant and affect my level of concentration. I did, however, make notes after each interview to contextualise elements of the interview during data analysis and interpretation.

Step 6: determining the boundaries of researcher involvement in the interview

When using interpretive phenomenology, it is accepted that researchers will bring their preconceptions to the interview (McCance and Mcilfatrick 2008). This allowed me to adopt an interview style that reflected an exchange of views based on the presupposed knowledge and experience of witnessed resuscitation that I possessed. Although there are potential drawbacks to self-disclosure, such as influencing the opinions and thoughts of the interviewee (Jackson *et al* 2008), Davies and Dodd (2002) argued that researcher-involvement is a matter of ethical consideration, especially when participants are requesting advice or information. Jackson *et al* (2008) also suggested that failing to respond to the questions posed by participants can negatively affect the interview's flow.

Most participants actively sought my views and opinions on the subject matter at some stage during the interview. At times, this involved seeking acceptance or agreement with the point they were making by posing a question such as 'Isn't it?' or they would make a statement such as 'You know what I mean' that suggested that they assumed a level of knowledge on my part. It was also quite interesting to observe how my involvement in the interview appeared to stimulate reflection on their practice. For example, one participant asked how I would feel to be a bystander – a person present during CPR – and whether I would take an active or passive role. I went on to share a lived experience towards the close of the interview in which I referred to giving the bystander a choice. At the end of my response, the participant said: 'That's quite interesting… saying about giving the bystander a choice… I've never thought to actually ask anybody.' This confirms Britten's (1995) assertion that providing timely responses to the questions posed by interviewees will enhance the interview encounter.

Careful consideration was also given to professional role differences (for example, nurse/paramedic, academic/clinician, lecturer/student) in an effort to reduce the imbalance of power that is said to be characteristic of the interview (Grbich 1999, Fontana and Frey 2000). I attempted to foster an atmosphere of equality by making known the extent to which I valued the individual's contribution to the study. This involved listening attentively to participant responses to convey respect and interest in their lived experiences. Despite the measures taken, the interviewer effect was apparent in that some participants questioned whether they had given a right or wrong answer. I attempted to counter this by gently reminding participants that I fully respected their point of view. Sharing my own perspectives on this topic was also helpful in overcoming an apparent assumption that I endorsed this practice without reservation.

Step 7: concluding the interview

Jackson *et al* (2008) draw attention to the importance of terminating the interview appropriately. I concluded each interview by thanking participants for giving their time and for sharing their experiences. I attempted to avoid an abrupt end to the interview by asking participants if they had any further issues that they would like to share on the topic or questions that they would like to ask about the research or the subject matter. I also asked what had moti-

vated individuals to participate in the interview and whether they had found the experience beneficial. Determining the benefits of participation helped to establish participant satisfaction about their involvement in the interview process and the majority engaged in a reflective dialogue that indicated a positive experience.

This study fell into the category of sensitive research – that is, it had the potential to arouse powerful emotional responses (Cowles 1988) because of the life-threatening, emergency situation of CPR that can result in patient death. I looked for any signs of distress during and after interviews and provided written information about the sources of help available to participants should they feel the need for follow-up support. A system of debriefing with a colleague qualified in mental health nursing was also built into the research process to give me support. In practice, I found that my needs were met by allowing time for reflection between each interview. In addition, the very nature of the experience that inspired the focus of this research equipped me with the skills to interview in situations that were emotionally charged and demanded sensitivity. Conversation related to the topic of investigation continued on every occasion once I switched off the audio-recorder. This was usually initiated by the interviewees and included probing questions related to the research topic. Despite the fruitful content that emerged from this two-way flow of information, I chose to respect the recorded conversation as the definitive conclusion to the interview, this being in accordance with the ethical agreement of participation.

Conclusion

This article has provided personal and theoretical insights into the use of the research interview as a method of gaining access to the lived experience of witnessed resuscitation. Use of the semi-structured interview technique during my study offered combined elements of structure and flexibility, and was capable of producing in-depth participant responses in accordance with the study's aims The procedure of interviewing in hermeneutic inquiry is a unique, interactive and reflexive activity that demands careful planning, preparation and ongoing evaluation to ensure a successful interview encounter and to enhance the quality of the lived-experience material obtained.

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