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Interviewing Older People; Relationships in Qualitative Research

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ABSTRACT

Objectives: Health practitioners who have already undertaken a considerable amount of interviewing would consider themselves as experienced interviewers, but there are questions and issues arising from research interviews which are different from assessment and interventionist interviews. The purpose of this study was to explore the role of the health professional researcher in qualitative research with older people and to make recommendations for preparatory interviewing in methodology courses. **Method:** A descriptive approach was used and semi-structured interviews with a sample size of eleven New Zealand health professionals/researchers. **Results:** A significant theme emerging was relationships. This was further divided into three categories: establishing rapport and credibility as a researcher, developing the relationship (including managing role changes), and storytelling as a strategy to integrate the participant's personal context with the researcher's questions. **Conclusions:** The results suggest that the communication between the researcher and participant is different from that of a health interview and requires a change in perspective. While it can be time consuming and frustrating to listen to long stories about personal experiences, such story telling leads the way to establishing mutual respect. Additionally, relevant information is often woven into the fabric of these stories. A major implication is that awareness of active listening should be taught in methods courses to allow researchers to reflect on the interviews.

INTRODUCTION

Numerous courses, books, and articles on qualitative research identify much needed skills of qualitative interviewing such as active listening, open-ended questions, and working with technology.^{1,2} Health practitioners who plan to become researchers have already undertaken a considerable amount of interviewing and might therefore consider themselves as experienced interviewers. However, as the authors discovered from their own experience when working with older people, there are questions and issues arising from research interviews which are different from assessment and interventionist interviews.

Older people used the interview to tell their stories. Ritchie and Lewis observe that interviewing is generative in the sense that new knowledge or thoughts are likely to be created.¹ The extent to which this is so may vary depending on the research questions, but it is expected that the participant will "at some point direct themselves or be directed by the researcher, down avenues of thought they have not explored before."¹ This may be due, in part, to open-ended nature of the questions, and wide-ranging, reflective topics - for example, the topic of "the meaning of home." But even biographical questions led to the information becoming part of a story. For example, "Can you confirm your marital status, and address?" often led to tales of house moves and marital history, neither of which was a relevant response. The information gained was thus both contextual, and from the authors' experience of interviewing older people, also irrelevant because of an often lengthy, and apparently purposeless, narration, unrelated to our research questions. Further reflection led the authors to ask whether this narrative type of response served a particular function.

LITERATURE REVIEW

An extensive literature review resulted in articles on the following areas of the research focus: age and the world of older people, the nature of interview relationships, and ethics of interviewing.

The Nature of Interview Relationships

Hammersley and Atkinson emphasised listening, observing, and collecting whatever data possible, as participants in older people's lives for the period of the interview.³ Such a method draws the researcher into the older person's world, because as Kahn & Cannell observe, it is important to understand the respondent's world and what might influence responses.⁴ Observing, participating and listening to discursiveness are thus ratified as interviewing strategies because they provide insights into the world of the older person. Discursiveness is an element of narrative, and Mason emphasizes the value of narrative in the construction of self, and creating an identity.⁵

"In telling us about where they had lived and why, people not only provided their residential histories, but in the process, they also constructed personal biographical narratives which brought into play key features in their life stories, their identities, their sense of self, and their values."

Thus research requires an entry into the older person's world and for participants to respond fully to the topic, requires the creation of the identity and the stories which led to it. However, the narrative told depends on the interviewer. Manderson et al suggest that the interviewer's age, gender, and class influence the interactions of interviewer and interviewee.⁶ Thus combining how someone tells stories with the reactions of the interviewer to the interviewees' responses will contribute to the construction of a particular account. Agreeing, Randall et al provide evidence that the stories told by older adults are influenced by who is listening, and significantly, the relationship which they have with the interviewer.⁷

