

Experience Report

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## **Difficulties in the practice of the phenomenological nursing interview with long-lived older adults: an experience report**

Dificultades en la práctica de entrevista fenomenológica enfermera con adultos mayores  
longevos: relato de experiencia

Dificuldades na prática da entrevista fenomenológica de enfermagem com idosos longevos:  
relato de experiência

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### **ABSTRACT**

**Objective:** To describe the difficulties in the practical intervention of a phenomenological nursing interview with long-lived older adults.

**Method:** Experience report of data collection through a phenomenological interview in 10 long-lived older adults between March and July 2022 in a geronto-geriatric center in the north of Mexico.

**Results:** It was found that the difficulties in conducting the phenomenological interview in nursing depend on distinct factors that can be contextual (institution, family or companions) or personal (participants and researcher).

**Final considerations:** The phenomenological interview can be rigorously implemented with long-lived older adults, the conditions for its implementation are determined by the researcher according to the characteristics of the participants and the research topic; these conditions must be specified before and during the interview.

**Keywords:** Interview. Nursing. Aged.

### **RESUMEN**

**Objetivo:** Describir las dificultades en la intervención práctica de una entrevista fenomenológica de enfermería con adultos mayores longevos.

**Método:** Relato de experiencia de la recolección de datos mediante una entrevista fenomenológica en 10 adultos mayores longevos entre marzo y julio del 2022 en un centro geronto-geriátrico al norte de México.

**Resultados:** Se encontró que las dificultades para realizar la entrevista fenomenológica en enfermería dependen de diferentes factores que pueden ser contextuales (institución, familia o acompañantes) o personales (participantes e investigador).

**Consideraciones finales:** La entrevista fenomenológica puede ser implementada con rigurosidad con adultos mayores longevos, las condiciones de su realización son determinadas por el investigador en función de las características de los participantes y el tema de investigación, por lo que se deben precisar estas condiciones antes y durante la entrevista.

**Descriptores:** Entrevista. Enfermería. Anciano.

## RESUMO

**Objetivo:** Descrever as dificuldades na intervenção prática de uma entrevista fenomenológica de enfermagem com idosos longevos.

**Método:** Relato de experiência de coleta de dados por meio de entrevista fenomenológica em 10 idosos longevos entre março e julho de 2022 em um centro geronto-geriátrico do norte do México.

**Resultados:** Constatou-se que as dificuldades na realização da entrevista fenomenológica na enfermagem dependem de diversos fatores que podem ser contextuais (instituição, família ou acompanhantes) ou pessoais (participantes e pesquisador).

**Considerações finais:** A entrevista fenomenológica pode ser implementada de forma rigorosa com idosos de longa duração, as condições da sua implementação são determinadas pelo investigador de acordo com as características dos participantes e o tópico de investigação, estas condições devem ser especificadas antes e durante a entrevista.

**Descritores:** Entrevista. Enfermagem. Idoso.

## INTRODUCTION

One of the most applied qualitative approaches and methods in nursing in recent years is the phenomenological approach, which arises from the subject's perspective in relation to the life experiences of an event. In the case of nursing experiences in health and care, it helps in the analysis of aspects beyond the quantifiable and, therefore, the most complex aspects of human life<sup>(1)</sup>. From this perspective, phenomenology seeks to understand and interpret the particular experience of those who experience the phenomenon manifested in themselves and the way in which this experience is expressed<sup>(2)</sup>. The phenomenological nurse seeks to deepen these human experiences and interpret them from their revelation to understand how to take better care of people and also understand the meanings that give meaning to the health of human beings, subjects of care.

The phenomenological approach is composed of very specific particularities for its application, as well as typical tools of this approach such as the epoché or suspension of

prejudices and theories that, based on the researcher's analysis, do not deny or affirm the phenomenon, but separate reality from the phenomenon and questions the experience of those who live it<sup>(2)</sup>. Likewise, the phenomenological method contains rigorous strategies that each researcher adapts to each phenomenon to be studied and, therefore, derive from it the visions of the reality of health, the methods and techniques of analysis and interview.

