

Who, Where, and How of Interviewing Peers: Implications for a Phenomenological Study

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Abstract

Research within a phenomenological framework is aimed at understanding the lived experience of participants to capture the essences of their combined stories to provide new insights and truths surrounding a particular phenomenon. Essential to this process is the acquiring of data representative of the experience being researched. The art of unstructured interviews is to acknowledge and value participants' stories as each participant traverses deeply personal experiences with the interviewer. This article examines the impact of factors that influence the successful interviewing of peers and explores how ignoring the foundational elements of "who, where, and how" may result in lean or even skewed data. Aimed at accessing the essence of a phenomenon through conversational interviews, the authors offer an adaptable framework that considers the additional elements of "space, language, role, and trust" which is aligned with the intent of phenomenological studies.

Keywords

conversational interviews, unstructured interviews, nurse, family, care-giving, hermeneutic phenomenology, Heidegger, Merleau-Ponty

Introduction

Data collection in hermeneutic phenomenology is a reflective process which aims to access the insights of participants as they make sense of their lived experiences and situatedness (van Manen, 1990). Interviews consistent with achieving this aim have been variously described as in-depth interviews (Creswell, 2012), unstructured interviews (Corbin & Morse, 2003), active interviews (Holstein & Gubrium, 1995), or conversational interviews (McConnell-Henry, James, Chapman, & Francis, 2010).

Effective interviewing is thought to be a data collection method to broaden and deepen our professional knowledge by mining the experiences of individuals to construct composite understanding. However, interviewing peers is fraught with complexity. Nurse to nurse interviews can involve the spectrum of collegial relationships from close friend to unknown fellow professionals (McDermid, Peters, Jackson, & Daly, 2014). Within the wide range of relationships, a tangle of emotions, exclusions, and assumptions may exist for the participant group, and divulging these to a fellow nurse could be confronting and challenging. Perception and skill on the part of the researcher are essential to ensure that interview conversations are conducted sensitively and the outcomes from conversational interviews are maximized. This article explores the complexity of this dynamic in the context of a study of nurse family carers (NFCs) who were caring for

a relative with a chronic illness, and who were interviewed by a fellow nurse. A framework of strategies to embed interviewing technique within the methodological structure is suggested, and discussion around the pitfalls to be avoided when interviewing peers is provided.

Background

The dual role of the nurse who is a family carer may offer a privileged vantage point to effectively appraise care provision (Rochford, 2004; Salmond, 2011), and accessing insights from this group of nurses may well provide information to modify and improve health care practice. The article will reflect on the use of one-to-one peer interviews between a nurse researcher and an NFC who has a family member with a chronic illness to harvest rich thick descriptions of this life experience (Creswell, 2012; Ryle, 1968).

A review of recent literature indicates there is minimal information that relates to the lived experience of nurses who

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care for family members during illness. Within the limited pool of research, discussion dominates around the experiences of nurse family members (NFM) caring for elderly relatives or relatives who have a critical or terminal illness (McClunie-Trust, 2010; Rochford, 2004; Salmond, 2011; Ward-Griffin, 2004). However, there has been a dearth of investigation of situations where a nurse has held prolonged responsibility and management for the health needs of a chronically ill family member. Previous studies used the term nurse family member (NFM) as opposed to NFC, which is the focus of this study. It is important to note that the authors perceive a fundamental difference that separates the NFM from the NFC. The NFM may fulfill a vital role for the period of an acute illness or indeed a palliative illness but have no previous or continuing responsibility to care for a family member outside those circumstances. In contrast, the NFC has a very different commitment and has a continuing role during times of remission, relapse, and recovery. The study uses the term NFC as being more representative of the ongoing primary carer role assumed when a close relative has a chronic illness.

Professional mores of conduct are deeply engrained within nurses and indeed the nursing culture (Shaw & Timmons, 2010). Succinct and objective language and emotional constraint are hallmarks of the professional demeanor of nurses, and these characteristics have evolved to address the needs and expectations of the clinical environment. However, these attributes can present as obstacles for the interviewer to be able to access the participants' experiences of their family carer role. Interviewing peers brings added dimensions and complexities of pre-existing relationships and power balances. More effective peer interviewing may result from understanding the issues of personal interaction, space and environment, and process. These issues have been named the "Who, Where, and How" of interviewing and will be explored by using a Heideggerian hermeneutic approach.