Ethics

The ethics of recruitment must also be considered. Home-bound clients, for instance, may have been contacted in the first instance by service providers and may feel coerced into becoming participants, with a fear of losing services if they do not agree. The potential interviewee may have expectations of extra intervention and advocacy by agreeing to participate. Such expectations from the interviewee can also lead to conflict of interests between the ethics of health professional and those of researcher, and the literature demonstrates an interesting continuum of thought on this topic. It begins with the no interventionist stance of Locher et al, who introduced the idea that intervention may contaminate results. At the other end there is the belief that professional ethics supersede those of the researcher.^{2,8} Here it is suggested that if intervention appears to be necessary, then it should be recorded in the methods section of the research. Fully informed consent and assurance of confidentiality are essential. Related to this is the concern of the researcher inadvertently accessing information that is well beyond the remit of the research questions. As Fitzgerald and Robertson discovered in their residential care survey, participants were only too willing to chat, using photos and other items as illustrations of their lives and accomplishments.⁹

A second ethical issue is that of power and the complex dynamics which emerge during a qualitative interview. Russell observes that an interview should be "dialogic," i.e., an equal power relationship.¹⁰ Beale et al consider an egalitarian model of research which develops research relationships and rapport with participants by focusing on the participant's own perspective of their experiences.¹¹ These latter authors tidy this statement into the principles of non-coercion (which translates into free participation) and non-manipulation (interpreted as the informant being fully informed at all stages with no new ideas or requests emerging during the interview). Interview control can vary, however. Corbin and Morse suggest that there are differing dimensions of participant control over interviews, with the strongest in the unstructured interview and the weakest in the quantitative, closed-ended interview.¹² Russell observes that there are many anecdotal observations and that the control exerted by an interviewer is often tenuous.¹⁰

Finally, attachment is another complexity in qualitative interviewing which Kayser et al describe as becoming attached to the participant through listening over a period of time. Increasing intimacy can result from several interviews with the same participant, particularly if they focus on personal topics.⁸ Russell's experiences suggest that intimacy can reframe the relationship from the professional distance of interviewer participant, to one of friend.¹⁰ This poses a further question of how to end the interview relationship. Greenwood asks, "How difficult is this for the participant, and indeed, also for the researcher?"¹³ Familiarity can reframe the professional distance and objectivity of the interviewer and at the same time may also create difficulty in ending the research relationship.

A valuable background for this study is the work of Webster et al in highlighting the need for integrative models of reminiscence in that it highlights the significance of reminiscence in communication, and that what the authors have identified as

“digressiveness” could, in fact, be part of a significant process within the qualitative interview.¹⁴ So the simple beginning, of reflecting on the digressiveness of study participants and our own interview techniques, led us into a consideration for the communication between researcher and participant, the construction of relationships, and the ending of such relationships, where for many people, considerable intimacy has been developed. Health professionals experience many such issues during interviewing. Thus, the purpose of this study was to explore the role of the health professional researcher in qualitative research with older people, and to make recommendations for preparatory interviewing in methodology courses.

METHOD

This study draws on the general tenets of a naturalistic inquiry, more specifically a qualitative descriptive approach.¹⁵ Interviews were chosen as the data collection method because they are particularly useful for pursuing in-depth information around a topic. As described by Kvale, the qualitative research interview seeks to describe the meanings of central themes in the life worlds of the subject.¹⁶ In this instance, the experience under scrutiny was that of health professionals who had carried out research interviews with older people.

Consistent with a descriptive approach, it was important to ensure that the interview was as contextual as possible.¹⁶ The structure of the interview encouraged participants to discuss the specifics of their situation and to reflect on their own interviewing processes. Open-ended questions were used to elicit the narratives of the participants and to explore strategies used by participants to deal with concerns. These were purposely left as open topics with prompts prepared to explore further the meanings of the participants' experiences. Examples of key questions included "What stands out for you with these interviews?" "Was there anything that you found to be intriguing, different than you expected?" "What were your own feelings about the interviews?"

The ethics committee of an educational institution approved the project, and participants provided informed consent which identified that confidentiality would be assured and that resulting publications or presentation would not identify individuals.