In order to access the consciousness of human beings in their lived experience, the phenomenological interview is used, which, as the name itself says, is specially designed to deepen the phenomena approached from phenomenology. Since the application of other techniques can limit the approach to the phenomenon and transform it into a mere description of discourse that limits the depth and rigor of the approach itself<sup>(3)</sup>, for example, the structured interview is discarded due to the rigidity of its construction and the closure of its already predisposed responses; in the same way, the semi-structured interview, especially when it has predetermined themes or dimensions, because in this sense the researcher would conduct the interview for the traits of the experience that he wants to find and not precisely for those that are significant for the person. The phenomenological interview is an in-depth interview, which starts with a triggering question about the lived experience, about everyday life and about the essence of the phenomenon that will emerge.

Through the phenomenological interview, the nursing researcher will develop and have skills to approach the lived experience from the four elementary or existential elements: the lived body, the lived time, the lived space and the lived human relationships; together they constitute the essence of the studied phenomenon.

The phenomenological interview differs from any other type of interview, as it is not intended to be an instrument for collecting information through questions and answers, but rather a dialogue to access precisely the essence of the phenomenon in the lived experiences.<sup>(4)</sup>. It is a technique used for data construction and commonly performed face to face, as proximity to the other can be seen as a means of forging greater empathy, an essential element in the interview to be able to delve into the phenomenon of the interlocutor, although currently given the events international level of health and technological development, the interviews have been carried out virtually, forming this empathy from the support of emotional language and not from physical interaction<sup>(5)</sup>.

The foregoing makes it possible to visualize the need to know these difficulties in the practical application of the phenomenological interview that may face the researcher who chooses it as a method and technique of data collection, recognizing especially those that are modifiable and those that are not, allowing the contemplation of alternative plans by

recognizing the risks and feasibility of the data collection plan while creating the best option for its execution.

In addition, it is observed in nursing, the complexity and human diversity that allowed hosting this type of interview by contributing to the understanding of this view of those who experience the phenomenon<sup>(4)</sup>. Therefore, it is important to observe the characteristics that the phenomenological interview should have in nursing research and the practical recommendations for its application<sup>(3)</sup>.

For this, it is necessary to know theoretically the characteristics that make up the phenomenological interview, in general, such as its basis in a guiding or triggering question (it triggers the person's experience in their memories and helps them to express their lived experience) that can reach two or three, depending on the linguistic approaches to the phenomenon. In addition, this triggering question must be understood by the participants and the researcher can rely on guiding questions to help express the story<sup>(3)</sup>.

It should also be considered that not only verbal communication is used, but also other forms of non-verbal communication (body and emotional expressions, silences and pauses, looks, tears and laughter, gestures and other forms of behavior), which must be recorded by the researcher-interviewer to understand the experience in more detail. On the other hand, it must be considered that this is a meeting between unknown people, so it is essential to remain in a welcoming environment for an open dialogue. Unknown in the sense that there is a world in everyone that is unlikely to be shared. Preferably, the choice of this location should be made by the participant himself, but that facilitates the necessary privacy, freedom of expression, openness and empathy<sup>(4)</sup> for this process.

So, observing the theoretical guidelines of this interview, some difficulties in carrying it out may arise from the characteristics of the population, as in this case, since aging can be accompanied by physical and mental losses, in addition to the lack of affection and relationships that can negatively influence the quality of life of the elderly, as well as their cognitive and emotional health<sup>(6)</sup>, which logically can be intensified in longevity.

This aging process implies physiological changes associated with generalized and progressive deterioration of body systems and functions, such as: body composition (increase and redistribution of fat mass and decrease in lean mass, decreased mobility), kidney function, cardiovascular system, nervous system (impaired cognitive and motor function, memory, sleep), sense organs (cataracts, hearing loss, decreased olfactory and taste sensitivity), digestive system (oral and dental deterioration, impaired chewing), bone and immune function. As well

as affective disorders (depression and anxiety) and dementia (cognitive functions, language and thinking)<sup>(7)</sup>.

In addition to the above, in the context of this implementation, other types of difficulties can be encountered. In a study carried out with 36 participants, mostly older adults people with venous ulcers in the lower limbs, from an outpatient clinic specialized in these injuries, it refers to the fact that the researchers did not have a private room where the participants could be interviewed, so the interviews had to be carried out in the waiting room, making it difficult to record the voice of the participant and the interviewer, as well as the clarity of the information, a consequence of noise and factors external to the location (sounds from the street, from the service process or from users waiting for assistance in the office)<sup>(8)</sup>.