The Who

Interviewing involves interaction between two parties the participant and the interviewer. In the context of this study both are nurses. Nurse to nurse interviewing has implications for both participant and researcher. The dynamics of this interaction requires careful consideration and management of selection, relationship, and implementation to protect participant and interviewer and preserve the integrity of the interview. A factor that differentiates phenomenology from other research methods is that it does not necessarily seek to critique findings within a gender-balanced group or a socially homogeneous group but recognizes that it is the explanation of participants' stories as they make sense of a life experience that is important (van Manen, 1990). Although it may be necessary to set some guidelines to focus the research, care should be taken not to narrow the selection criteria of participants as this may constrict or simplify the research

phenomenon (Cohen, Kahn, & Steeves, 2000). Participants who have shared the same life experience but have dissimilar circumstances may have different insights, and the diversity of these data can provide a broader platform to understand the phenomenon (Polkinghorne, 2005). There are three non-negotiable selection criteria when considering who will be invited to join the participant group: that the participant has actually lived the life event that is being researched (van Manen, 1990), that they agree to share those experiences, and that they are able to commit to the time demands of the research.

The focus of Heideggerian phenomenology is to explore our human way of Being-in-the-world and how we as humans reflect and make sense of Being-in-the-world; Heidegger refers to this as *Dasein* (Dreyfus, 1991; Heidegger, 1962). "The answer to the question of the 'who' of everyday *Dasein* is to be obtained by analysing that kind of Being in which *Dasein* maintains itself proximally and for the most part" (Heidegger, 1962, p. 153). Working from Heidegger's words, the crucial task for interviewing within a phenomenological study is to determine the world that is being researched and to interview the participant when they are in that world. Specifying the exact life event that is to be studied can take considerable time and thought, experienced researchers advise that the development of criteria for purposive sampling should be clearly identified (Faugier & Sargeant, 1996; Streeton, Cooke, & Campbell, 2004).

To facilitate effective recruitment in our study, the participant group was composed of registered nurses, in recognition of their knowledge base and professional role in planning, coordinating, and evaluating delivery of care. As an indicator of recency, participants needed to have fulfilled the NFC role in the previous 5 years. There was no expectation that participants resided with their family member, but the lead researcher confirmed that the role of carer was a constant and continuing responsibility. Finally, participants were required to have held their role for a minimum period of 12 months, and this was set in order to capture the depth and variation of experiences occurring and recurring in disease processes that have cyclical or progressive courses. These determinants were used to establish the participant group and identify the everyday *Dasein* that was to become the focus of the study.

Another key element of building a sound foundation for data collection is using an effective recruitment strategy (Sadler, Lee, Lim, & Fullerton, 2010; Streeton et al., 2004). Recruitment of participants in this study was achieved through the process of snowballing, a method that uses an informal referral process between colleagues and friends to connect interested parties to the research (Noy, 2008). One rationale for using this strategy was that NFCs often elect to have a low profile and can fulfill this role without disclosing it to co-workers (Rochford, 2004; Sadler et al., 2010). As a consequence, their role as a carer can be invisible to any but close colleagues, and in such circumstances, snowballing

may be the only effective strategy to reach potential participants who fulfill the dual role of being both a professional nurse and a family carer (Faugier & Sargeant, 1996; Noy, 2008; Sadler et al., 2010).

Nurse to nurse relationships can exist within a wide range of associations from one of friendship to supervisor–junior to unknown colleague (McConnell-Henry et al., 2010). Upon hearing about the project, some colleagues, who were friends, offered to participate in the project. There was an awareness that the ethical recruitment process needed to address any perception of pressure or coercion (McDermid et al., 2014). Care was taken not to place any pressure or expectation on colleagues to participate, and it was stressed that involvement was voluntary, and an option to withdraw was made available. Pre-existing relationships can lessen the time taken to build rapport and enable the interview to move quickly toward a shared dialogue of experiences (McConnell-Henry et al., 2010). However, the levels of trust in an established friendship or work relationship may result in the participant revealing more than they had intended or providing information they may later regret (Kvale, 2006).