Sampling

Purposeful sampling was used to target health professionals who had conducted research interviews with older people across a range of contexts (i.e., domestic home, residential facility, hospice, and community venues). Contact was made with potential participants by using professional networks throughout New Zealand. This included two social workers, one physiotherapist, two occupational therapists, three nurses, two public health employees with backgrounds in pastoral care, and one from a social science background. In total, eleven participants were interviewed, all of whom had more than five years experience in their respective professions. Surprisingly, it was difficult to locate researchers who also fitted the criteria of having been a health professional, and when no further participants who met the criteria could be located, interviewing was ended. Whilst this was a small sample, the interview content suggested that a point of data saturation had been reached i.e., there was repetition of information indicating that no new insights would be obtained by expanding the sample further. Consistent with Strauss & Corbin (1998/1990) the authors argue that saturation is a “matter of degree” and that “new” information does not necessarily add anything to the overall story.¹⁷

Analysis

Content analysis was used to summarise the data. Codes were derived from the data and then applied systematically. This was a reflexive process where the simultaneous collection and analysis of data mutually shaped one another.¹⁵ With new data came new insights as participants described their unique situations and reflected on their experiences of interviewing older people. To provide greater trustworthiness in this process, the two researchers analysed the data separately to identify codes. Initially 14 codes were identified when the two initial analyses were collated. These were summarised into a table to provide visual clarity. The researchers then worked together to reduce these into main themes with subcategories. This resulted in seven themes that both researchers agreed with and reworked to develop three major themes that encapsulated the subthemes and provided conceptual clarity about the major issues in the interviews. For instance, “participant role” was subsumed under the heading of “relationship between participant and researcher” to “developing the relationship” in the final analysis. Throughout this process, the thematic analyses were compared to establish a common language for the identification and naming of the themes. To ensure confirmability of the results as described by Lincoln and Guba, the transcripts were returned to the participants for comment. Following this member checking technique small changes were made to some transcripts.¹⁸

RESULTS

In this section, the authors explore the results of the study, outlining the emergent theme and enlarging on the supporting data. The emergent theme was that of relationships, which has been subdivided into three areas: establishing the relationship,

observing the process of developing the relationship and, thirdly, examining the discursiveness in the qualitative interviews. Each will be discussed in turn.

1. Establishing the relationship

To begin any research relationship requires the initial step of contacting the research participants. Accessing settings and samples requires patience and flexibility. Importantly, there must be an understanding of the prospective participant who needs to be comfortable with the interviewer and to understand and feel comfortable about participating. The research needs credibility, which comes from a clear understanding of the research and the part played by the participant and the researcher. Therefore, the first step to establishing a relationship needs to be considered carefully. In the study, the choice between phone calls, letters, and visits was made early in the research process and depended on how these interviewers saw best how to begin this relationship. The majority (nine) of the researchers identified this as a matter for careful consideration.

Pat said that the interview began with the first phone call: (*Pseudonyms are used to refer to the participants*)

“...cos in real terms an interview kind of starts from there really before you’ve even gone into people’s homes, there’s this dialogue that’s going on isn’t there?”

Jo discussed whether she could go and explain about her research:

“...so the first interview was really a building of rapport and relationship so that people felt confident to go ahead with the research, and once I used that method, I actually didn’t have any refusals.”

Bob in the hospice also had a first information meeting, as a consent meeting:

“...which I would then further explain, and by that time they had had the consent and information sheet and we would then make a second appointment and I’d go back and do the interview. It was a self-selection process.”

With Maori participants, Wendy had the introductory visit with a Maori elder to establish her credibility. This illustration of cultural sensitivity represents the researchers desire to establish rapport. The preliminary information session was important for researchers to begin the relationship and set the scene so that participants were fully informed and had thus already begun the relationship with the interviewer.