Likewise, there are other types of limitations that the researcher may encounter when using this tool, as in the case of this experience report, where the question arose: what difficulties did the researcher face in the practical application of a phenomenological nursing interview with the long-lived older adults. Also considering the objective of this report, to describe the difficulties in the practical intervention of a phenomenological nursing interview with long-lived older adults.

## **METHOD**

This work describes an experience report on the difficulties in implementing the phenomenological interview in nursing during the data collection of a qualitative research through the phenomenological method entitled "Meaning of spiritual health in the long-lived older adults ", which aims to understand the meaning of spiritual health in long-lived older adults, based on the concepts of existentialist phenomenology from the work "Being and Time" by Martin Heidegger<sup>(9)</sup>. This research is being carried out in a health center for the care of the older adult in northern Mexico, long-lived older adults participants were considered if they met the following inclusion criteria: long-lived older adults between 80 and 99 years of chronological age<sup>(10)</sup>, attended and registered at the health center, cognitively healthy (score > 24 points on the Mini Mental State Examination) and legally capable according to the legal norms in force in Mexico, as well as the exclusion criteria considered: having or having had symptoms or contagious disease in the last 14 days. A sample of 10 participants was reached.

Data collection was carried out from March to July 2022 through a phenomenological interview with an interview script that contained the triggering question: what does spiritual health mean to you at your age? Regarding the approach of the participant in the institution, first, he received the information of the study and was invited to participate. Obtaining

authorization, the main researcher applied the Mini Mental State Examination face to face to all possible participants with to comply with the aforementioned inclusion criteria, the free and informed consent form was signed and the phenomenological interview was carried out. The researcher is currently a student in a doctoral program in nursing supervised by a specialist researcher in phenomenological research, as well as in each of the interviews carried out. All research work was carried out under methodological, ethical and legal guidelines with the approval of the corresponding ethics and research committees.

## **DEVELOPMENT OF THE PHENOMENOLOGICAL INTERVIEW**

### **Theoretical application**

The elaboration of the phenomenological nursing interview was carried out based on the construction of its interview script and the planning of its implementation. First, it contemplated the phenomenon of the meaning of spiritual health in the long-lived older adults and, in order to deepen the participant's experience, an interview script was elaborated, based on the literature review and taking into account the information necessary for the fulfillment of the objective of the investigation, for example, a section with identification questions and another with approximation and triggers were placed, in addition to the development of the interview, questions could be added that would help to complement important aspects in the participant's discourse, such as: Why? How did that happen? Can you elaborate on what you just said? What could trigger a reminiscence in the participant and through the phenomenon of the intentionality of this experience, could better express what came to his memory and had interaction with the lived experience and thus reveal the phenomenon from the ontic approaches, that is, what the long-lived older adults lives in their day-to-day activities, attitudes and thoughts.

Planning the location for selecting participants and conducting the interview is also part of this theoretical preparation. In this case, the institution where the study was carried out allowed the interview to be carried out in an unoccupied office, resembling an exclusive office, where there was the necessary privacy to carry out this interview.

The route that users should follow during their visit to the center was also observed, in order to be able to select the ideal moment of their approach for the invitation to participate in the study and the explanation of the information necessary for their decision. In addition to the application of a cognitive test, the signing of the free and informed consent form and the interview itself. In such a way that theoretically everything was prepared for the ideal realization of this phenomenological interview in nursing.

## **Difficulties in the implementation**

The elaboration of the research protocol allows to visualize the possibilities of carrying out the phenomenological interview in nursing in an ideally utopian way. However, it was found that the difficulties to carry it out depend on several factors that can be contextual (family or companions and institution) or personal (participants and researcher).

Within the contextual factors, it was possible to witness the approximation of possible participants in the waiting room for their consultation, making an invitation to participate in the study there, at which time some rejected the proposal given the conditions of dependence to which all possible participants were subject, which refers to the time contemplated by the family member or partner and the provision of mutual decision.

Even so, the protocol was followed taking into account the following steps: 1) information to the possible participant and family member, 2) invitation, in which the guest would have to call for a later appointment, 3) during the appointment made, a meeting would be held to cognitive assessment and scheduling of a new appointment, 4) in this meeting and with confidence and empathy reinforced in the researcher-participant relationship, it was intended to carry out the interview. But after a week of performing the first and second steps, not a single call was received to make an appointment.