When interviewing participants from pre-existing relationships or from a group that the researcher belongs to, the interviewer has a status of being an insider (Corbin Dwyer & Buckle, 2009; McConnell-Henry et al., 2010). All of the interviews undertaken in this study had a level of commonality; some participants were colleagues and some participants were previously unknown to the research team, but like the interviewer, all participants shared the experience of being a nurse and of being an NFC. In the nuances, pauses, and idiomatic sayings of the participants' everyday speech, a considerable level of intent and meaning can be hidden (van Manen, 1990). Nursing has language that has particular acronyms and speech patterns that represent the everyday communication for the profession. Participants would easily slip into the language of their everyday. The professional Dasein of the participants and of the researcher was both nursing and of being a family carer, and in that shared world, there was a connection or as Heidegger expressed it a "Being-there-too."

This Being-there-too (Auch-dasein) with them does not have the ontological character of a Being-present-at-hand-along-"with" them within a world. This "with" is something of the character of "Dasein"; the "too" means a sameness of Being as circumspectively concerned Being-in-the-world. (Heidegger, 1962, p. 154)

The connectedness of Auch-dasein cultivated a level of trust that facilitated the interview process. Trust and rapport are necessary to build the relationship between participant and the interviewer to an immersion phase where there is a deep level of participation (Di Ciccio-Bloom & Crabtree, 2006). The shared language and experience of nursing is a combination that can promote understanding and create a link of trust between participant and interviewer.

The Where

The question of where to hold an interview with peers at first seems to have only practical considerations: somewhere quiet to allow the conversation to be taped, somewhere private to preserve confidentiality and promote trust, somewhere comfortable so the participant and interviewer can concentrate on the story, and a place that is not intimidating so that the participant feels secure (Bryman, 2008; Liamputtong, 2009). These are pragmatic considerations with considerable impacts on the ability of the participant to relax and develop trust with the interviewer and the interview process (Di Ciccio-Bloom & Crabtree, 2006).

Issues of location can be easily overcome but do not address the powerful forces of *felt-space* on the interactions and responses at interview. The dimensions of felt-space as described by Merleau-Ponty are not restricted to mere cubic meters or closed doors but have spiritual, personal, and social implications for those present (Sadala & Adorna, 2002). The physicality of our situation or "space" can affect behavior and responses at both conscious and subconscious levels (van Manen, 1990). The sacred tones of a church or temple may prompt or inhibit social behaviors that are in contrast to those initiated within the invigorating atmosphere of a sports arena. Moreover, the site chosen for the interview has the potential to shift the power dynamic within the interview. Different locations may shift dominance from the participant to the researcher and vice versa (Elwood & Martin, 2000). For example, an interview held in a hospital ward where the participant is an expert staff member but the interviewer is in unfamiliar surroundings will assert a different authority and direction to the exchange than a neutral setting where the power balance may be more equal. A startling illustration of this impact was made during the initial interviews. In the early stages of data collection, the lead researcher (L.Q.) agreed to requests from participants for interviews to be conducted at their place of work. At a purely practical level, the workplace provided a convenient and central location and so it was agreed to meet at an inner city hospital. The interviews were organized to be held in a non-clinical room, and considerations of privacy, quiet and the allowance of ample time were taken into account. However, the workplaces presented unforeseen obstacles: The participants were still in uniform and "at work," and within that professional mindset, it was difficult to gain information about their personal experiences. Responses to open questions were clipped, jargonized, and disconnected from the participants' experiences. Exploration of personal experiences was sparse, while detailed information on pathophysiology and treatment was freely given. The interviews reflected the efficient format of a clinical handover, but the focus of the research was not gathering clinical data. Rather, it was aimed at exploring the experiences of being both a family member and a nurse when caring for a chronically sick relative, and this information was either lacking or provided in a lean and meager outline.

As the interviews were coming to a close, the interviewer noted a sense of distraction and time-urgency as professional responsibilities resumed priority for the participant. The researcher found there was a need to intervene and direct the interview more frequently than usual to guide the conversation back to exploring the lived experience. This was in sharp contrast to interviews completed in people's homes, where participants appeared more relaxed and in control of the process of the interview. There was a difference in tone, language, and emphasis in the participant responses from interviews that were held in clinical workplace settings, compared with those held in neutral or home environments. There was a consistency in the differences between "at work" interviews and "home" or "neutral" interviews. van Manen (1990) recognized the influence of "lived space" and described it as a "category for inquiring into the ways we experience the affairs of our day to day existence" (p. 103).