2. Developing the relationship

Relationships in research settings are likely to develop and change over time and were an important element in the data. Representing the views of most of the researchers, Bob said that developing rapport requires considerable skill and continual refocusing:

“No interview is the same...they are all entirely different...you need to adapt...and be aware of how the person is feeling...Your own readiness to stay focused is important. I would always spend a little bit of time before an interview getting myself together...grounding, centring, praying...I think that ability to be present at an interview is probably one of the most important things.”

The progress of the relationship can be uncertain and dependent on the skills and attitudes of the interviewer. Pat illustrated this uncertainty:

“even though I had...a semi-structured script...each one (interview) was different because each person was different. At this point you needed to rely on your skills of interacting with people.”

Several of the study participants identified role changes throughout their interviews, from the more formalised role of interviewer to that of visitor to be entertained. In this situation the environment becomes significant. Ann, Wendy, and Pat were fully aware that they were visitors in the homes of those they interviewed and that their interviewees (men and women) wanted to play the host role:

“typically people would have something ready for me like offer a cup of tea...the first participant, she had gone out and shopped the day before and baked...the table cloth was on and the china was out so you really got the sense that they were hosting the visit. (Wendy).”

Bob, in reference to a Samoan family said that:

“they just gave me food, you know, that’s part of their hospitality and I’m a vegetarian. I just had to eat meat...but I wasn’t going to turn it down because that would have been completely inappropriate.”

Ann’s experience was that “cuppa time” involved a change of role, a change of pace, and a chance to relax while still gaining further information in a more conversational style. In this context, sharing drink and food was not only significant for a change of role, but it also indicated a willingness to acknowledge the role of being a visitor. Accepting the gift of drink and food is, in a sense, a giving of time to the interviewee. This idea of reciprocity in the interviews was a theme that was raised by several participants. Wendy was clear that taking a gift for the interviewee was an important part of the interview: “I actually took a small koha of kai [food] so that was...part of what I offer back.” Usually reciprocity was related to returning the stories that the older person told in a format that could be easily read, as Jo said about the transcripts: “It’s giving them something...that’s a gift for them...”

Thus the relationship of mutual respect was considered to be important throughout the interview. All of our participant interviewers stated this as a significant aspect leading to the success of the interviews. As indicated in the examples above, some researchers had definite strategies planned in advance, e.g., to offer a gift, but there were two instances when the researchers were surprised at their own willingness to go beyond the remit and time of the research agenda but felt compelled to do this. For example, as well as providing an exact transcript, some interviewers re-typed the interview as a coherent narrative (minus the ums and ahs).

3. Discursiveness

Story telling was inevitable in all the researchers’ experiences of interviewing older people. While it was clear that in many instances, the stories were triggered by the questions that required a reflexive response, it was evident that what were considered questions asking for factual information often had much the same effect.

Ann found considerable discursiveness throughout all her interviews. This was not unexpected, however, since her topic was on “home,” a wide area for discussion. Pat, who focused on care at home, found that people were discursive and “...things they had around their home, kind of all had stories or had been sort of alluded to or touched on...for one woman it was, you know, remind me to tell you about that.”

The opportunity to share information about family and life events was one way to stimulate stories. Jo also commented that people digressed in direct response to the questions:

“People are different. Really different. Some people give an example to embroider the points they are making. They are rich text those people. Some people are very reflective and you get some wonderful insights because they’ve been thinking about things, and trying to understand for themselves, and those are very rich interviews. Some people like to cover major topics...and so you get a lot of biographical detail that actually is not related into directly what you are thinking...”

Rosemary found considerable discursiveness in her interviewing about pill-taking. She commented that it was as if each pill told a story and reported an interviewee as saying: “...I went into this bad period and I didn’t really want to take it...I take that one and that one and that one. I don’t take it Frusemide, when I go to bowls.”

As Rosemary commented, “There’s a whole lot more going on” i.e., the social context of the drug in which the pharmacological or “active” ingredient of the drug forms only a small portion of its potency and meaning. Such social contextualising appears to occur for many of the interview topics with older people. However, as Janet noted, not all responses were discursive. She observed in two instances that “people responded quite quickly to the questions” which surprised her as she had got used to having very lengthy interviews.