After the change in the follow-up strategy, the interruption of the application time of both the invitation and the cognitive test and on one occasion even the interview itself by the institution and the family was another complication to establish better communication with the participant and, therefore, greater depth in his speeches. Since, despite explaining both to the long-lived older adults and to his family member, the importance of privacy in the interview, since the theme required it to be individual and with a deepening concentrated on the main theme. However, some family members requested to participate in the interview, as they felt uncomfortable with the possibility that their family member needed support to provide information, which certainly did not conflict with the situation. The difficulty arose when these family members intervened in the interview, especially when the long-lived older adults had to introject the questions, taking time to generate the answers and the family members suggested an answer to speed up the interview time. These interventions forced the elderly to be more mentally agile, which, in turn, complicated the application of the phenomenological interview, the previous one given specifically in this experience of the researcher, although it can also occur in any other type of interview where this situation occurs.

Regarding personal factors, some of the participants lacked teeth and, therefore, dysphonia when speaking. While others expressed the difficulty in articulating answers to the questions posed, since the complexity of the same phenomenon led them to the need for greater introspection and analysis. However, it was possible to analyze at times that the researcher herself, throughout the transcripts, was unable to encourage the participant to engage in a fluent and reflective dialogue. Although it is true that this difficulty is not exclusive to phenomenological interviews, in this case it can be considered a difficulty in its implementation.

In such a way that, despite the difficulties faced in the implementation of the protocol, in which the majority were external and spontaneous and, therefore, not considered in the planning, it was possible to perceive that the amplitude of the contexts and the different types of difficulties that the researcher can face in the field of action and that will lead you to adjust the process.

### **Practical application and adjustments**

Finally, in view of the challenges that arose from the difficulties, decision-making was necessary to adapt the practical application of the phenomenological nursing interview, again considering the risks and benefits of data collection, new strategies and care to feed back the researcher's actions and reach the goal. In order to observe the above in detail, the adjustment to one of the difficulties encountered in the initial experience of this data collection will be described below, which allowed showing the need to make the strategies proposed in the initial methodological design more flexible.

Firstly, the lack of response to the invitation in the first approach gave rise to a new strategy, which would help in the temporary pause of the process, since in the analysis of the situation, it was observed that this was the difficulty to be faced, so it was decided to stimulate the participant to analyze the information in the invitation and, if possible, make their decision on whether or not to enter the selection process at that time or at that time that they would remain at the institution for their consultations, as this time may be enough to complete the entire process.

Later it was observed that the strategy had worked and when arriving at the interview another difficulty arose, at times the interruption in the working hours by the institution's employees diverted attention from the interview, as some were unaware that the office at that time was intended for the execution of the study. However, this process was publicized and, consequently, unintentional interruptions ceased.



In the same line of interruptions, those made by the family members of the participants were contained in the first instance non-verbally. When engaging in an intervention for the first time, eye contact was maintained and the question directed and repeated to the participant, at which point the family member could realize the importance of the participant's particular response. However, in the event of a second intervention, the look was directed towards the relative and with a waiting gesture he was asked not to participate. And although in this case it was not necessary, the third intervention would have to be interrupted verbally and respectfully, raising awareness about the direction of the interview for the participant and the importance of their spontaneous responses.

In the case of the interviews interrupted by the team, considering their analysis was not a difficult decision. However, in those intervened by family members, the scrutiny of the participant's responses to this intervention was justified, since it was analyzed whether there would have been a directed response from the participant, which would have required the elimination of that interview; or simply relied on the memory of the long-lived older adults to resume the idea of the answer he himself was developing.

Another difficulty that the researcher had to face was the way the long-lived older adults spoke, as some spoke in a low tone, others with a certain hoarseness due to their teeth, but in the end the interviews could be carried out, solving this difficulty, with the repetition of questions or with the exhortation to repeat the answers.

Regarding the difficulty of the participants in formulating the answers by delving into themselves, questions were used that allowed them to view that same question from another point of view, that is, first a direct question was asked about the subject, if the answer was correct. confused, questions with greater depth or clarification were added, so that the long-lived older adults could express more clearly the idea he was expressing at that moment, although the complexity of the subject made this task more difficult.