One of the factors of a nurse's day-to-day existence is the impact of being "in uniform" on language, demeanor, and outlook (Shaw & Timmons, 2010). Outcomes from research studies indicate that uniform can influence the level of confidence and self-esteem of the professional nurse and can set both personal and public expectations of behavior (Shaw & Timmons, 2010; Spragley & Francis, 2006). The uniform provides delineation between professional roles and personal roles; donning a uniform has a powerful connection with assuming the role of a health professional, and conversely removing uniform allows the nurse to step away from that role and resume his or her personal responsibilities (Pearson, Baker, Walsh, & Fitzgerald, 2001).

Exploring the dynamics of the dual role of the NFC is an essential part of the research, and conducting interviews at participants' places of work, while they were in uniform, seemed to distance the participants from their experiences as NFCs. The work environment placed participants in a different role from the one being researched and may have imposed implicit and deeply engrained professional standards of communication and behavior. The uniform and the professional persona inextricably attached to the participants did not allow the researcher to tap into the life experience being examined. Of interest, Walker (2011) also found that place and space were controllable variables during interview and in her study on family-witnessed cardio-pulmonary resuscitation. Workplace interviews brought the responses into context, whereas the more emotionally charged interviews were held in the home. On reflection, interviewing the participants at their place of work and in uniform was counterproductive; it set conflicting expectations and impeded the collection of rich thick data. The research team has since avoided using interview venues that alter the dynamics of the participants' role and ensured that the venue was not work related, the participants were not in uniform, and they were not about to commence or had not recently finished work. Venues that shifted the position of power and authority such as the lead researcher's workplace were also avoided.

It is recommended that ensuring a neutral environment is integral to providing safe and ethical research (Kvale & Brinkmann, 2009). The role of the participant, the language they used, and levels of trust and rapport are all directly influenced by the space in which the interview is conducted.

The How

Conversational interviewing in a phenomenological study requires the researcher to undertake an examination of their own origins, bias, and understandings; to be supportive of participants; to be open to understanding their experiences; and to judiciously share experiences and reciprocate with participants through a dialogical interview process (Corbin & Morse, 2003; van Manen, 2014). Heidegger stressed the importance of understanding our origins or "historicality" and "situatedness" as being primary to developing understanding of others (Heidegger, 1962). The innumerable fragments of our personal background—birthplace, childhood, schooling, cultural background, profession—will form our particular understanding of the world. Within Heideggerian philosophy, reflexivity is performed to raise awareness of the researcher's life perspective rather than as a means to bracket these understandings aside (Dowling, 2007). Reflexivity involves the researcher turning their attention inwardly to acknowledge and explore personal assumptions, prejudices, and bias to stimulate understanding of how these may impact on the research (Clancy, 2013). In addition, reflexivity enhances awareness of ethical issues inherent in conducting research into deeply sensitive and personal matters, and as a direct consequence of this awareness, the researcher is able to protect the participants from unnecessary harm (Gullemin & Gilliam, 2004).

Providing support for participants prior to data collection through the distribution of information sheets and consent forms is accepted as a requirement prior to any data collection. Additional to these stock standards, a phenomenological study might include an explanation to participants of the type of information researchers are seeking from them. To capture the essence of the person's Dasein researchers need to acknowledge that they value the everydayness of the participants' lived experience, so participants were asked to describe the experience as they lived it. Researchers advised participants that they valued what others might not see as important, the emotions and perceptions that were important to the participant. Participants were encouraged to use anecdotes that portrayed the intensity of the lived experience and were asked to simply relate their experience of being an NFC in as much detail as they were comfortable with. It is in the minutiae of emotions, smells, and sounds that understanding of the intensity and complexity of the experience can be found (van Manen, 1990). The provision of background information and expectations of the research provided a shared purpose between the participant and the researcher. Providing support for participants was necessary to establish

a trust relationship and so enable the very purpose of the phenomenological study: that is to understand and explore the essence of a human experience and to develop a conversational partnership with the participant that will reveal the meaning of that experience (van Manen, 1990).