There is also a time and money factor, as Emily, an interviewer in a large study commented: “...if somebody knows a really good way to interview older people within a set timeframe please tell me.” For Emily, getting the stories ‘right’ was important and this meant that it was necessary to take longer than the hour allocated for the interviews. This desire to hear the stories had an impact on the time taken, thus how many interviews could be completed within budget. The reality was that the interviewer gave considerable unpaid time to the project. Meg, also a researcher in a large study, indicated that it was essential to give the person

“the opportunity to tell you what they think is important” (*which*) “is not always the answer to our question.” Juggling between developing the relationship so that the questions would be answered and the time taken to do this was a constant tension.

A further complexity was that stories told by the interviewees often seemed to unfold as the interview was being drawn to a close:

“...we were walking out towards the door and I'd find this significant...you'd turn off the tape, and suddenly because you're relaxed and you're talking about something else, the pathways have started and are being followed, they will remember something that will come back that has a tremendous relevance but hasn't been captured on tape... (Pat)”

Ann experienced a similar event after concluding an interview: one person standing in the kitchen doorway as the researcher was leaving the house indicated his consideration of suicide, “should things get any worse.” This aspect of discursiveness needs some consideration: Why should interviewees become more confiding towards the end of an interview? Is it the result of a good relationship, or relaxing the barriers after responding to questions? This experience led to Ann questioning how to leave an interviewee in a good state; having thought she had done so, the ending took her by surprise.

There were many triggers for story telling throughout the interviews. As the interviewees responded to the researchers' questions, they used the openings as a gateway to chapters of their life stories. While it may be tempting to attribute this opportunity to chat as a result of having limited people to converse with, this was not true for most interviewees. The stories were time consuming, but they were also considered to be important because they helped the researcher to tune into the views of the older interviewee. Taking time to listen provided a better relationship and ultimately developed richer responses to the researchers' questions.

DISCUSSION

As health professionals, it is easy to take for granted the components which are required to create and maintain a successful interview. However, it is essential to consider how best to establish a relationship, to make sure that as researchers, we do not automatically accept the willingness of participants. A focus on the interview process starts with a consideration of an effective first contact, whether a visit or a letter, or a phoned request. A number of authors have suggested creating a friendly, safe, encouraging first meeting. According to Richie and Lewis, “The first few minutes after meeting can be crucial for establishing the relationship between researcher and participant,” as a prerequisite for a successful interview.¹ Denzin and Lincoln liken qualitative research to dance preparation, and suggest a warm-up as well as preparation made before entering the field.¹⁹ In this introductory stage, the observer is also being observed and evaluated.²⁰ In the study described above, a variety of introductory methods were used which depended, for example, on the sensitive nature of the research topic, whether the subjects were already in a connected research topic, and the cultural sensitivity of the people concerned. Thoughtful, sensitive handling of this first contact was a strategy to create sufficiently good rapport for developing the interviewee relationship further.

The importance of maintaining a good relationship required reflection and the adoption of methods appropriate to the particular research situation. There were two key methods noted in this study. The first was an acceptance of increasing familiarity and a willingness to undergo a role change. This meant moving from a professional distance to a friendly visitor, and acknowledging the gift of knowledge and information. Valuing the interpersonal nature of the research relationship seemed to underpin the role negotiation process. Both Patton and Mason comment that it is important to attend to the way in which relationships change over a course of fieldwork.^{20,21} Without this, the quality of the research data might be compromised. To achieve the ongoing changes, it is essential for the researchers to be self aware. Bob, with a background in counselling and religion, and Rosemary, a former enrolled nurse, both commented on a need to reflect on their understanding and reactions to the responses of the interviewees. Reacting to the responses of the interviewees demonstrated an ability to negotiate the researcher role, to maintain distance, or to allow greater familiarity by hearing stories. In this, the role of “active listening” was deemed extremely important.