Finally, at the time of the interviews, researchers sometimes do not realize the exact moment to push the participant or how to do it, hence the importance of being able to have the participant's contact in hand and have another approach to deepen the doubts. that arise during the transcripts, or to be able to improve the technique with the next participant.

## **DISCUSSION**

In this work, a process of implementation of the phenomenological nursing interview was observed, where several complications were experienced that theoretically are not

indicated in the literature, with the objective of describing the difficulties in the practical application of a phenomenological nursing interview in the long-lived older adults.

In such a way that, given the characteristics that this population presents in terms of physical dependence and the need for closer care on the part of their relatives or caregivers, these are seen as the main sources of support for these long-lived older adults, coinciding with a study carried out on the meaning of functional dependence in 5 Mexican older adults<sup>(11)</sup>, where it is mentioned that the main source of help is the family (wife, children, daughter-in-law, son-in-law and grandchildren) and that there is a positive perception of the help that the family offers them.

This is consistent with what was observed in a study on the predictive capacity of happiness in the family functioning of the older adult in Colombia, indicating that the daily interactions established by the elderly are usually with relatives, so that these become their main support and that, from the perception of the older adult, the emotional and instrumental support they receive is adequate<sup>(12)</sup>.

However, due to this proximity, sometimes there was difficulty in subordinating the participant's decisions before the time determined by his companion. In this sense, in an interview proposal for descriptive qualitative research, commenting on its implementation in the nursing team of a peritoneal dialysis unit<sup>(13)</sup>, it was found that caregivers are often afraid of the future of the person they care for and that, given their dependence, they require systematic help from third parties, which at the same time suggests a claim for greater control of the context of the elderly person and their decisions, as observed in this study in the permanence and/or participation of the long-lived older adults.

However, it is not possible to homogenize population groups or classify all old adults as vulnerable, assuming a vulnerability that is not an intrinsic, permanent or exclusive state of the old adults population. There are even people in their 60s who are healthy and active in situations of abuse and mistreatment. Therefore, it should not be generalized, as this reinforces prejudices and stereotypes, as well as negative imagery of old age, that is, it reinforces age discrimination: old age or ageism<sup>(14)</sup>. Since, in this study, it was found that they lived in conditions that could not be considered vulnerable.

The above is in line with another of the complex moments of this phenomenological interview, which was the approach prior to the interview to strengthen the relationship between the researcher and the participant, because, as they were not recurrent patients or not for the most part, it was complex who agreed to interact on repeated occasions before the interview, as suggested by a reflection on the characteristics of the phenomenological interview as part of a

phenomenological research in nursing and practical recommendations for its implementation<sup>(3)</sup>. According to this reflection, the importance of the researcher's setting to meet and become familiar with the participants stands out. However, being a population difficult for the public to access, it was convenient to adapt in this area and find a way to compensate for the approach at different times before a single approach with a sincere, empathetic and kind attitude.

In a study on qualitative interviews, it is mentioned that one should consider and reflect on the extent to which links are established between researchers and their participants before data collection, viewing the possibility of inappropriate contact between participants outside the research study<sup>(15)</sup>, which must be contained by clearly establishing the limits of this researcher-participant relationship when passing on information to the second. In addition to balancing the time spent living together, since this closeness must occur without the deep strengthening of a personal relationship, an advantage was observed in the unique approach applied in this study with the participants, which allowed empathy to be achieved without going beyond the role of investigator.

This process was also carried out in a qualitative-descriptive research on the experience of the phenomenological interview in the production of data from PhD theses with adult and old adults patients with venous ulcers, with the support of the Merleau Pontiana reference<sup>(8)</sup>, who carried out the process, in a single moment and in the space where the participants received health care, that is, the waiting room. In their case, the interview was included, which certainly in these conditions was a limitation for them, but in this case only the approximation was carried out in the initial interview process, that is, the invitation and approximation with the long-lived old adults in the same conditions as them given the institutional dynamics, but the phenomenological interview was conducted privately.

As for interruptions by the institution and family members, it can be understood that sometimes it is not possible to control the context for ethical and empathetic reasons, that is, in the first case, the lack of knowledge of some institution workers about the development of the data collection process. data was outside the scope of the researcher, however, in the case of family members, out of respect for the decision of both the family member and the participant, despite mentioning the importance of privacy, it was imperative to grant access to the companion. Contrasting with the perspective of a phenomenological interview experience<sup>(8)</sup> as an individualized encounter valuing your privacy. And although the participant certainly does not demonstrate apparent privacy, considering that it is his decision to accept the company of a family member, it can be appreciated that the perspective of free expression in the long-lived older adults goes beyond the presence or not of someone else.