It was not uncommon that prior to the interview starting, the participant would initiate a social conversation about shared places of work, shared collegial relationships, and shared experiences. Most often, the conversation lapsed quickly into the everyday language of nursing, full of acronyms that would be unintelligible to a non-nurse and humor that might be confronting to a non-nurse. This often-short interaction held the beginning of the development of rapport and trust. The sharing of carefully selected stories from the experience of the interviewer can reduce the power differential, establish authenticity and build trust, enabling the interview relationship to move quickly from tentative introduction into a phase of immersion in rich data (Dickson-Swift, James, Kippen, & Liamputtong, 2006). Corbin Dwyer and Buckle (2009) framed this attitude as “You are one of us and it us versus them (those that do not understand)” (p. 58).

Conversational interviews generally begin with a “grand tour question.” The broad nature of the starting point provides the participant with the scope to reveal the details of their experiences according to their priority and personal significance (Spradley, 1979). The interviewer guides the progress of the interview through the judicious use of prompts and unscripted questioning to clarify and confirm understanding within a natural dialogue between two people (Roberston-Malt, 1999; Smythe, Ironside, Sims, Swenson, & Spence, 2008). Conversational interviews proceed with minimal intervention, so the interaction is significantly less directive than structured and semi-structured interviews (Corbin & Morse, 2003). The interviewer is intent on listening to whatever the participant says as opposed to directing and controlling the exchange and is not only open to but adopts a willingness to allow the participant to steer the conversation (Norlyk & Harder, 2010; van Manen, 1990). Consequently, there is a greater potential for discovery as the interviewees may reveal insights and experiences that the researcher had not predicted (Curry, Nembard, & Bradley, 2009).

The phenomenological conversation with peers requires the researcher to adopt a stance of openness to the unexpected (Smythe et al., 2008). Within this study, participants brought new insights and new opinions that had been gathered from different vantage points. The understandings and perceptions of the participants contributed to a significant repository of data that could be used to build a composite understanding of the phenomenon of being an NFC of a family member during acute exacerbations of a chronic disease. Even though as a researcher who had lived a similar experience, some of the stories held resonance for the lead researcher and there were opportunities to share stories.

Sharing stories can be a way of enhancing reciprocity, leveling the participant/researcher power balance and being open

and honest about the lead researcher’s “insider” status (Hayman, Wilkes, Jackson, & Halcomb, 2011). However, it is important to recognize that having “insider” status holds risks to the integrity of the interview. The participant may assume that the researcher understands the concept that they are speaking of and not go into depth about it. Alternatively, there is the danger that a researcher may misinterpret the language of the participant and place their own meaning onto their words (Corbin Dwyer & Buckle, 2009). It is important to verify the intended meaning with the participant as the interview progresses so that the essence of the participants’ experience is captured. In addition, caution should be exercised on behalf of the interviewing researcher regarding the extent of sharing stories and self-disclosure as there are significant risks in this approach. Providing detailed information that has an overlay of opinions and researcher bias may influence the direction and emphasis of the stories provided by the participant, thereby skewing the data (Brannick & Coghlan, 2007). Over disclosure may hold risks for the researcher as the participant is not bound by principles of confidentiality and information about the researcher could be used outside the interview (Hayman et al., 2011; McConnell-Henry et al., 2010). The advantage to being a member of this particular group provided a commonality that allowed a more immediate acceptance and level of trust (Corbin Dwyer & Buckle, 2009). It also provided the lead researcher with fluency in the everyday language of being a nurse and of being an NFC.

Nurses who are also researchers have dual roles, primarily as a researcher but also as a nurse with an obligation to the professional standards and duty of care. The duality of professional roles and researcher roles can result in role conflict (Polkinghorne, 2005). Frequently, there were emotional responses from participants as they told extremely personal stories of loss, burden, and frustration. The automatic caring response from a nurse is to reach out to offer comfort, but ethical boundaries of research requires the interviewer to remain in the role of researcher (Asselin, 2003; McConnell-Henry et al., 2010). There is a clear distinction between the role of researcher, which is to obtain information, and the aim of the nurse, which is to provide comfort. To avoid role conflict or confusion, the interviewer followed the well-established precedent of clarifying that their role was one of a researcher and to maintain the stance of researcher in language and attitude. Also in line with common practice, the availability of a qualified counselor was made explicit (McDermid et al., 2014; Munhall, 2001; Polkinghorne, 2005). However, when faced with the circumstances of distressed participants describing difficult and sensitive life experiences, there was inevitably empathy and deep connectedness. In the intensity of those moments, the transcripts show long silences, and the researcher felt a sense of profound and shared togetherness. Corbin and Morse (2003) advised researchers to recognize the emotional sharing of feelings but be able to step back and focus on providing the support that the participant might need.