The second method for an effective relationship was reciprocity. The strategy of returning narratives to the participants in summary form has also been noted by Tetley et al who commented that the written narratives prompted further stories but also pleasure in reading the summary of their life events.²² It could also be seen as a gift, to thank the participants. This raised a question for us: Should reciprocity be a conscious process? Two forms were illustrated in this study: premeditated gifting and spontaneous gifting. The first offers a security of equality in the relationship, the second marks a role change, which also ensures equality. Gifting of time, to accept the offer of a cup of tea for example, marks a role change from interviewer to guest, from interviewee to hostess, ensuring an equality between the two and possibly increased trust and willingness to share. Emily talked of the importance of reciprocity, and asking the participants to check the transcripts. She offered changes where changes were asked for, retyped the transcripts, and returned them. The significance of this for ownership of knowledge and sharing of

personal information is a subject for a major study. Pat also observed the value of returning transcripts. One of her participants was so horrified by how he appeared on transcripts that he wanted to destroy it, then to change it.

When preparing researchers to interview older people, we would argue that adjusting to changes in the relationship and reciprocity should be seen as critical elements of an effective interview. As suggested by Roulston et al, guided practice is essential to assist those learning to interview, and as identified above, self awareness is an important component of this.²³ Therefore our recommendations include supervision to explore the style of interviewing, the style of responses, and the significance of discursive responses. A list of considerations that could be used to guide preparation for interviewing older people has been developed from our research (See Table 1).

Table 1. The following questions may be helpful to consider prior to interviewing older people in a research project:

Relationships

- Individuals bring different backgrounds to an interview. Consider what background you bring and what influence might this have,
- Have you spent any time with older people? What were your impressions?
- Have you considered how you will contact the participant, and what you will discuss in this first encounter?
- If emotional, social, or psychological issues emerge during the course of the interview, how will you respond? Should you consider that the participant may need medical care/counselling?
- The participant is offering you time and information/knowledge. Have you considered the possibility of “gifting”?
- How will you respond if your participant has prepared tea/cakes or a meal?
- How might you demonstrate respect for the participant?

Discursiveness

- How will you begin the interview?
- What are your expectations of the interview process?
- Consider your responses to the following:
If the participant:
 - Asks about yourself e.g. Your family, where you live.
 - Asks your own opinions about the question you have asked them.
 - Tells you stories of family and past work/war experiences.
- What strategies will you use if:
 - Your questions are apparently not being addressed.
 - The participant refers to important content once the tape has been turned off.
 - The participant wishes to continue with the interview although you have had your questions answered.

A further list that is useful to assist reflection on interview processes can be found in Roulston et al.²³ The need to be reflective and to debrief has implications for supervision - particularly for new researchers.

CONCLUSION

Qualitative interviewing has gained considerable currency in research over the last two decades, but there is still some way to go. As highlighted in this study, a greater awareness of the tensions between the diversity of responses versus interviewer topic and time could be helpful in preparation for the realities of the research interview. In much of the literature quoted, there have been only passing references to the discursive nature or the digressiveness in the interviews. It is necessary to move beyond the observations of telling “stories” to indicate their place in the interview and to discuss the resulting implications for the researcher-participant relationship. Because the stories provide a wide familiar context, often with emotional and sensitive information, the researcher has to adjust his/her relationship accordingly. It must be recognised that emotions and familiarity in an interview will have an impact on the researcher and thus on the relationship with the participant. “The researcher has to live through and manage these relationships and situations in a process which is simultaneously personal, emotional, physical and intellectual.”²¹ For seasoned interviewers (i.e., health professionals) the extent of storytelling and the development of the relationship were surprising as was the fact that ending the interview became difficult.

Finally, the reason for the health professional interview lies in the needs of the older person and requires agreement to respond and receive. In contrast, the researcher comes in pursuit of a different type of information that requires a different form of relationship. As we have seen, the researcher has to ask, build, and continue negotiation with a change of focus from objective researching to greater familiarity.

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