Although it is important to emphasize that, despite commenting on the adequacy of an interview with only the long-lived older adults, it was possible to perceive that it is necessary to clearly establish the consent process for companions, with the due approvals, limits and position of the researcher, as it is mentioned in a study on researchers' views on research meetings with terminally ill patients at home and to generate a list of recommendations for qualitative researchers<sup>(15)</sup>, including those that were carried out in this study, such as approaching the participant before the interview to clarify the companion's role, as well as the delimitation of the role and spaces of each of the participants in the interview.

On the other hand, the difficulty of formulating the answers that required introspection and deep analysis, being part of those necessary clarifications of the participants about the studied problem, as mentioned in a study of methods and techniques in qualitative research<sup>(16)</sup>. This was achieved from the design of the interview script, asking opening questions, development (triggering questions) and guiding questions.

Adding the question of the mismatch in the dental prosthesis that made its expression difficult, which is linked to his study where the characteristics of the phoneme /t/ were analyzed in a population that adapts the production of sound and that, despite changes in its articulation, manages to be perceived as such<sup>(17)</sup>, in which he states that the use of dental prostheses can generate changes in the production of this phoneme in the old adults. Hence the importance of carrying out the videotaped interview, as mentioned in a study of clinical reflections on recording interviews, the main motivation being to want to appreciate in more detail the conduction of the interview in order to obtain some benefit in the analysis of this<sup>(18)</sup>. In this way, with this tool it will be possible to articulate the speech in more detail, although at the precise moment of the dialogue you will have to redouble your attention in the speech or even ask the participant to repeat the phrase or idea he is expressing.

Lastly, in some cases, the participant showed a very specific way of expressing himself, so it was necessary to apply the techniques that the researcher had to collect information and interpret it, as mentioned in a study of methods and techniques in qualitative research<sup>(16)</sup>. In this study, the dialogue was implemented through questions that would help to expose the construction of the meaning sought, however, it was difficult to stimulate the participant to a fluid interaction, which contrasts with a reflection on the use of the phenomenological interview to reveal the phenomenon in research in nursing<sup>(4)</sup>, on the essentials of openness to dialogue in order not to reduce the being to an object. But taking into account the different personalities that people have, the modification of this throughout life, which in this case takes more than eighty years to develop, and the way of expressing oneself, perseverance and openness in

understanding the responses received, or that is, despite a repetitive answer, sometimes the key is in the question that is asked, because despite a similar or the same answer, the focus of the question will give it a different meaning.

## **FINAL CONSIDERATIONS**

In conclusion, despite the planning of the phenomenological nursing interview and having the theoretical knowledge of its application, it was possible to observe that the circumstances in the field of action, that is, in the implementation of this tool, can force the researcher to improvise strategies both for the application and special care with its context. Paradoxically, finding in the limitations, those strengths to deepen the information collected in the studies.

That is why it is recommended that researchers who intend to use this tool, not only prepare as the literature says, but have an open mind to compensate, redirect and even accept the limitations of time, space, attitude or institutional that may appear, and thus achieve the objective of discovering, through this interview, the meanings and experiences of the participants, thus achieving an understanding of the phenomenon raised.

This requires patience, a positive view of situations, perseverance and respect in the face of negative or evasive responses from participants, being empathetic and aware of the limitations of the long-lived older adults, being kind and, above all, seeking the point of connection with the participant in order to develop quickly build a relationship of trust with him, which is usually the interest shown in the reactions of the first dialogue and in the researcher's presentation.

Specifically for this area of knowledge, it is important for the researcher to delve into the person's spiritual dimension and, at the same time, uncover the veiled information contained in the speeches. What accompanies the application of the phenomenological interview in different contexts such as research in which one can deepen the themes and research methods with its techniques such as the phenomenological and the interview itself. Or, based on the nursing care, you can consider opening the interview to deepen the theme that will be addressed, as well as revising the work plan. Even in teaching, which can highlight the importance of monitoring specialist researchers for the development of the phenomenological interview technique and deepening its theoretical-methodological sources.

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