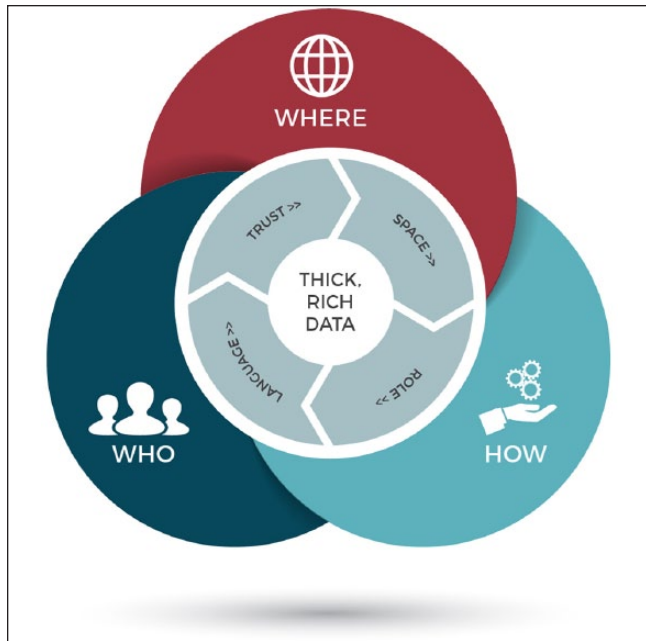


Figure 1. Data Collection Framework for Phenomenology.

Note. When distracters that cause role confusion or present conflicting expectations are able to impact on the participant the interview can produce diluted and meager data. To facilitate participants to access the specific experiences of the research, extraneous influences should be removed or minimized from the interview environment, and positive and authentic influences should be sought to augment access of genuine thick, rich data. In this study, researchers have identified factors of “space, language, role, and trust” for consideration; however, the factors that limit or potentiate accessing thick rich data will be defined by the context of the study and will not be limited to those described here.

Recommendations for Applied Phenomenology

The proposed framework is not offered as a definitive framework for phenomenological research but rather as a useful starting point for reflection. At the heart of the proposal is a recommendation that the quality of data collection will be improved by adherence to the philosophical underpinnings of phenomenology, and organizing interviews so that the participant is able to develop a trust relationship with the interviewer and is able to access the role, language, and space that is reflected in the research question. Employing these strategies may deepen and enrich data collection and may align the process of data collection with the research methodology. Within the framework depicted in Figure 1, there are four overlapping considerations of space, language, role, and trust that impact on the quality of dialogue in the conversational interview. These elements are interdependent and can have positive and negative influences on the successful conduction of a peer interview. The authors suggest that when conflicting considerations are removed, there is a clearing for the interviewer and interviewee to meet and explore a shared dialogue. The successful conversational interview is situated within this uncluttered central space that

has had encumbrances, hindrances, and deviators removed. It is here that the essence of the phenomenon for each participant can be uncovered and the Dasein of the participant be revealed. The proposed framework mirrors the concepts of “Who, Where and How” and may be useful as a structure to use when planning data collection within a phenomenological methodology.

Heidegger highlights interpretation of the richness of everyday experiences as the conduit to understanding “Being-in-the-world.” For researchers, this fundamental principle guides all aspects of the research method including data collection. To apply a hermeneutic research approach to the phenomenon, it is essential that participants are enabled to provide vivid, rich, and authentic accounts of their experiences. The authors discuss how management of “space, language, role, and trust,” can reduce tension and barriers for the participant and clear a passage to access the experiences of everyday.

Issues of Space

The relationship between the physical space we are in and ourselves can influence our perceptions and our interpretations (Heidegger, 1962; Merleau-Ponty, 1964). Space then forms and forges our understanding and can have considerable power on expression, personal interaction, and communication. Heidegger suggests that there is an ontological link to our way of being and the space we are in, “but inasmuch as any entity within-the-world is likewise in space, its spatiality will have an ontological connection to the world. We must therefore determine in what sense space is a constituent for that world” (Heidegger, 1962, p. 134). The space that the participant was interviewed in influenced their interpretation and understanding and connected them ontologically to the world of the professional nurse or to the world of the NFC.

Facilitating the accurate expression of personal experiences so that rich, authentic data can contribute to our understanding is the very purpose of phenomenological research. Attention to considerations of space in the planning of the interview process may produce purer and richer data so that the essence of the phenomenon is more clearly articulated. Placing the interview in an environment that minimizes conflicting pressures of role and language will reduce confusion regarding the purpose of the interview and enable the interviewee to tap into the experiences that are the focus of the research (Merleau-Ponty, 1964).

The space that an interview is conducted in has not only the practical considerations of promoting trust and preserving the ethical considerations of the research study but also subtle and significant influences on the behavior and responses of the participant (van Manen, 1990). When the interview is situated in a space that allows the participant to remain in the role that is consistent with the research focus, the participant is enabled to respond to the questions authentically in that role. To place the person in an alternative environment may cause a level of confusion or role conflict that

creates unnecessary barriers to the collection of rich thick data (van Manen, 1990).

Issues of Language

Cultivating the optimal environment for peer interviewing between a nurse researcher and an NFC presented a tension between allowing the language of nursing to cultivate a level of trust and not allowing the language of nursing to divert the interview into a clinical report. Language within nursing has traditionally not been an avenue for subjective contemplation but rather a means to objectively convey details between health professionals using minimal extraneous or emotive information (Finnegan, Marshall, & Flanagan, 2010). It is suggested that language changes as participants move from one role to another. Traditions and historicity of language reflects the world it refers to (Walsh, 2010). When in the space of a nurse and in the role of a nurse, the traditions of nursing will be reflected in the language that is used.

Consequently, the language and story that is the focus of the study may be missing if the participant is situated in a role, or a way of Being-in-the-world, which has a tradition of discouraging one sort of language perhaps that of subjective, emotive language and encouraging a different sort of language perhaps that of clinical abbreviations. "Language is not identical with the sum total of all the words printed in a dictionary; instead language is as Dasein is . . . it exists" (Heidegger, 1982, p. 208). Heidegger saw language as a way of making our interpretations of the world manifest to others: a way of recognizing and pointing out events and experiences that are of particular significance to Dasein (Dreyfus, 1991). Language obtains meaning from the world we dwell in, which is influenced by the role and space we occupy.

The considerations of space and role are clearly interdependent and have some influence upon the language with which the participant's story is relayed. Professional roles place significant expectations on demeanor and language. It was found that although the NFC would use the language of nursing in their home to expedite understanding with another health professional, the tone of the delivery was very different from the abbreviated and objective reports of interviews held in a workplace. When the participants were interviewed at home, they relayed stories that were full of emotion, rich in description and highlighted by anecdotes that enabled the researchers to connect to the participant's stories.

Familiarity with the everyday language of the participant can allow the interviewer access to a huge reservoir of meaning that might be lost on someone who is not familiar with that language (van Manen, 1990). The specifics of a shared language are in itself a way of Being-in-the-world and for the participants and interviewer can be opportunity to explore the Dasein of nursing and of being an NFC.

The way in which discourse gets expressed is language. Language is a totality of words—a totality in which discourse

has a "worldly" Being of its own; and as an entity within-the-world, this totality thus becomes something which we may come across as ready-to-hand. (Heidegger, 1962, p. 204)

Issues of Role

Gathering rich, authentic data is facilitated when the participant is in the role under inquiry. When interviewing a nurse about clinical matters, it is reasonable to conduct the interview in a quiet part of the clinical environment. When conducting interviews about family carers, careful planning and placement of the interview will allow the participant to more fully access the memories and lived experiences that are being researched. Aspects of the participant's role, which may be determined by role, space, and language among other factors, are important considerations when arranging phenomenological interviews to ensure the data are both rich and genuine and that the essence of the phenomena is brought forward. Heidegger directs us to observe the essential elements of the person's everyday Dasein. "The answer to the 'who' of everyday Dasein is to be obtained by analysing that kind of Being in which Dasein maintains itself proximally and for the most part" (Heidegger, 1962, p. 153).

In addition, role conflict has been identified as an ever-present risk for nurse researchers (Asselin, 2003; McConnell-Henry et al., 2010). In situations where there are sensitive and emotive issues or issues where standards of care are not met, there is a danger that the nurse researcher can disregard their role as a researcher and respond as a health provider or as a nurse counselor. When interviewing participants who are also colleagues and/or friends, there can be a blurring of roles and the shift between friend/colleague to researcher and back again can be difficult (Taylor, 2011). The participant may be aware that the researcher/friend now has new insights into deeply personal and sensitive aspects of their life world and reassurance about the integrity of the researcher needs to be both voiced and actioned (Karnieli-Miller, Strier, & Pessach, 2009). Pre-existing friendships may result in an assumption on the part of the interviewer that they already understand the perspective of the participant, thereby blurring the perception and interpretation of the data provided by participants (Taylor, 2011). Nurse researchers conducting research that involve participants who have a pre-existing relationship need to be aware of potential conflict and to proactively manage issues of trust through reflexivity and reciprocity and so that role conflict is minimized.

Issues of Trust

Establishment of a relationship that has a basis of trust is fundamental to achieving the desired outcomes for both interviewer and interviewee. Facilitation of trust in the participant-researcher relationship begins in the interactions prior to the actual interview and continues throughout. Nurturing this initial and fragile stage of establishing trust

requires time and attention to the nuances within the shared dialogue (Laverty, 2003; Polkinghorne, 2005). Factors that contribute to nurturing trust include providing a safe private space so that the participant feels comfortable and confident when speaking about very personal aspects of their life.

The term conversational interview intimates that there is reciprocity and dialogue between the participant and the researcher. Transition into dialogue that provides rich and thick data can be achieved more quickly when a common and shared language releases the participant from the need to interpret or alter their speech patterns for the interviewer. The participant is able to relax into the speech of their everyday, “what is said-in-the talk, as such; the communication; and the making known. These are not properties which can be just raked up empirically from language. They are existential characteristics rooted in the state of Dasein’s being” (Heidegger, 1962). Following on from this, trust can emerge quickly when the participant and researcher have a level of common understanding from being members of a group with similar but different life experiences (Corbin Dwyer & Buckle, 2009). Heidegger provides a phenomenological context for this

This Dasein-with of the Others is disclosed within-the-world for a Dasein, and so too for those who are Dasein with us (die Mitdaseienden), only because Dasein in itself is essentially Being-with. The phenomenological assertion that “Dasein is essentially Being-with” has an existential–ontological meaning. (Heidegger, 1962, p. 156)

The amount of time required and the degree of nurturing to establish trust is unique; there is no time schedule to achieve a perfect interview. However, during the interview opportunities exist to establish a reciprocal relationship that is grounded in dialogue and can potentiate a positive experience for both the participant and the interviewer (Kvale & Brinkmann, 2009). Mutual respect and trust enables the interview to transcend the superficial and provide deep rich data for the purpose of the research. Recognizing the crucial significance of the quality of the relationship imposes responsibilities upon the interviewer to make provisions for the needs of the participant while remaining true to the purpose of the dialogue, which is to explore the lived experience and describe the essences of that experience.

Conclusion

The dual role held by NFC’s may well provide them with powerful insights and important perspectives that are not available to other health care workers. The lack of research in this area represents a lost opportunity to inform the practices of health care and improve outcomes for all people who are chronically ill. Conducting conversational interviews with this group of participants presents the challenge to peer researchers to glean data consistent with a Heideggerian

hermeneutic study and respect the gift of the participant’s stories. Issues of space, language, role, and trust were identified as crucial in achieving an interview environment which provided NFC’s with an opportunity to voice their lived experiences. The article reinforces the development of a trust relationship to enrich the experience for both participant and interviewer. Practical examples of how contextualizing the research question from the standpoint of the participant and providing an authentic space which reflects the contribution of the participant can enhance the interview process have been provided.

Heidegger celebrated the facticity of our lives and opposed the Cartesian approach of reducing our lived experiences to surface qualities (Harman, 2007). The framework that has been offered has been explicated through the philosophies of Heideggerian hermeneutics and provides a platform to discuss the dearth of methodical direction associated with Hermeneutic Phenomenology. It is incumbent upon researchers working within a Heideggerian construct to align methodology with the philosophy of phenomenology.

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